

УДК 616.8-008.64:578.834.1

Saliev M. M., Agranovsky M. L., Azimova G. A., Muminov R. K.

Department of Psychiatry and Narcology

Andijan State Medical Institute

**ANXIETY DISORDERS IN PEOPLE UNDER THE CONDITIONS
OF THE CORONAVIRUS INFECTION (COVID-19)**

Abstract: New research suggests that severe COVID-19 can cause delirium in the acute phase of the disease and then lead to depression, anxiety, chronic fatigue, insomnia and post-traumatic stress disorder.

Currently, data on patients who have recovered from COVID-19 are very limited. However, one study reported that 33% of patients on discharge had a symptom complex characterized by inattention, disorientation, and poorly organized movements in response to a command.

Key words: anxiety disorders, epidemic, coronavirus infection.

Салиев М.М., Аграновский М.Л., Азимова Г.А., Муминов Р.К.

Кафедра психиатрии и наркологии

Андижанский государственный медицинский институт

**ТРЕВОЖНЫЕ РАССТРОЙСТВА У ЛЮДЕЙ В УСЛОВИЯХ
ЭПИДЕМИИ КОРОНАВИРУСНОЙ ИНФЕКЦИИ (COVID-19)**

Аннотация: Как показывают новые исследования, тяжелая форма COVID-19 может вызывать делирий в острой стадии заболевания, а затем стать причиной развития депрессии, тревоги, хронической усталости, бессонницы и посттравматического стрессового расстройства.

В настоящее время данные о пациентах, выздоровевших от COVID-19, очень ограничены. Тем не в менее в одном из исследований сообщалось о том, что 33% пациентов при выписке имели симптомокомплекс, характеризующийся невнимательностью, дезориентацией и плохо организованными движениями в ответ на команду.

Ключевые слова: тревожная расстройства, эпидемия, коронавирусная инфекция.

Introduction. Anxiety disorders are a group of disorders in which the predominant symptoms are irrational uncontrolled fear and a persistent sense of anxiety that can occur in situations that do not really pose a current danger[2,4,7].

Experiencing anxiety is a normal adaptive reaction of the body to changing conditions or threatening events. However, fears can pose a serious problem for a person if the level of anxiety reaches pathological proportions[5,7]. This imposes restrictions on the normal life activity of the patient, which significantly reduces his quality of life[1,3,6]. Also, the long-term existence of an anxiety disorder dramatically increases the risk of other mental disorders, such as depressive disorder (about 15 times) and pathological dependencies (about 20 times).

The purpose of the study. To study anxiety disorders in people in the context of the coronavirus infection epidemic (COVID-19).

Materials and methods of research. Mentally ill patients with mild forms of infection or suspected COVID-19 who require inpatient treatment are isolated in the departments.

Voluntary hospitalization should be offered to some groups of patients who can be treated on an outpatient basis in the conditions of restrictive measures, for example, with hypomania and some personal disorders (emotionally unstable, dissocial, mixed, excitable, borderline, etc.), since in these cases the ability to observe the isolation regime is reduced, and in psychopathies it is also important to avoid situational development due to psychogenic traumatization.

The results of the study. Among the clinical signs of TR, we can distinguish: constantly recurring memories of a stressful situation; accentuation

of character traits; decreased social activity, distrust of others; thinking disorders, the formation of pathological ideas and attitudes; the formation of obsessions and compulsions; affective symptoms associated with increased emotional excitability, aggression, irritability or depression, apathy and depression; rejection of reality; alcoholism, drug addiction, deviant behavior; difficulty concentrating, cognitive deficit; sleep disorders in the form of poor sleep quality, difficulty falling asleep, nightmarish dreams or hypersomnia.

The more severe the injury, the more likely it is to develop a disorder, but it does not occur in everyone, even with a serious psychological trauma. Thus, there are a number of factors that determine a person's vulnerability and his ability to recover quickly.

Studies aimed at finding morphological and biochemical abnormalities in TR revealed a decrease in the volume of the hippocampus in patients (however, this phenomenon is a prerequisite for the development of maladaptation in response to trauma) and specific neurotransmitter changes: dysfunction of monoaminergic systems and gamma-aminobutyric acid (GABA) receptors, as well as a decrease in the concentration of cortisol in blood plasma due to the induction of negative feedback along the hypothalamic-pituitary-adrenal axis. By itself, the mental and / or somatic reaction to a stressful event seems completely natural. Not every manifestation of it should be considered as a pathology.

Moreover, a certain level of stress will, on the contrary, expand the adaptive capabilities of the body in the future. According to the observations of psychologists, emotional outbursts, experiencing and pronouncing one's fears, anger, irritation, with subsequent reflection of negative experience, contribute to the integration of trauma and faster compensation of the mental state. A stress disorder that has lasted for more than 3 months is considered chronic, but the normative parameters in this matter are always very individual, and the doctor, in turn, should pay attention to the manifestations of maladaptation, the degree

of decrease in working capacity and quality of life, the patient's critical attitude to his condition.

The danger of the coronavirus " is that it will reduce the working capacity of the population exactly when it will be extremely important for the economic recovery. The risk group is: medical workers who provide care to patients with COVID; people who have had a severe form of the disease; people who have lost relatives and loved ones, as well as those who have suffered significant financial losses and lost their jobs. Timely prevention of the "coronavirus syndrome" is important, consisting in pharmacotherapy and psychotherapeutic support.

Conclusion. Anxiety disorders for the COVID-19 pandemic, which will affect up to 10 % of the affected population . It is already possible to observe acute stress reactions against the background of the spread of infection and changes in the usual way of life. However, the most severe manifestations will be visible after 6 months . after the beginning of the disaster, they will be similar in their clinical picture to post-traumatic stress disorder.

LIST OF LITERATURE:

1. World Health Organization. Clinical guidelines for the management of patients with severe acute respiratory infection with suspected infection with a new coronavirus (2019-nCoV). Temporary recommendations. Publication data: January 25, 2020 [Electronic resource].

2. Coronavirus (COVID-19). [electronic resource]. URL: <https://coronavirus-monitor.ru> . (data of the appeal 23.03.2020)

3. Alserekhi H., Vali G., Alshukairi A., Alraddadi B. The effect of the Middle East respiratory syndrome coronavirus (MERS-COV) on pregnancy and perinatal outcomes. BMC Infects Dis. 2016; 16: 105-108.

4. Bassetti M. New infections caused by the Chinese coronavirus (2019-nCoV): problems of storm control.

5. Gu J., Han B., Jian Wang J. COVID-19: Gastrointestinal manifestations and potential fecal-oral transmission. *Gastroenterology*. 2020.

6. Cao B., Wang Yu., Wen D. et al. Lopinavir-Ritonavir trial in adults hospitalized with severe Covid-19. *New England Legal Medicine*. 2020.

7. Zhang L., Lin D., Sun H. et al. The crystal structure of the main protease of SARS-CoV-2 provides the basis for the development of improved α -ketoamide inhibitors. *The science*. 2020.