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**IDENTIFYING NEUROTIC DISORDERS IN IRRITABLE BOWEL SYNDROME AND STUDYING THE EFFECTIVENESS OF COGNITIVE PSYCHOTHERAPY IN THEM**

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**Abstract:** This article presents an analysis of the results of measures to identify anxiety-phobic disorders observed in irritable bowel syndrome, improve medical psychological support, and treat disorders in the patient's psyche using psychotherapy methods. A statement was made about the importance of psychotherapeutic support in irritable bowel syndrome and achieving the intended result in a short time.

**Key words:** Irritable bowel syndrome, neurotic disorders, anxiety-phobic disorders, psychotherapy, psychopharmacotherapy, HADS scale.

**Annotatsiya:** Ushbu maqolada ta'sirlangan ichak sindromida kuzatiladigan xavotir-fobik buzilishlarni aniqlash va tibbiy psixologik yordamni takomillashtirish, psixoterapiya usullaridan foydalangan holda bemor ruhiyatidagi buzilishlarni davolash chora tadbirlari natijalari tahlili keltirilgan. Ta'sirlangan ichak sindromida psixoterapevtik yordamning ahamiyati va qisqa vaqt ichida ko'zlangan natijaga erishish haqida bayonot berildi.

**Kalit so'zlar:** Ichak ta'sirlanish sindromi, nevroitik buzilishlar, xavotir-fobik buzilishlar, psixoterapiya, psixofarmakoterapiya, HADS shkalasi.

**Аннотация:** В статье представлен анализ результатов мероприятий по выявлению тревожно-фобических расстройств, наблюдающихся при синдроме раздраженного кишечника, совершенствованию медико-психологического сопровождения и лечению нарушений психики больных методами психотерапии. Сделано заявление о важности психотерапевтической поддержки при синдроме раздраженного кишечника и достижении намеченного результата в короткие сроки.

**Ключевые слова:** синдром раздраженного кишечника, невротические расстройства, тревожно-фобические расстройства, психотерапия, психофармакотерапия, шкала HADS.

**Introduction:** Functional diseases of the gastrointestinal tract remain one of the most serious and incompletely solved problems of modern medicine [10,9,1,7]. In terms of disease indicators, they take the leading place in general therapeutic and gastroenterological practice. According to the World Organization of Gastroenterology, diseases of the gastrointestinal tract occur in 30% of the European population among adults, and abdominal pain is the main cause. Approximately 20-50% of these cases are associated with the manifestation of irritable bowel syndrome. The prevalence of irritable bowel syndrome in the world is on average 10-20% of the general population [10, 9, 7].

The social importance of diseases of the gastrointestinal tract is explained by their prevalence among young people [1]. In terms of the severity and frequency of complications, the affected bowel syndrome is significantly lower than other organic pathologies, but the quality of life of such patients is sharply reduced [3, 4, 10]. The diagnosis of irritable bowel syndrome is one of the most relevant diagnoses in gastroenterology, because it is based on the exclusion of diseases with similar symptoms and requires the use of extensive laboratory and instrumental research methods [9].

According to different authors, from 54 to 100 percent of patients with irritable bowel syndrome show changes in their personality and character [11,5]. The level of anxiety and depressive disorders in irritable bowel syndrome is very high, because the most universal reactions are related to conflicts of the mental sphere in external or internal problems [2].

Anxiety-phobic disorders are one of the most common mental disorders today. According to WHO data in 2017, 18.1% of the world's population suffers from anxiety-phobic disorders[14]. The use of Erikson hypnosis in the effective treatment of anxiety disorders after covid-19[15].

Currently, the affected bowel syndrome is considered as a biopsychosocial pathology associated with the dysregulation of intestinal functions by the nervous system, therefore psycho-emotional and vegetative aspects are given great importance in the study of the pathogenesis of the disease [6].

The lability of the regulatory mechanisms of the central nervous system leads to a violation of the interaction between the brain and visceral structures [12]. The functional activity of the central nervous system is related to constitutional characteristics, which mainly determine the personality and character profile and the tendency to psychosomatization, as well as the influence of many external factors. The autonomic nervous system directly regulates the homeostasis of intestinal functions: secretion, motility, sensitivity [12]. It is considered a moderator of the visceral response to the impulses of higher nerve centers during psychosocial stress and a number of other effects [13]. In recent decades, the number of patients with affected bowel syndrome has increased significantly against the background of the prevalence of psychosomatic pathology associated with the phenomenon of maladaptation and accompanied by multisystem autonomic dysfunctions [ 13.8].

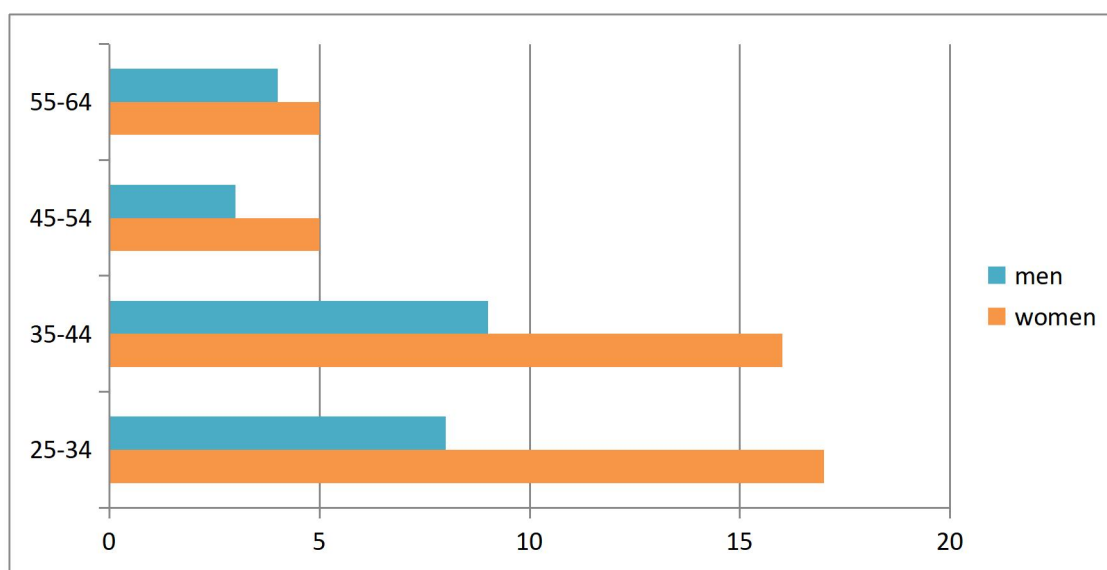
**Purpose:** To identify anxiety-phobic disorders in intestinal impaction syndrome and to improve medical psychological support in them.

**Materials and methods :** This research was conducted in 2022-2023 among 70 patients with TIS who came to the multidisciplinary clinic of the Tashkent Medical Academy , gastroenterology department. The age range of patients is 25-55 years. The average age of patients is  $29 \pm 4.5$ . The diagnosis was made on the basis of complaints, anamnesis , objective and paraclinical data when patients came to the clinic for inpatient treatment . Mental disorders were examined by medical psychological questionnaire recommended by ZR Ibodullaev and evaluated by mental psychological tests.

Patients clinical psychological inspections were conducted on days 1-3 and 27-30. The following tests were performed to verify the diagnosis : therapeutic inspections with one in line ZRIbodullaev by in 2008 work developed medical and psychological from the questionnaire , anxiety-phobic violations determination HADS questionnaire for worry which determines from the scale was used . Psychocorrection methods include psychological interview, cognitive therapy, and self-training. The interview takes an average of 45-60

minutes per patient, once every 4-5 days for 1 month , 4-5 times depending on the patient's condition take went \_ Two of the interviews were conducted in an inpatient setting, and the rest were conducted in an outpatient setting

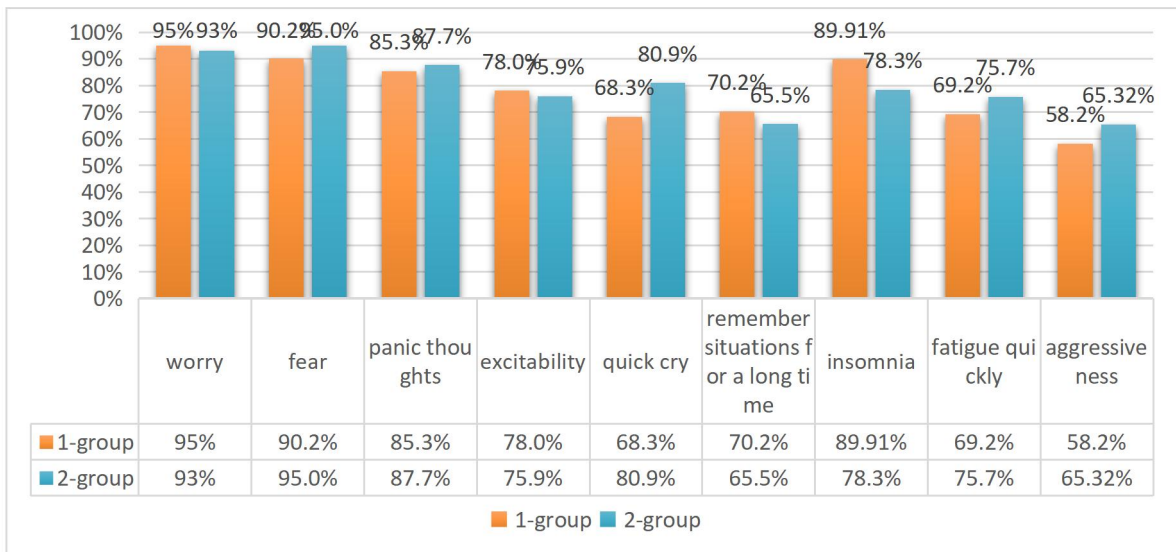
**Results of the study:** according to the obtained results, it was shown that anxiety phobic disorders are one of the main factors that lead to a decrease in the ability to work in the working age of people. in neurotic disorders, pathological conditions in the psyche have a significant impact on the course of the disease. During the study, before treatment of both groups of patients, attention was paid to their life anamnesis, the degree to which the clinical symptoms of the disease were expressed, physical laboratory examinations and concomitant diseases of the patients.



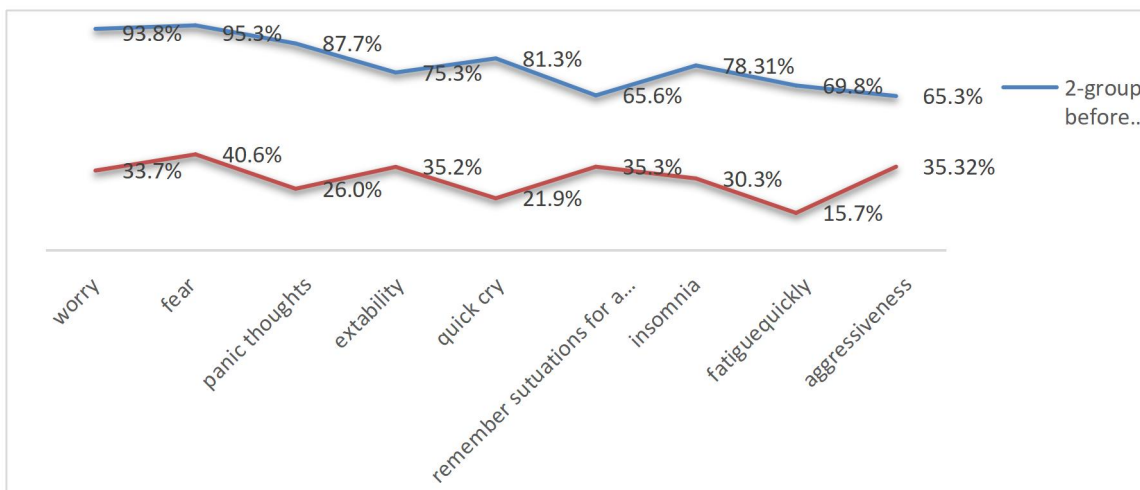
**Diagram-1. Age and gender distribution of patients with irritable bowel syndrome.**

In this chart, the patients are 25-34 years old, 18 women, 9 men, 35-44 years old, 17 women, 9 men, 45-54 years old, 5 women, 3 men, 55-64 years old, 5 women, 4 men did It can be seen that the disease is more common in 25 and 44-year-olds.

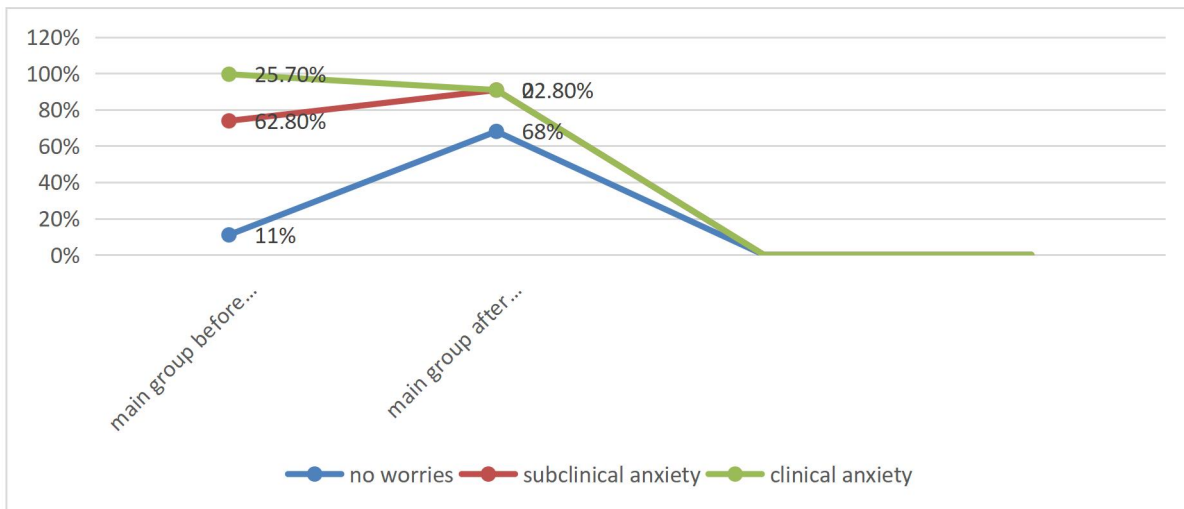
It was found that the patients with anxiety-phobic syndrome selected for the study have complaints in the nervous system due to functional disorders along with complaints in somatic organs. It is known that psychoemotional disorders, which are the basis of anxiety-phobic syndrome, directly affect the course of this disease. Changes in the psyche of patients caused by psycho-emotional disorders lead to maladjustment, having a significant impact on their social life and work. For this reason, in our research, we first considered the subjective symptoms of anxiety-phobic syndrome.



**Diagram-2. Anxiety-phobic of the syndrome subjective signs from psychotherapy before meeting**

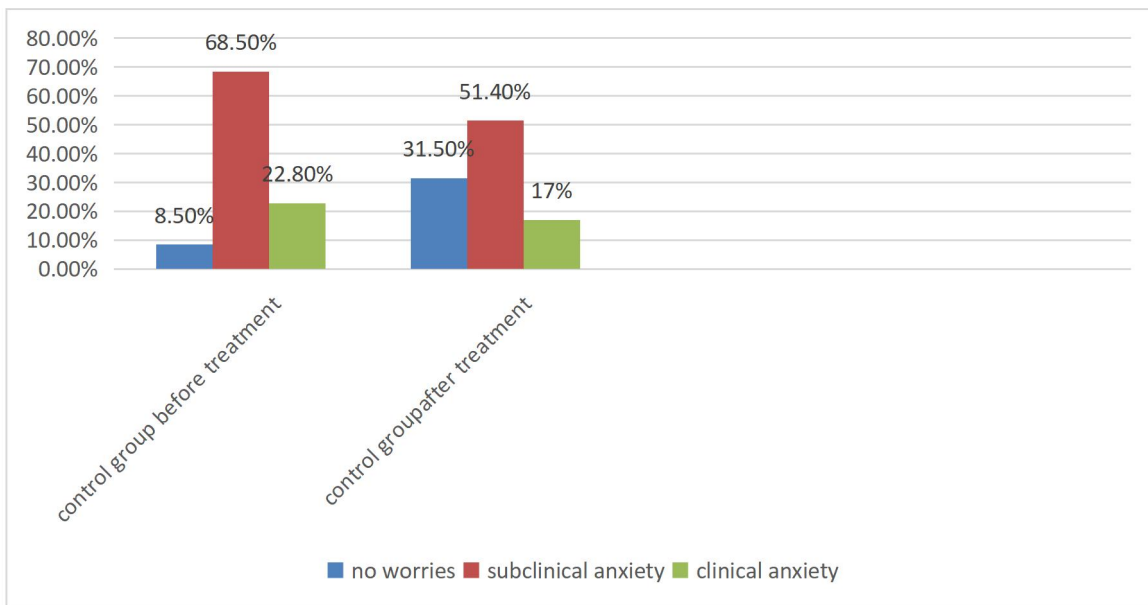


**Diagram-3. Anxiety-phobic of the syndrome subjective signs from psychotherapy after meeting**



**Diagram-4. Checked main in groups from psychotherapy previous and next results (HADS scale - anxiety indicators)**

This from the diagram apparently as it is main group from treatment before worry no patients 4 in number , subclinical concern 22, clinical anxiety was 9 from treatment basic therapy , psychotherapy \_ and from psychopharmacotherapy after while as follows changed : anxiety no 24, subclinical anxiety 8 and clinical worry and 3 ha efficient decreased \_



**Diagram-5. Checked control in groups from treatment previous and next results (HADS scale - anxiety indicators)**

This from the diagram apparently as it is control group from treatment before worry no patients the number is 3 , subclinical anxiety 24, clinical concern was 8 from treatment transfer- based therapy and from psychopharmacotherapy after while as follows changed : anxiety no 11, subclinical anxiety 18 and clinical worry and 6 ha improved .

**Conclusion** . Affected intestine syndrome with hurt in patients psychoemotional from distortions one has been anxiety-phobic disorders is the HADS scale through was determined . This is the case of the disease more heavy to pass reason will be and psychosomatic to the base have \_ Affected intestine syndrome different level anxiety-phobic disorders obvious was expressed . In the patient this disorders passed psychotherapy methods through efficient eliminate to do possible received results through proved . Received results that's it shows that it is affected intestine syndrome with hurt basic therapy for patients with one in line psychotherapy methods use to the goal according to this while own in place of patients psychoemotional situation to improve and life quality to increase take will come

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