DETERMINING THE CHARACTERISTICS OF THE PSYCHO-EMOTIONAL SPHERE IN PATIENTS WITH COVID-19 DISEASE

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Abstract: This article analyzes determining the characteristics of the psycho-emotional sphere in patients with Covid-19 disease. The spectrum of these disorders is presented in v.4.3. According to the data in this table, in the MG, the representation in % of patients according to the criteria "Phobic manifestations", "Clinically manifest anxiety disorder", "Subsyndromal anxiety" was higher compared to the CG and had significant differences.

Keywords: number of patients, unspecified etiology, heterogeneous structure, structure of pathogenesis.

Introduction

In this study, out of 250 examined patients, 152 patients (60.8%) had asthenic and anxiety-depressive disorders. To examine the psycho-emotional and neuropsychological spheres in patients with hemispheric ischemic stroke, depending on the presence of COVID-19 in the anamnesis, three subtypes of IS were selected - atherothrombotic (AT), cardioembolic (EC), and lacunar (LI) subtypes. The hemodynamic subtype was excluded from the study due to the small number of patients, IS of unspecified etiology - due to the possibly heterogeneous structure of the pathogenesis of IS.

The main findings and results

In general, in patients with MG, compared with HC, there were significantly higher scores on all subscales of the MFI-20 test ($p<0.05$). Table 2 shows that in the study of Asthenia syndrome, depending on the subtype of stroke, in both groups with CE stroke, the rates of asthenia are higher compared to other subtypes. Thus, in EC IS in the MG, the indicators on the subscales – "Decreased motivation", "Mental asthenia", "Decreased activity", "Physical asthenia", "General asthenia" amounted to 16.8±0.7; 17.9±0.4; 17.2±0.1; 16.3±0.3; 16.8±0.4 points, respectively.

In the group of patients with IS with a history of COVID-19, asthenic disorders were more pronounced compared with patients with PIS without a history of COVID-19. It is possible that the development of such disorders in COVID-19 can be associated with the primary lesion of the mid-located brain structures, where the limbic-reticular complex is located [4], as well as the negative effect of the infection itself (intoxication, oxidative stress) and psychogenic factors on the level of cerebral activation. , physical and mental activity of the individual [4].

In patients with MG, in contrast to CG, correlations were found between the indicators of general and mental asthenia and the level of depression ($r = 0.37$ and $r = 0.33$, respectively) and the polymorbidity index - PI ($r = 0.39$ and $r = 0.31$), which indicates a large role of somatic pathology in the development of depressive disorders and asthenia, possibly due to intoxication with COVID-19, patients experience mental stress and functional limitations, which, according to some researchers, exacerbate asthenia [4]. The predominance of physical asthenia in patients with AT and CE is most likely related to the severity of these stroke subtypes.

Anxiety disorders according to the ICD-10 criteria were detected in 50.4% of the MG and in 42.1% of the CG ($p<0.05$). The spectrum of these disorders is presented in v.4.3. According to the data in this table, in the MG, the representation in % of patients according to the criteria "Phobic manifestations", "Clinically manifest anxiety disorder", "Subsyndromal anxiety" was higher compared to the CG and had significant differences. Moreover, in the MG in patients with CE, the indicators according to the criteria "Clinically manifest anxiety disorder", "Subsyndromal anxiety" were higher compared to AT and LI within the group itself (v.3).

But in the MG RT and PA in persons with AT and CE subtype IS was the highest. Thus, during CE, MG of RA and PA was 46.6±1.4 and 49.9±1.3 points, respectively, with AT - 49.9±1.9 and 54.1±1.5, respectively. Which is significantly higher than the indicators of RA and PA with LI MG 41.2±0.9 and 44.1±1.0, respectively ($p<0.05$). Significant differences were revealed when comparing the indices of RA and LT in the CG ($p<0.005$). It should be noted that insomnia dominated in the structure of anxiety disorders, anxious mood and the cognitive component of anxiety were expressed to a lesser extent.
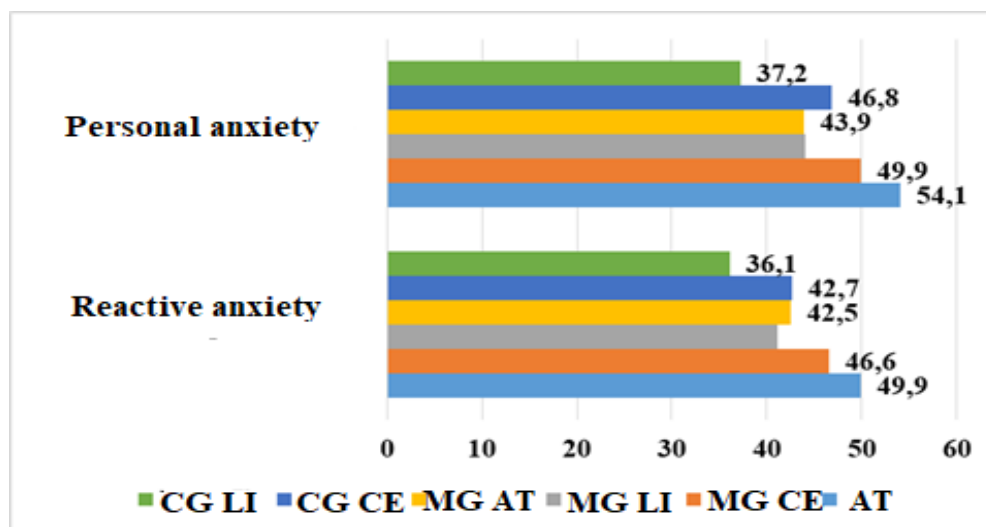
Figure 1. Levels of anxiety in groups depending on the subtype of PIS in points.

In general, depressive disorders were more pronounced in the MG compared to the HC (v.5). Among the subtypes of MG, the scores were significantly higher for the CE subtype of IS compared with the LI, with AT, no significant differences were found. Thus, according to the Beck and Hamilton scales in CE MG, the following indicators were in points - 17.6 ± 0.8 and 13.9 ± 1.1, respectively; 10.8 ± 1.5, respectively ($p<0.05$).

Conclusion

Thus, anxiety and depression were detected in the majority of examined patients in the COVID-19 group, significantly more often in females. According to the "vascular" concept, depression is presented as one of the manifestations of cerebrovascular pathology. The pathogenesis of depression is explained by the presence of a "disconnection phenomenon", which consists in a violation of the connections of the dorsolateral frontal cortex with the area of the striatal complex and the limbic structures of the brain.

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