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Clinical and immunological parallels of acute polymorphic psychotic disorders

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This scientific article describes the changes in immune parameters in the blood caused by acute polymorphic psychotic disorders and measures to optimize the treatment algorithm by treating them with immunomodulators.

Key words: acute polymorphic psychotic disorders, immunity, immune system, psychosis.

Acute polymorphic psychotic disorders remain one of the most pressing problems in the field of psychiatry to this day. The reason for this can be attributed to the increase in the incidence of the disease among the world's population and the disease of the middle-aged population. This, in turn, is compounded by an increase in the ability of the sick to work, as well as a loss of social status in the community and in the family, and ultimately an increase in disability among middle-aged people among the sick in society. To date, the Diagnosis of Acute Polymorphic Psychotic Disorders (OPPB) is included in the 10th International Classification of Diseases, which is a disease characterized by acute onset of psychotic symptoms, hallucinations, temptation, and symptoms accompanied by profound disturbances of perception. The advantage of the disease over endogenous psychotic illnesses of this type is that patients with such diagnoses experience complete recovery when complex and targeted treatment measures are taken when the primary symptoms of the disease appear.

As a result of mental stress, which leads to acute psychosis, the limbo-diencephalic system of the brain is damaged, resulting in functional disorders that regulate the immune response. An in-depth study of the role of the immune mechanism in this disease shows us that it has a role to play in the course of the disease and during the recovery period. So far in the study of acute psychoses, the immune parameters in the blood due to the disease are; late activated lymphocytes (HLADR +), T-lymphocytes CD3 +, decreased IgG concentration, decreased CD2 + lymphocyte count, decreased circulatory immune complex, decreased CD16 + natural killer. [Nikitina V.B., 2011]

The state of immune parameters has so far been studied only in patients who have been receiving treatment for a long time, who have been diagnosed for several long years, and who have been taking psychotropic drugs. In contrast, when a patient was hospitalized in the primary hospital and in the acute phase of the disease, before the treatment algorithm was performed, his or her immune status was not studied. This drastically reduces the reliability of the immunogram.

The deviation of immunological parameters in one way or another as a result of acute psychosis in patients proves the susceptibility of the immune system to this type of disease. Based on the above data, for the purpose of complex treatment of the disease, the use of immunomodulators and thereby improve the general condition of patients, thereby preventing the formation of resistance to psychotropic drugs.

Defined goal.

The study of the role of the immune system in predicting the course of UPPBs, the development of complex treatment measures using immunocorrectors, thereby increasing the effectiveness of treatment and achieving long-term remission.

The following main tasks have been set:

1) Examination of the blood immunological parameters of patients with UPPB before the start of therapeutic measures;

2) study of psychopathological (positive and negative in the patient) symptoms using the PANSS scale in patients with UPPB before initiating therapeutic interventions;

3) Addition of immunocorrectors to the treatment algorithm of the studied patients;

4) check the level of effectiveness of immunomodulators after the course of treatment

5) Assessment of post-treatment psychopathological symptoms on the PANSS scale.

Research materials and methods: Based on the purpose and objectives of the study, the object of study was the first hospitalized patients with a diagnosis of acute polymorphic psychotic disorders who have not yet undergone treatment with a psychotropic drug and have not been examined by a psychiatrist. As a research method; clinical-psychological and clinical-immunological methods were selected. The study involved 59 patients aged 18 to 45 years (with inpatient treatment at the RRKKSH in Tashkent) with the diagnosis of UPPB (disease duration 1 month). In the first phase of the study, all patients were in a state of acute psychosis and all of them underwent immunological blood analysis. Blood tests showed an increase in lymphocyte count (3496 abs ± or 52% ±), a decrease in CD3 + (46% ± or 1001abs), a decrease in CD8 + (18% ±), a decrease in IRI (CD4 + / CD8) (1.1 ±), An increase in CD20 + (956 abs ± or 18% ±) showed a decrease in IgM (98 mg%) and IgG (± 520mg%).

Conditionally, we divided the patients into two groups. We defined group I as a research group (consisting of 30 people). In addition to antipsychotic drugs in this group were prescribed immunocorrective drugs: Immunomodulin 0.01%, 1.0 ml, 1 time per day, № 10 or Polyoxidone 6 mg, 1 ampoule, 1 time per day, № 10. Control group II (29 people) was not prescribed immunocorrectors in addition to antipsychotic drugs.

We selected patients for the study based on the following criteria; Presence of temptation ideas, true and pseudo-hallucinations are observed, deep affective disorders, psychomotor agitation, presence of feelings of suspicion, loss of abstract thinking, autism, lack of critical assessment of the patient's own condition. Conversely, the absence of organic disorders of the brain, the absence of signs of intoxication under the influence of alcohol or any psychoactive substance. (MKB-10) found that the absence of clinical signs characteristic of depressive or manic disorders was appropriate for the study.

According to the diagnoses given to patients (MKB-10), the following are: UPPB without symptoms of schizophrenia (F23.0), UPPB with symptoms of schizophrenia (F23.1). patients with severe somatic or neurological diseases, pregnant and lactating women, patients with psychoorganic diseases were not accepted as the object of study.

Clinical-psychological and clinical-immunological examinations were performed on the first day of hospitalization and before leaving the hospital to check the effectiveness of antipsychotic and

immunological treatments. The PANSS scale was used to assess the psychopathological condition. Immunocorrectors were administered intramuscularly in 1 ml for 10 days. The outcome of treatment was evaluated by re-examination and evaluation of immune parameters. Immunological examinations were carried out at the Research Institute of Immunology of the Republic of Uzbekistan.

The results showed that as a result of the addition of antipsychotic drugs as well as immunocorrectors to patients in the study group, patients in this group had normal blood counts, lymphocyte count (± 2057 abs ± or 38% ± normal), CD3 + (57% ± or 1607 abs). , CD8 + (18% ±) was expected, IRI (CD4 + / CD8) was normal (1.7 ±), CD20 + (698 abs ± or 19%) was normal, IgM (129 mg%) and IgG (We can see that the number of 980mg%) has risen to normal levels. On the contrary, when the blood tests of our control group were repeated, the status of immunological parameters did not change compared to group I. (Figure 1)

Figure 1

Immunological parameters of blood taken for monitoring	**All patients were admitted to the hospital on the day of their first hospitalization with blood i.k. results**	**I-tad. immunocorrector group of blood after treatment with s results**	**II- naz. group i.k results of blood after treatment without immunocorrectors**	**Norma**
number of lymphocytes	3496 abs. ± or 52% ±	2057 abs. ± or 38% ±	3002 abs. ± or 46% ±	1750-2800 abs. or 30-42%
CD3+	± 46% or 1001abs.	± 57% or 1607abs.	± 52% or 1382 abs.	50% -62% or 1200-1800 abs.
CD8+	16% ±	20% ±	17% ±	18%-23%
IRI (CD4 + / CD8)	1,1 ±	1,7 ±	1,4 ±	1,5-2,0
CD20+	956 abs. ± or 18% ±	728 abs. ± or 23% ±	854 abs. ± or 18% ±	350-800 abs. 18-25%
IgM	98 mg%	129 mg%	102 mg%	104-140 mg%
IgG	520mg%±	980mg%	520mg%±	950-1400 mg %

At the same time, during the examination, there was a significant and convincing improvement in psychopathological disorders, a significant decrease in the number of re-hospitalizations of patients, an improvement in the somatic general condition of patients, additional complaints observed in patients; headache, loss of joint pain, and a decrease in pollinosis symptoms, which are seasonal allergic symptoms, were admitted by patients.

In summary: 1) Immunological indicators in patients with acute polymorphic psychotic disorders can provide us with information on the course of the disease, its duration and prognosis of the disease. 2) The addition of immunosuppressive drugs to the treatment algorithm in the treatment of the disease helps to overcome the disease quickly and without residual complications.3) The application of timely and quality treatment measures prevents recurrence of the disease, leads to long-term remission and resistance to psychoactive substances.

Based on the above data, we consider immunocorrectors to be a group of drugs that can be used in the treatment of acute polymorphic psychotic disorders and, if necessary, can be included in the treatment algorithm.

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