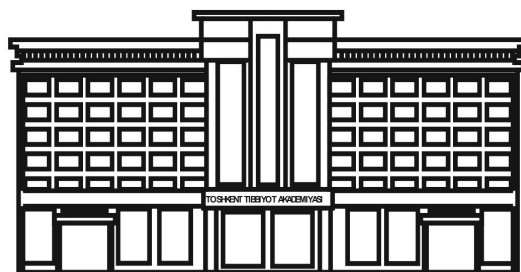


ЎЗБЕКИСТОН РЕСПУБЛИКАСИ СОҒЛИҚНИ САҚЛАШ ВАЗИРЛИГИ
ТОШКЕНТ ТИББИЁТ АКАДЕМИЯСИ

2023

2011 йилдан чиқа бошлаган

TOSHKENT TIBBIYOT AKADEMIYASI
AХВОРОТНОМАСИ



ВЕСТНИК
ТАШКЕНТСКОЙ МЕДИЦИНСКОЙ АКАДЕМИИ

Тошкент



Выпуск набран и сверстан на компьютерном издательском комплексе

*редакционно-издательского отдела
Ташкентской медицинской академии*

Начальник отдела: М. Н. Аслонов

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Учредитель: Ташкентская медицинская академия

*Издание зарегистрировано в Ташкентском Городском
управлении печати и информации*

Регистрационное свидетельство 02-00128

*Журнал внесен в список, утвержденный приказом №
201/3 от 30 декабря 2013года*

реестром ВАК в раздел медицинских наук

*Рукописи, оформленные в соответствии
с прилагаемыми правилами, просим направлять*

по адресу: 100109, Ташкент, ул. Фароби, 2,

Главный учебный корпус ТМА,

4-й этаж, комната 444.

Контактный телефон: 214 90 64

e-mail: rio-tma@mail.ru

rio@tma.uz

Формат 60x84 1/8. Усл. печ. л. 9,75.

Гарнитура «Cambria».

Тираж 150.

Цена договорная.

*Отпечатано на ризографе
редакционно-издательского отдела ТМА.
100109, Ташкент, ул. Фароби, 2.*

Вестник ТМА, 2023
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*Publication registered in editorial and information
department of Tashkent city*

Registered certificate 02-00128

*Journal approved and numbered under the order 201/3 from 30 of
December 2013 in Medical Sciences department OF SUPREME ATTESTATION*

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*2-Farobiy street, 4 floor room 444. Administration building of TMA.
Tashkent. 100109, Toshkent, ul. Farobi, 2, TMA bosh o'quv binosi, 4-qavat,
444-xona.*

Contact number: 71- 214 90 64

e-mail: rio-tma@mail.ru. rio@tma.uz

Format 60x84 1/8. Usl. printer. l. 9.75.

Listening means «Cambria».

Circulation 150.

Negotiable price

Printed in TMA editorial and publisher department risograph

2 Farobiy street, Tashkent, 100109.

СОДЕРЖАНИЕ	
ОБЗОРЫ	
Kuchkarov H.N., Yadgarova N.F., Khairtdinova I.I., Shadmanova L.Sh., Userbayeva R.K. TIBBIYOT OLIYGOHLARI TALABALARIDA EMOTSIONAL SHARCHASH	6
Рустамова Ж. Т., Ирмухамедов Т. Б., Мирварисова З. Ш. КЛИНИЧЕСКАЯ КАРТИНА ХИМИЧЕСКОЙ АДДИКЦИИ, ВЫЗВАННОЙ УПОТРЕБЛЕНИЕМ АЛЬФА-ПВП	10
Усербаета Р.к., Ашуров З.ш., Шукуров Б.л. ЭФФЕКТИВНОСТЬ ВМЕШАТЕЛЬСТВ, ОСНОВАННЫХ НА ОСОЗНАННОСТИ, ПРИ ТЕРАПИИ ТРЕВОЖНЫХ РАССТРОЙСТВ В ЗАВИСИМОСТИ ОТ СТАДИИ РАЗВИТИЯ ДЕТЕЙ И ПОДРОСТКОВ	14
Хамидуллаев Х.Ш., Ашуров З.Ш. АКТУАЛЬНОСТЬ И ПЕРСПЕКТИВЫ РАЗВИТИЯ СОЦИАЛЬНО ОРИЕНТИРОВАННОЙ ПОМОЩИ БОЛЬНЫМ ПАРАНОИДНОЙ ШИЗОФРЕНИЕЙ (ПО ОБЗОРУ ЛИТЕРАТУРНЫХ ДАННЫХ)	17
КЛИНИЧЕСКАЯ МЕДИЦИНА	
Abdumannonova N. Z., Vosikova K.A., Talipova N.Sh. ANXIETY AND DEPRESSIV DISORDERS IN PATIENTS WITH DIABETES II	20
Аграновский М.Л., Рахматов А.Б., Махмудов Р.Х. ЭФФЕКТИВНОСТЬ ПСИХОТЕРАПЕВТИЧЕСКОГО И ПСИХОФАРМАКОТЕРАПЕВТИЧЕСКОГО ЛЕЧЕНИЯ НЕВРОТИЧЕСКИХ РАССТРОЙСТВ У БОЛЬНЫХ С РАЗЛИЧНЫМИ ФОРМАМИ ПСОРИАЗА	23
Аграновский М.Л., Долимова М.А., Маматханов М.М., Солиев Д.М. Гуломкодиров М.М. ВЛИЯНИЕ ЭКЗОГЕНИЙ НА РАЗВИТИИ ПРИСТУПОВ ШИЗОФРЕНИИ С РЕКУРРЕНТНЫМ ТИПОМ ТЕЧЕНИЯ	28
Abdullaeva V.K., Matveeva A.A., Rogov A.V., Irmukhamedov T.B., Ganikhanov A.A. CLINICAL AND TYPOLOGICAL FEATURES OF EMOTIONAL INTELLIGENCE, QUALITY OF LIFE AND SOCIAL FUNCTIONING OF PATIENTS WITH SCHIZOPHRENIA	32
Арзуманов Ю.Л., Березина И.Ю., Изумнов С.А., Михайлов А.Ю. ПОКАЗАТЕЛИ СУММАРНОЙ СПОНТАННОЙ ЭЛЕКТРИЧЕСКОЙ АКТИВНОСТИ ГОЛОВНОГО МОЗГА У ПАЦИЕНТОВ С СИНДРОМОМ ЗАВИСИМОСТИ ОТ ПСИХОАКТИВНЫХ ВЕЩЕСТВ	36
Axrorov A.A., Ziyadullayev Sh.X. Imomov A. Imatov Sh. A. XURUJSIMON PARANOID SHIZOFRENIYADA XURUJLAR PAYDO BO`LISHINING EHTIMOLLIK PROGNOZI VA UNING QAYTALANISH MASALALARI	41
Бабарахимова С. Б., Абдуллаева В. К. д.м.н., Сулейманов Ш.Р. Шарипова Ф.К. СЕМЕЙНЫЕ ФАКТОРЫ РИСКА ФОРМИРОВАНИЯ СУИЦИДАЛЬНЫХ ТЕНДЕНЦИЙ У ПОДРОСТКОВ	43
Имамов Ш.Ш., З.Ш. Ашуров, Имамов А., Имамов Ш.А. НЕКОТОРЫЕ КЛИНИКО-ПАТОГЕНЕТИЧЕСКИЕ ЗАКОНОМЕРНОСТИ СИНДРОМОГЕНЕЗА АТИПИЧНОГО АЛКОГОЛЬНОГО ДЕЛИРИЯ	47
Mirvorisova Z.Sh., Fayzullaeva K.R., Babarakhimova S.B. FEATURES OF PSYCHOCORRECTION OF DIGESTIVE DISORDERS IN PATIENTS WITH PARANOID SCHIZOPHRENIA	50
Мухторов Б.О., Абдуллаева В.К. СЕМЕЙНЫЕ ФАКТОРЫ РИСКА В ФОРМИРОВАНИИ НЕСУИЦИДАЛЬНОГО САМОПОВРЕЖДАЮЩЕГО ПОВЕДЕНИЯ У ПОДРОСТКОВ	53
Ashurov Z.Sh., Sultonov Sh.X., Rajapov M.Sh., Shadmanova L.Sh. . BEQAROR SHAXSIYAT BUZILISHI BO`LGAN BEMORLARDA IJTIMOYIY FAOLIYAT VA HAYOT SIFATI	57
Rajapov M.Sh.,Xodjayeva N.I, Ashurov Z.Sh., ,Sultonov Sh.X. , Shadmanova L.Sh. SHAXSIYATNING BUZILISHI FONIDA SHAKLLANGAN ALKOGOLGA QARAMLIK	60
Rogov A. V., Palvanov R. O., Sharipova F. K. Irmuhamedov T.B. PARANOID SHIZOFRENIYA BILAN KASALLANGAN BEMORLARDA NEGATIV SIMPTOMLARNING SHAKLLANISHIDA ETNOMADANIY OMILLARNING AHAMIYATI	64
Султанова К.Б., Рогов А.В., Ирмухамедов Т.Б., Абдуллаева В.К. КЛИНИКО-ТИПОЛОГИЧЕСКИЕ ХАРАКТЕРИСТИКИ ПСИХОГЕННЫХ РАССТРОЙСТВ У ПОДРОСТКОВ С САХАРНЫМ ДИАБЕТОМ 1 ТИПА	67
Фадеева Е.В. ДИЗАЙН, МЕТОДОЛОГИЯ И ПРЕДВАРИТЕЛЬНЫЕ РЕЗУЛЬТАТЫ ИССЛЕДОВАНИЯ ПО ИЗУЧЕНИЮ УПОТРЕБЛЕНИЯ ПСИХОАКТИВНЫХ ВЕЩЕСТВ БЕРЕМЕННЫМИ ЖЕНЩИНАМИ И ОЦЕНКЕ ВЛИЯНИЯ НАЧАЛЬНОГО ПЕРИОДА ПАНДЕМИИ COVID-19	72
Хасанова К.Д., научный руководитель проф. Алимов У.Х., проф. Гафур-Ахуннов М.А. ПСИХИЧЕСКИЕ РАССТРОЙСТВА У БОЛЬНЫХ РАКОМ ОРОФАРИНГЕАЛЬНОЙ ОБЛАСТИ	81
Xayatov R.B., Scientific supervisor: Velilyaeva A.S. COMORBIDITY OF THE COURSE OF AFFECTIVE DISORDERS IN OPIATE ADDICTION WITH THE CONSEQUENCES OF TRAUMATIC BRAIN INJURY	83

Ходжаева Н.И., Султанов Ш.Х., Кучкаров У.И. ³ КОГНИТИВНЫЕ РАССТРОЙСТВА У БОЛЬНЫХ ЭПИЛЕПСИЕЙ	86
Khodjaeva N.I., Shadmanova L.Sh. KEKSA YOSH DAGI BEMORLARDA AFFEKTIV-IPOXONDRIAL BUZILISHLARNING KLINIK XUSUSIYATLARI	92
Шадманова Л.Ш., Ражапов М.Ш., Ходжаева Н.И., Султанов Ш.Х., Ядгарова Н.Ф. СУРУНКАЛИ АЛКОГОЛИЗМ БИЛАН БЕМОРЛАРДА ШАХСИЯТ БУЗИЛИШНИНГ КЛИНИК ХУСУСИЯТЛАРИ	95
Шадманова Л.Ш., Ходжаева Н.И., Ядгарова Н.Ф., Ражабов М.Н., Ражабов М.Ш. ҚОН-ТОМИР ГЕНЕЗЛИ ДЕМЕНЦИЯДА АФФЕКТИВ БУЗИЛИШЛАР ШАКЛЛАНИШНИНГ ИЖТИМОЙ-ПСИХОЛОГИК ХУСУСИЯТЛАРИ	101
Шпорт С.В., Шайдеггер Ю. М., Клименко Т. В. Усманова Н. Н. НАРУШЕНИЯ ВОСПРИЯТИЯ У ПОТРЕБИТЕЛЕЙ ПСИХОАКТИВНЫХ ВЕЩЕСТВ В РАМКАХ СИНДРОМА ДЛИТЕЛЬНОГО РАССТРОЙСТВА ВОСПРИЯТИЯ, ВЫЗВАННОГО ГАЛЛЮЦИНОГЕНАМИ	104
Yadgarova N.F., Hayretdinova I.I., Shadmanova L.Sh., Tojiboev A.A., Zokirov M.M. AYOLLARDA O'TKIR POLIMORF PSIXOTIK BUZILISHLARDAGI KOGNITIV O'ZGARISHLAR	109
Yadgarova N.F., Hayretdinova I.I., Shadmanova L.Sh., Tojiboev A.A., Zokirov M.M. SHIZOFRENIYA KASALLIGIDA KUZATILADIGAN DEFECTNING KLINIK PATOXARAKTEROLOGIK HUSUSIYATLARI	115
ГИГИЕНА, САНИТАРИЯ И ЭПИДЕМИОЛОГИЯ	
Магзумова Ш.Ш., Ганиханов А.А. АНАЛИТИЧЕСКОЕ ИССЛЕДОВАНИЕ СОСТОЯНИЯ ЗАБОЛЕВАЕМОСТИ ПСИХИЧЕСКИМИ РАССТРОЙСТВАМИ В РЕСПУБЛИКЕ УЗБЕКИСТАН В ПЕРИОД 2018-2022 ГГ.	121
Таджибаев У.А., Ашуров З.Ш., Хайрединова И.И. ВЛИЯНИЕ ПАНДЕМИИ COVID – 19 НА НАРКОСИТУАЦИЮ В РЕСПУБЛИКЕ УЗБЕКИСТАН	124
ИСТОКИ	
Abdullayeva M. IBN SINONING ILMIY MEROSIDA ZAMONAVIY PSIXOTERAPIYA	127

ANXIETY AND DEPRESSIV DISORDERS IN PATIENTS WITH DIABETES II

Abdumannonova N. Z., Vosikova K.A., Talipova N.Sh.

ТРЕВОЖНО-ДЕПРЕССИВНЫЕ РАССТРОЙСТВА У БОЛЬНЫХ САХАРНЫМ ДИАБЕТОМ II

Абдуманнонова Н.З., Восикова К.А., Талипова Н.Ш.

II TIPI QANDLI DIABETI BEMORLARDAXAVOTIRLIVADEPRESSIVBUZILISHLAR

Abdumannonova N. Z., Vosikova K.A., Talipova N.Sh.

Tashkent Medical Academy multidisciplinary clinic

Сахарный диабет является одним из наиболее распространенных соматических заболеваний и имеет социальное, экономическое и медицинское значение. Диабет II типа поражает 6,28 % населения мира. У больных сахарным диабетом повышен риск тревожных расстройств. Это исследование было направлено изучению тревожно-депрессивных расстройств у больных сахарным диабетом II типа. Обследовано 30 больных в клинике ТМА, отделении эндокринологии. Возраст больных от 44 до 70 лет. Длительность заболеваний от 2 месяцев до 14 лет. Глюкоза в крови 6-28 ммоль/л. HADS использовался для оценки тревоги и депрессии. Анализ тревожности с помощью HADS показал, что у 56,6% пациентов (17 случаев) имеется субклиническая и клиническая тревожность, у 20% больных - депрессия. Согласно анкете, которая была взята у пациентов, частыми факторами, вызывающими тревогу и депрессию, были длительное течение сахарного диабета, рост осложнений и низкая медицинская осведомленность о болезни.

Ключевые слова: сахарный диабет II типа, тревога, депрессия, анксиолитическая терапия, HADS (госпитальная шкала тревоги и депрессии).

Qandli diabeteng keng tarqalgan somatik kasalliklardan biribo'lib, u ijtimoiy, iqtisodiy va tibbiy ahamiyatga ega. Ikkinchi turdagidabetning tarqalishidunyo aholisining 6,28 foizini tashkil qiladi. Qandli diabet bilan og'riqan bemorlardaxavotir libuzilishlar xavfi ortadi. Ushbutadqiqot II qandli diabet bilan og'riqan bemorlardaxavotirli-depressiv buzilishlarni o'rganishga qaratiildi. TMA klinikasi, endokrinologiya bo'limida 30 nafar bemor tekshirildi. Bemorlarning yoshi 44 yoshdan 70 yoshgacha. Kasalliklarning davomiyligi 2 oydan 14 yilgacha. Qondagiglyukoza 6-28 mmol/l. HADS xavotir va depressiya ni baholash uchun ishlatildi. HADS yordamida xavotir tahlil bemorlarning 56,6% da (17 ta holat) subklinika va klinik xavotir, 20 foizidagi depressiya mavjudligini ko'rsatdi. Bemorlardan olingan so'rovnomagako'ra, xavotir va ruhiy tushkunlikni keltirib chiqaradigan umumiy omillar qandli diabetning uzoq davometishi, asoratlarning ko'payishi va kasallik haqidagi tibbiy xabardorlikning pastligidir.

Kalits'o'zlar: II turdagiqandli diabet, tashvish, depressiya, anksiyolitik terapiya, HADS (Xavotir va depressiya ni baholash uchun ishlatilgan).

Importance. Diabetes is one of the most common somatic diseases and it has social, economic and medical importance. According to the WHO, in 2000 there were 175.4 million patients with diabetes on the planet, and by 2025 it is expected to increase to 300 million people. Early disability and increased mortality determine the high social significance of DM [2]. The attention paid to the problem of diabetes, in addition to its high prevalence throughout the world, is associated with a high risk of developing late complications, which determine the rates of morbidity, disability and mortality.

DM belongs to the group of psychosomatic diseases, that is to a group of diseases of a psychological nature. The prevalence of depressions developing in DM significantly exceeds the population indicators (5-10%) and averages 14,4-32,5% [5]. Patients suffering from diabetes mellitus also have a high level of anxiety [4]. The prevalence of generalized anxiety disorder in diabetes mellitus ranges from 14 to 40% [6].

The presence of anxiety-depressive disorders affects the amount of glucose in the blood. On the one hand, through the activation of the hypothalamic-pituitary-adrenal axis [9], and on the other hand, it is negatively affected by lifestyle and non-compliance with therapy. This, in turn, increases the risk of disorders and complications of carbohydrate metabolism [8].

Anxiety disorders in diabetes are a very insidious phenomenon. Anxiety disorders can be accompanied by vegetative changes that are so characteristic of hypoglycemic conditions: weakness, sweating, tremor, dizziness, due to the activation of the sympathetic-adrenal system. In such cases, additional glycemic control is required [1].

Therefore, in addition to drug treatment, active training of patients with diabetes to control their own psychological state is currently underway. The main goal of education is to reduce the risk of late complications of diabetes. It has been proven that patients who have a negative assessment of themselves and their future are 3 times more likely to not follow the doctor's recommendations [7]. As a result, such patients always have a worse indicator of glycemic control, a higher prevalence of complications, a higher mortality rate and other medical and social indicators (disability, duration of temporary disability or hospitalization).

Thus, timely detection and treatment of anxiety and depressive disorders will improve the condition of patients with diabetes and, thus, increase the efficiency of the use of funds spent on medication for such patients [3].

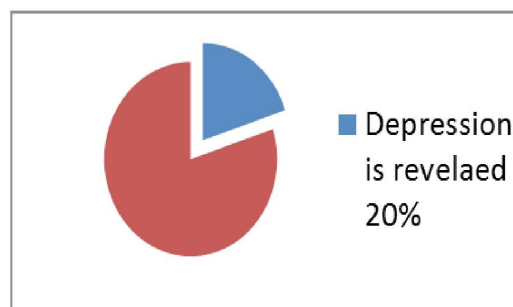
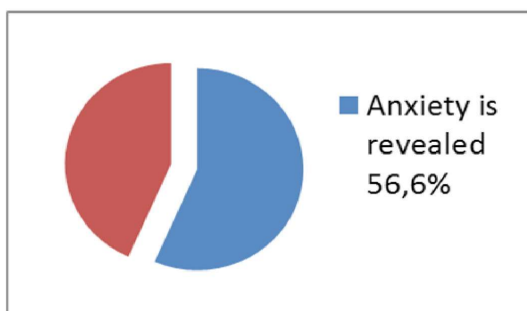
The purpose of the study. Identifying anxiety and depressive disorders in patients with type 2 QD and reducing the complications of the disease through the correct medical approach.

Material and methods. In January-March 2023, 30 patients who were being treated with the diagnosis of QD type 2 in the endocrinology department of the multidisciplinary clinic of the Tashkent Medical Academy were studied. Patients without psychotic diseases and receiving standard treatment for diabetes took part in the study. Patients with other chronic diseases, myocardial infarction, and autoimmune diseases did not participate in the study. The age of the patients is in the range of 44-70 years, and the duration of the disease is from 2 months to 14 years. The amount of glucose in the blood of the patients was 6-28 mmol/l. In order to identify the level of anxiety and depression, the hospital anxiety and depression scale HADS (Hospital anxiety and depression scale), developed by A.S. Zigmond and R.P. Shraith. This questionnaire is recommended by WHO and is one of the most reliable screening tools in the diagnosis of psychosocial disorders. The scale is composed of 14 items serving two subscales: anxiety (odd points) and depression

(even points). Each statement has 4 possible answers. According to the instructions, the patient was required to choose the answer that corresponded to his condition last week. The total score according to the results of the Hospital Anxiety and Depression Scale for each of the subscales in the range of 6-9 points indicated subclinical manifestations of anxiety or depression, 10 or more points indicated clinical manifestations.

In order to identify the influence of various medical and social factors on the level of anxiety and depression, a preliminary survey was conducted, which included such data as gender, age, duration and severity of diabetes, type of hypoglycemic treatment (with insulin therapy - its duration), glycemia level (HbA1c).

Results. According to the results of the examination, anxiety was detected in 56.6% (n=17) patients. 7-12 points were recorded on the HADS scale. Depression was detected in 20% of patients and was 7-14 points according to HADS (1- picture).



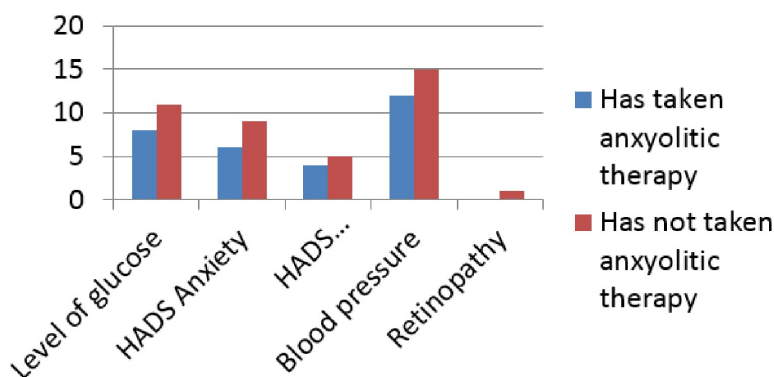
1-picture. Anxiety and Depression prevalence by HADS

Further analysis of the study materials showed that in 78% of patients with anxiety-depressive conditions of varying severity, the level of HbA1c was higher than normal (7%), which indicates the absence of compensation for the disease and a high risk of developing complications of diabetes. The highest scores on the anxiety scale (7-12 points) were observed in patients with severe DM. Mixed anxiety-depressive disorders were noted in 80% of cases among those patients who were on insulin therapy, i.e. with severe and moderate severity of the disease.

According to the results of the survey, it was found that the following factors are the main causes of anxiety-depressive disorders: long duration of diabetes, increased complications of the disease such as retinopa-

thy and diabetic neuropathy, lack of information about the disease among patients.

When comparing patients who received anxiolytic therapy and those who did not receive it, patients who took anxiolytic drugs had a mild illness and fewer complications were observed. For comparison, patients with the same age, disease duration, and blood glucose levels were taken. In a patient receiving anxiolytic therapy, the blood glucose level is 8 mmol/l, 11 mmol/l without it. Anxiety on the HADS was 6 %, 9 % when not taking anxiolytics, and depression on the HADS was 4 % when receiving treatment, and 5 % when not receiving treatment. A patient who had anxiety but did not receive treatment for anxiety developed retinopathy (2-picture).



2-picture. Comparisons of the course and complications of the diabetes in 2 group of patients.

Summary. Anxiety disorders are common in patients with type II diabetes. Anxiety and depression lead to the severity of the disease and an increase in complications. Anxiety disorders, which are a response to the disease and potentiate disability, to a greater extent reduce the socio-psychological adaptation of patients and reduce the quality of life.

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ANXIETY AND DEPRESSIV DISORDERS IN PATIENTS WITH DIABETES II

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Diabetes is one of the most common somatic diseases and it has social, economic and medical importance. Type II diabetes affects 6,28 % population of the world. Patients with diabetes have an increased risk of anxiety disorders. This study focused on the study of anxiety-depressive disorders in patients with type II diabetes. 30 patients in TMA clinic, endocrinology department were studied. Age of patients were from 44 till 70 years old. Duration of illness from 2 month till 14 years. Glucose in blood was 6-28 mmol/L. HADS was used to evaluate the anxiety and depression. Analysis of anxiety using HADS showed that 56,6% of patients (17 cases) have subclinical and clinical anxiety, 20% of patients have depression. According to the questionnaire, which was taken from patients, common factors causing anxiety and depression were the long duration of diabetes mellitus, the increase in complications and low medical awareness of the disease.

Key words: diabetes II type, anxiety, depression, anxiolytic therapy, HADS (Hospital Anxiety and Depression Scale).