



CHARACTERISTICS OF PERSONALITY CHANGES AND PRINCIPLES OF ADAPTABILITY IN PATIENTS WITH MALIGNANT NEOPLASMS OF THE EPIGASTRIC TRACT

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Abstract: The study was conducted in patients with malignant tumors of the epigastric region, and the prevalence of personality changes includes information on the characteristics, principles of adaptation, structural features and comorbidity. Personality changes in patients with malignant tumors of the epigastric region are determined by the character and characteristics of each person, the severity of the disease, typological characteristics, the prevalence of psychopathological symptoms characteristic of the disease, polymorphism, and clinical examples of patients with schizotypal, hysterical and paranoid disorders are presented. When comparing the prevalence of personality changes, explanations are given about the differences between paranoid, schizotypal, and phobias in patients with gastroesophageal reflux, gastric and duodenal malignant tumors, and irritable bowel syndrome.

Keywords: personality changes, gastric and duodenal malignant tumor pathology, affective disorders, gastroesophageal reflux.

Relevance: Psychological changes in patients with malignant tumors of various localizations have been identified, depending on the localization of the tumor - depression, anxiety, and hypochondria. [9]. Nonpsychotic mood changes in patients with oncological diseases were found to increase significantly during the 10 months before the diagnosis of malignant tumors, reaching a maximum level during the first week after the diagnosis. [9] found that, despite decreasing over time, it remained elevated compared to the general population even after 10 years. The studied scientific research works, the experience of specialists in various fields of medicine, and general somatic practice indicate an increase in the prevalence of mental disorders in patients with malignant tumors of the gastrointestinal tract. [7] Studies devoted to the study of mental disorders in patients with malignant tumors of the gastrointestinal tract indicate their high prevalence (from 54 to 100%) and polymorphism. Among mental disorders, along with affective and neurotic disorders, personality disorders occupy an important place in patients with oncological pathology. [1.3.5.6.]. According to the data, intestinal impaction syndrome and personality disorders were found to be comorbid in 16% of cases, among which schizotypal disorders prevailed (4). When studying the personality characteristics of patients with malignant tumors of the stomach and duodenum, emotional excitability, anxiety, and a tendency to panic were often found. Studies have shown that patients with gastric and duodenal cancer have a high level of irritability, emotional lability, and instability.[8] The clinical manifestations of mental illness, the structure of relationships that accompany gastrointestinal pathology, as well as the development of sophisticated methods for diagnosing and treating these conditions remain the subject of further research.

The purpose of the study:To study the structure and distribution of personality changes in patients with irritable bowel syndrome, gastroesophageal reflux disease, and malignant tumors of the stomach and duodenum, as well as to identify similarities and differences between these groups of patients.



Materials and methods. According to the ICD-10 criteria, a map was compiled, including anamnesis data, sociodemographic data and the clinical part of the syndromes. Using the interview method, 37 patients with intestinal obstruction, 57 patients with gastroesophageal reflux, and 57 patients with malignant tumors of the stomach and duodenum were recruited. Patients were interviewed in the abdominal surgery department of the Bukhara branch of the Republican Specialized Scientific and Practical Center for Oncology. The average age of the patients was 41.8 ± 13.2 years. The data obtained were correlated with each other, as well as with the population, depending on the pathology.

Results and analyses During the study, it was found that all examined patients with malignant tumors of the stomach and duodenum had problems with mental health at the time of examination and throughout their lives: hereditary predisposition to mental illnesses (alcoholism, affective disorders, schizophrenia, etc.), the presence of episodes of psychoemotional maladjustment in childhood (by type: nocturnal enuresis, headache, night terrors, screaming, sleepwalking; neurotic movement disorders: tics, stuttering; affective disorders: fear, depressive reactions, agitation; excessively high self-esteem: dysmorphophobia, anorexia nervosa; hyperactivity; mental retardation), difficulty adapting to work and social life, addiction to alcohol and drugs (Table 1).

Mental health issues	Patient ITS (n=37)	Patient O and O'BIXO' K (n=57)	Patient with GERD (n=57)	p
Heredity of mental illness	43.2%	52.6%	45.6%	$p > 0.05$
Adaptation episodes in childhood	54.4%	56.8%	57.9%	$p > 0.05$
Dressing of social adaptation	13.5%	54.4%	26.8%	$p_{1-2} < 0.001$; $p_{1-3} > 0.05$ $p_{2-3} < 0.05$
The dressing of the adaptation to the cocktail	49.1%,	21.6%	36.8%	$p_{1-2} < 0.05$ $p_{1, 2-3} > 0.05$
Consumption of alcoholic	43.9%	21.6%	38.6%	$p_{1-2} < 0.05$
Didn't accept				



beverages					p1, 2- 3>0.05
	Treated with alcohol addiction drinkers	1.8%	2.7%	10.5%	p>0.05
Addiction to nose	Regular use	13.5%	11.8%	21.1%	p>0.05

Table 1. Prevalence of mental health problems in the examined patients.

Reminder. In the table. 1: ITS - intestinal involvement syndrome; 2O and O'BIXO'K-Oshkozon and duodenal malignant tumor disease3 GERK – gastroesophageal reflux.

Psychopathological hereditary predisposition is found in patients with various gastroenterological pathologies in the same proportion (52.6; 43.2 and 45.6%, $p>0.05$), compared with the general population (15.5%, $p<0.001$). In the surveyed children, episodes of maladaptation were detected in the same number (54.4; 56.8 and 57.9%, $p>0.05$). In patients with malignant tumors of the stomach and duodenum, maladaptation episodes were significantly more common than in the general population (30%, $p<0.001$). The decrease in social adaptation was significantly higher in patients with malignant tumors of the stomach and duodenum than in patients with irritable bowel syndrome and gastroesophageal reflux disease (54.4; 36.8 and 13.5%, $p<0.001$ and $p<0.05$) and manifested itself as loss of previous interests, apathy, conflict, and disruption of family relationships. When comparing patients with gastric cancer and duodenal cancer among the population, no significant differences were found (54.4; 36.8 and 14.5%, $p<0.001$). (13.5 and 14.5%, $p>0.05$). Decreased adaptation to work (work errors, violation of labor discipline, failure to work in different shifts, inability to maintain the pace and rhythm of work) was found to be higher in patients with irritable bowel syndrome and gastroesophageal reflux disease than in patients with gastric and duodenal cancer (49.1) and 21.6%, $p<0.05$). Patients with irritable bowel syndrome and gastric and duodenal cancer reported drinking alcohol more frequently than patients with irritable bowel syndrome and gastroesophageal reflux disease (43.9 and 21.6%, $p<0.05$). Patients with irritable bowel syndrome and gastroesophageal reflux disease reported drinking alcohol less frequently than patients with gastric and duodenal cancer (43.9 and 38.6%, $p>0.05$). However, among patients with gastroesophageal reflux disease, alcohol abuse and drug dependence were more common than those with irritable bowel syndrome (1.8; 2.7 and 10.5%, $p>0.05$). The incidence of gastroesophageal reflux disease due to drug dependence was found to be higher than that of irritable bowel syndrome, gastric and duodenal malignant tumors (11.8; 13.5 and 21.1%, $p>0.05$). In gastric and duodenal cancer and irritable bowel syndrome, it was found that addiction to drugs is associated with some psychogenic, endogenous factors. The stress factor was equally noted as a cause of the onset or recurrence of the disease in the patients we studied, that is, irritable bowel syndrome, gastroesophageal reflux disease, and gastric and duodenal cancer (66.7; 66.7 and 67.6%, $p>0.05$). According to the ICD-10 criteria, In patients with gastric and duodenal malignant tumors, personality changes of one kind or another were observed. Personality changes were significantly more common in patients with gastroesophageal reflux disease than



in patients with gastric and duodenal malignant tumors and irritable bowel syndrome. (64.9 and 35.1%, $p < 0.01$). When comparing the prevalence of personality changes, no differences were found between paranoid, schizotypal, and phobic disorders in patients with gastroesophageal reflux, gastric and duodenal malignant tumors, and irritable bowel syndrome ($p > 0.05$).

Table 2. Distribution of personality changes in the examined patients.

Personality changes	Sick ITS	BemorO and O'BIXO'K	Patient with GERD	p
Paranoid disorder	19.3%	13.5%	7.1%	$p > 0.05$
Schizotypal disorder	24.6%	18.9%	17.5%	$p > 0.05$
Hysterical personality disorders	19.3%	2.7%	3.5%	$p_{1-2}, p_{2-3} < 0.05, p_{1-3} > 0.05$
Curvaceous panic disorders	33.3%	21.6%	26.3%	$p > 0.05$
Dependent personality disorders	14%	2.7%	15.8%	$p > 0.05$

Hysterical personality disorder was detected in patients with irritable bowel syndrome, but not in patients with gastroesophageal reflux disease and gastric and duodenal cancer (19.3; 3.5 and 2.7%, $p < 0.05$).

In patients with gastroenterological pathology, paranoid (19.3; 7.1; 13.5 and 1.2%, $p < 0.001$), schizotypal (24.6; 17.5; 18.9 and 0.9%, $p < 0.001$) and personality change (33.33) ; 26.3; 21.6 and 3%, $p < 0.001$) significantly more frequent than healthy population. In addition, patients with irritable bowel syndrome and gastroesophageal reflux had hysterics (19.3; 3.5; 1.1%, $p < 0.001$ and $p < 0.05$) and Cases of personal addiction are dangerous for the stomach and duodenum more often than in the case of tumor diseases (14; 15.8 and 3.5%, $p < 0.001$). In patients with irritable bowel syndrome, personality disorders were observed in 40.4% of cases in combination with other personality pathologies. In 8.8% of patients, a combination of phobias and paranoid disorders was detected, and in the same frequency, a combination of phobias and hysterical, schizotypal and paranoid personality disorders. In 26.3% of patients with gastroesophageal reflux, a combination of personality disorders was detected. In 5.3% of patients, a combination of phobias and schizotypal disorders was detected, and the same indicator was observed in the case of a combination of phobias and paranoid personality disorders. A combination of phobias and hysterical, phobias and dependence, schizotypal and dependence states was detected in 3.5% of cases. Among patients with gastric and duodenal malignant tumors, a combination of personality disorders was detected in 24.3% of cases, a combination of paranoid and schizotypal disorders was noted in 10.8% of cases, and in 8.1% of patients, a combination of paranoid and schizoid disorders was observed. In 5.4% of cases, a combination of paranoid and schizoid disorders was detected, and paranoid disorders were observed with a similar frequency. In 22.8% of patients with irritable bowel syndrome, in 26.3% of patients with gastroesophageal reflux, and in 10.8% of patients with gastric and duodenal malignant tumors ($p > 0.05$), personality disorders were detected with an affective manifestation. Comorbidity of phobic and personality disorders was detected in 29.8% of patients with irritable bowel syndrome, 22.8% of patients with



gastroesophageal reflux disease, and 13.5% of patients with gastric and duodenal malignant tumors ($p>0.05$). Patients with irritable bowel syndrome and gastroesophageal reflux disease had significantly more cognitive impairments (28.1; 26.3 and 8.1%, $p<0.05$) and somatoform disorders (36.8; 24.6 and 2.7) than patients with gastric and duodenal cancer. Among the character traits of patients with gastric and duodenal cancer, the following prevailed: latent hostility towards others (34.4%), fear of being deceived, unwillingness to trust people for fear that information about them could be used against them (31.8%), suspiciousness (31.1%), emotional numbness, lack or inconsistency (absence of any emotional reaction during the conversation, incorrect emotional reactions). (25.2%), unusual beliefs or a tendency to fantastic thinking (21.2%). In 20.5% of cases, patients had pathologies of relational ideas, which were subsequently replaced by other psychopathological disorders. Of these patients, 16,6% have no close friends and rarely engage in conversation. In 13.9% of cases, patients experienced unusual, strange sensations in the body, such as ("sudden bloating of the stomach", rapid heartbeat, "tremor in the hands", "tight throat", "discomfort in the intestines"). Among patients with irritable bowel syndrome (64.9%), gastroesophageal reflux (66.7%) and malignant tumors of the stomach and duodenum (83.3%), cases were also observed in which, despite their mental instability, they never consulted a psychiatrist.

Conclusion.

During the study, all examined patients with gastric and duodenal malignant tumors had a higher incidence of mental disorders and hereditary signs of childhood maladaptation episodes than the healthy population. Decreased social adaptation was more often detected in patients with irritable bowel syndrome and gastroesophageal reflux than in patients with gastric and duodenal malignant tumors. Incapacity for work was more common in patients with irritable bowel syndrome and gastroesophageal reflux than in the general population. It should be noted that among patients with irritable bowel syndrome, there were more people who excluded alcohol dependence than among the healthy population, but among patients with gastroesophageal reflux disease, there were more cases of alcohol consumption and alcohol dependence than among the healthy population. It was found that among patients with gastric and duodenal malignant tumors, there were more cases of alcohol dependence than among the healthy population. In patients with gastric and duodenal malignant tumors, personality changes were more common: depression, loss of hope for the future, and the development of a fearful and anxious mood. In patients with gastric and duodenal malignant tumors, paranoid, schizotypal, and phobic-panic disorders were observed significantly more often than in other types. Hysterical syndromes were observed more often in patients with irritable bowel syndrome and gastroesophageal reflux than in healthy subjects. Thus, based on the data obtained, it can be concluded that the introduction of psychiatric care is of great importance in patients with gastric and duodenal malignant tumors, gastroesophageal reflux, and especially in patients with irritable bowel syndrome.

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