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Diseases of the esophagus and stomach: the evolution of doctors' attitudes to the psychosomatic aspects of clinical manifestations and treatment

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Abstract: The lecture discusses the stages of evolution of theoretical ideas about psychosomatization in the development of diseases of the upper digestive tract, and discusses practical issues of diagnosis and treatment of patients with functional disorders.

Key words: esophagus, stomach, psychosomatics, psycho-emotional disorders, autonomic nervous system.

The attitude towards the idea of psychosomatization as one of the components of the pathogenesis of gastroenterological diseases is extremely significant both in medicine in general and in the minds of individual specialists. It forms not only the ideological basis, but also the vector of practical actions: the direction of the diagnostic examination, the choice of medications, the nature of interaction with the patient. The evolution of the attitude of gastroenterologists to the psychosomatic aspects of diseases can be divided into three periods. The transition from one of them to another occurred gradually as a new idea was born and gained strength within established opinions. The boundaries between the periods under discussion are blurred, and the time frame can only be designated conditionally. The expediency of highlighting a certain stage of evolution is justified by the need to analyze the experience of the past in order to consciously relate to the vector of development of modern gastroenterology.

Duodenal ulcer as a psychosomatic disease.

About fifty years ago, the attention of gastroenterologists in the section of diseases of the upper digestive tract was focused on patients with peptic ulcer disease, since the disease manifested itself in severe, especially at night, excruciating pain. At the time of exacerbation of the disease in the presence of large deep ulcerative defects, the course of the disease was fraught with complications (bleeding, perforation), which necessitated the need for emergency surgical intervention. Cases of disabling compli-cations have been described in the form of

impaired evacuation of food from the stomach due to pyloric stenosis or gross deformation of the duodenal bulb.

Peptic ulcer disease was considered a psychosomatic disease, moreover, it was included in the so-called Chicago Seven of classical psychosomatic diseases. First of all, this applied to duodenal ulcer, exacerbations of which were provoked by emotional overstrain in stressful situations, especially in the spring-autumn period with an increased load on the adaptive mechanisms of the human body, in particular the autonomic nervous system. Accordingly, therapeutic measures were aimed at relieving gastroenterological symptoms through the correction of autonomic dysfunction and normalization of the psycho emotional state. Clinical manifestations of duodenal ulcer are formed by autonomic dysfunction of the parasympatheticcotonia type, which means increased tension of the vagus nerve (vagus) and is manifested in the gastrointestinal tract by hypersecretion of gastric juice and impaired motility of the hyperkinetic type. In such cases, anticholinergic drugs (metacin, platyphylline, and atropine for severe pain) were prescribed as basic treatment, blocking the mediator of the parasympathetic part of the autonomic nervous system, acetylcholine, and, as a result, normalizing the activity of the vagus nerve. The result was a decrease in gastric secretion and, as a consequence, relief of pain and normalization of motility. The resulting effect cannot be called sufficient, but there were no stronger antisecretory drugs at that time. Out of despair, in some cases it was necessary to resort to a drastic measure - reducing gastric hypersecretion by surgery (vagotomy or resection of 2/3 of the stomach). The impact on the mental component of the pathogenesis of peptic ulcer was carried out by prescribing herbal sedatives (decoctions or infusions of valerian with the addition of other sedative herbs). Psychopharmacological medications were prescribed less frequently. This was the "time of benzodiazepines," and the issue of addiction to them was already openly discussed. The choice of drug from the group of neuroleptics was actually limited to Eglonyl (sulpiride), most often prescribed to patients with difficult-to-control night pain. Course treatment with psychopharmacological drugs was not practiced. It is worth emphasizing that the recognition of adaptation disorders as a factor in the pathogenesis of peptic ulcer disease was realized in our country by social support for this category of patients. At large enterprises, they were provided with free vouchers to gastroentero-logical sanatoriums, preventive treatment courses were organized at the place of work in spring and autumn, coupons for free dietary

meals were issued, and in some cases, by decision of the medical commission, patients were exempted from night shifts. The measures taken were of a preventive nature, justified by theoretical views on the disease. If the pain was accompanied by heartburn and belching of air, then such symptoms were classified as manifestations of peptic ulcer disease. The diagnosis of gastroesophageal reflux disease (GERD) did not exist at that time. Changes in the mucous membrane of the esophagus were rarely detected during endoscopic examination, and their severity was usually insignificant. Erosion in the esophagus was rarely diagnosed, mainly in patients with a largehiatal hernia. Correction of treatment in such cases consisted of prescribing sea buckthorn oil and so-called enveloping powders with white clay. Disorders of the motor function of the esophagus were diagnosed extremely rarely. At present, it is difficult to believe that the esophagus could ever be outside the field of vision of gastroenterologists. But nevertheless it was so, all the attention in those years was paid to patients with peptic ulcer disease. Unfortunately, the above-described treatment methods did not lead to significant results in the treatment of peptic ulcer disease and reduction in the intensity of its manifestations. A radical change in the situation was facilitated by two discoveries at the end of the last century: the first was evidence of the role of Helicobacter pylori (HP) in the pathogenesis of peptic ulcer disease with the subsequent development of courses of anti-Helicobacter pylori therapy; the second is the synthesis of effective antisecretory drugs with a fundamentally new mechanism of action (H2-histamine receptor blockers, proton pump inhibitors). The importance of these discoveries, which marked the beginning of a new period in gastroenterology, was confirmed by gastroenterological practice - the above-described bright clinical picture of peptic ulcer disease gradually became a thing of the past. Against the background of this dynamics, the concept of psychosomatization also lost its force, despite the fact that approximately 10% of patients with peptic ulcer disease had a disease not associated with HP.

Gastroesophageal reflux disease is a disease of the 21st century.

As the frequency and severity of pain in patients with peptic ulcer disease decreased, another process gradually gained momentum - an increase in the intensity of heartburn, an increase in its frequency and significance in the clinical picture of the disease. A new diagnostic technique (daily pH-metry) that appeared around the same time made it possible to study in detail the mechanism of heartburn development. Not only was the presence of gastroesophageal reflux proven, but also

the parameters of pathological reflux were indicated (the level of acidity of the reflux, the height of reflux, its frequency in comparison with normal values), and the concept of clearance of the esophagus. The results obtained made it possible to justify the introduction of a diagnosis of GERD that had not previously existed in gastroenterology. Within the framework of the evolution of gastroenterological concepts, this period can be characterized as a shift in the focus of doctors' attention to gastroesophageal reflux disease. Analysis of the picture as a whole, comparison of individual indicators of daily pH-metry with clinical manifestations of the disease made it possible to formulate a differentiated approach to treatment. New antisecretory drugs with different mechanisms of action contributed to the success of treatment; their use has become the basic treatment of GERD. Accordingly, peripheral anticholinergics have become symptomatic therapy for patients with impaired motor function of the esophagus. Despite the fact that it was not possible to confirm the connection between GERD and Helicobacter pylori infection, the idea of psychosomatization within the etiopathogenesis of this disease was not considered. Psychopharmacological drugs were not included in the standard treatment of GERD and were prescribed mainly in cases of excessive psycho-emotional reactions to the disease. In conclusion of the description of this stage, it should be emphasized once again that at the turn of the century, gastroenterology was successful in treating the main diseases of the upper digestive tract - peptic ulcers and GERD.

Focus on functional disorders of the esophagus and stomach.

Over time, against the background of the well-being of the period described above, a tendency towards an increase in the number of patients with a lack of a positive result of treatment began to be observed, and the term "refractory GERD" arose with a detection frequency, according to various authors, 10–40%. Detailed studies have made it possible to determine the characteristics of the manifestation of this disease. First of all, these patients were characterized by a description of heartburn as a painful sensation, often defined figuratively as "burning," "baking," "fire," etc.

Noteworthy is the data indicating that the 24-hour pH measurements in these patients were within normal limits. A comparison of clinical and instrumental indicators formed the basis for the assumption of the presence of a non-reflux mechanism of heartburn. Further observations revealed that in this group, more often

than in patients with GERD in general, there were clinical signs of impaired motor function of the esophagus, which was confirmed by esophageal manometry data. And finally, the most unusual thing was that for the first time symptoms were noted that had not previously been encountered in gastroenterological practice, while they were well known as one of the manifestations of mental disorders. It is also worthy of attention that the described symptoms appeared against the background of existing psycho-emotional disorders in patients (most often on the anxiety-depressive spectrum). Since a comprehensive examination did not reveal organic pathology in the esophagus and stomach, these manifestations were attributed exclusively to functional disorders. A similar picture can be observed with functional disorders in other parts of the gastrointestinal tract. This situation is especially clearly reflected in the section on intestinal diseases, where functional disorders have become an extremely pressing problem. An increase in the number of functional gastroenterological diseases was noted not only in our country, but also abroad. In order to find a way out of this situation, a working group consisting of gastroenterologists from different countries was created. The result of the work was a document (Rome criteria) that defines theoretical approaches to understanding the etiopathogenesis of functional diseases and the vector of theoretically based examination and treatment. The Rome criteria are updated as theoretical and practical views on the problem of functional diseases change. Since 2016, gastroenterologists have been guided in their work by the Rome IV revision criteria. This document presents the most complete classification of functional disorders of the gastrointestinal tract. Disorders of esophageal function (section A) include the following disorders: functional retrosternal pain of esophageal origin, functional heartburn, hypersensitive esophagus, lump in the esophagus (globus), functional dysphagia. Gastroduodenal disorders are classified in section. The most common of these is currently considered functional dyspepsia. The central idea of the modern version of the Rome criteria is to designate the essence of the pathogenesis of functional disorders as a violation of the interaction on the "organ-nervous system" axis. This means official recognition of the inextricable relationship between soma and psyche, confirmation of their unity. From a specifically designated theoretical premise for understanding the development of functional disorders, an equally clear understanding of the vector of necessary therapeutic and diagnostic measures carried

out in this category of patients follows. This direction is most indicative in patients with functional disorders of the esophagus.

Algorithm for diagnosis and treatment of functional diseases of the esophagus.

In accordance with the Rome criteria, diagnosis (and, accordingly, treatment) should go in two directions: assessment and correction of disorders in the digestive organs and solving similar problems regarding the functioning of the nervous system. When examining a patient, it is worth keeping in mind the varying degrees of severity of functional disorders: from manifestations in one organ, where changes develop according to the type of locus minoris resistencia (psycho-emotional disorders depend on the level of personal anxiety of the patient), to functional disorders in several digestive organs or organs other systems of the body (psycho-emotional disorders in these cases are always pronounced to a significant extent).

Gastroenterological examination and treatment.

Modern instrumental methods recommended for examining patients with diseases of the esophagus include 24-hour pH measurements (preferably 24-hour pH impedance measurements), esophageal manometry, endoscopic and x-ray examinations of the upper digestive tract. Comparison of clinical data with the results of various techniques solves the following problems:

- exclusion of organic pathology (malignant neoplasms, peptic ulcer, achalasia);
- assessment of the condition in terms of the presence or absence of GERD;
- identifying possible disorders of the motor function of the esophagus and, if present, assessing the nature of esophageal dyskinesia;
- identifying signs indicating hypersensitivity of the esophageal mucosa.

Analysis of the situation as a whole is the basis of a differentiated approach to treatment. Modern gastroenterology has great potential to influence functional symptoms: reducing hyper secretion and aggressiveness of gastric juice, correction of motor disorders, reducing hypersensitivity of the mucous membranes of the esophagus and stomach, inactivation of the aggressive action of bile. The groups of drugs with different mechanisms of action available to gastroenterologists are presented. The variety of drugs presented with different mechanisms of action is impressive in comparison with the much less effective options for

gastroenterological treatment at the end of the last century. However, this involuntarily raises the question: why, with such versatile possibilities, can we only temporarily improve the condition of patients and cannot cure them completely? It is logical to assume that the answer is associated with insufficient use of the resource of the second direction of treatment recommended by the Rome criteria - correction of disorders in the functioning of the nervous system. Indeed, treatment cannot be limited to even the most modern and effective gastroente-rological drugs. The result of such treatment can be positive, but short-term, with a possible subsequent worsening of symptoms. A lasting treatment result can only be achieved by acting on the causes of the disease, which are associated with disorders of the nervous system as part of a failure of adaptation to changing living conditions.

Assessing the state of the patient's nervous system.

The state of the nervous system should be considered from two points of view: determining the psycho-emotional status of patients and identifying disorders of the autonomic nervous system, taking into account their relationship. Indeed, there is no doubt that psycho-emotional disorders affect the general well-being and functioning of internal organs and, conversely, autonomic instability always entails a deterioration in the psycho-emotional state. Ideally, the diagnosis of psycho-emotional disorders and their correction should be carried out by mental health service specialists. Unfortunately, at present this opportunity is not available in all medical institutions. However, it is worth noting that recently the situation has begun to change for the better - the position of a medical psychologist has been added to the register of medical specialties, his job responsibilities have been regulated, and the number of positions for medical psychologists in institutions, especially in primary care, is increasing. In large institutions in Moscow, in particular in the Moscow Clinical Scientific Center named after. A.S. Loginova, issues of psychological support for patients with somatic diseases during their inpatient treatment are being developed in close cooperation between gastroenterologists and psychologists. To study the opinions of Russian healthcare doctors about the role and place of a psychologist in a medical institution, an online survey of 600 doctors was conducted. The results of the study indicate that the majority (82%) of doctors consider the introduction of a medical psychologist into the staff of medical institutions to be appropriate and capable of increasing the efficiency of their functioning. Similar studies were carried out at the initial stages of integration of

psychologists and doctors in medicine in foreign countries. In particular, in a study conducted in Italy, only 46% of doctors found this interaction useful, 7% identified it as difficult to work with, and the remaining doctors had a neutral opinion. One of the problems of interaction between doctors and psychologists is insufficient mutual understanding due to differences in terminology, approaches to diagnosing existing disorders, and fundamentally different methods of therapeutic influence on the patient. The problem of mutual learning is solved through constant cooperation and communication between specialists, and most importantly, mutual interest in improving their qualifications. As an option for joint work, it is worth especially noting the holding of consultations in complex diagnostic cases with the obligatory comparison of the results of physical and psychological examinations into a single holistic conclusion about the patient's condition and, as a result, the determination of an agreed combined treatment. In accordance with the Rome criteria, the correction of functional disorders should include psychopharmacological treatment. In patients with functional disorders, the prescription of psychopharmacological drugs solves two problems: normalization of the psycho-emotional state and an equally important task - vegetostabilization. In gastroenterology, the ant cholinergic effect of psychopharmacological drugs is used, which significantly prevails in strength in comparison with previously used peripherally acting anticholinergics. Ant cholinergic effects are present in drugs of various psychopharmacological groups (non-benzodiazepine anxiolytics, neuroleptics, new generation antidepressants - SSRIs). It should be borne in mind that patients often try to reduce the dose of the drug taken, which interferes with achieving a clinical effect, and shorten the duration of treatment, which, in turn, can lead to a rapid resumption of symptoms. Patient adherence to psychopharmacological treatment is one of the important conditions that must be constantly monitored.

Conclusion.

The attitude of gastroenterologists to the idea of psychosomatization in the pathogenesis of diseases of the upper digestive tract has undergone significant changes over the past few decades. Evolutionary development can be represented as a path from the idea of duodenal ulcer as a classic psychosomatic disease to the relative oblivion of this theory during the period of priority of gastro esophageal reflux disease and, finally, a return to the psychosomatic idea in the format of disorders on the "organ-nervous system" axis due to the increasing frequency and

difficulties in treating patients with functional disorders of the esophagus. From the standpoint of a modern holistic approach to assessing a patient's condition, the presence of functional disorders in the digestive system that affect the quality of life indicates a violation of a person's adaptation to the changing conditions of his life. Disadaptation always has psychophysiological causes and develops simultaneously according to two interrelated plans: mental disadaptation is manifested by psycho-emotional disorders (most often anxiety-depressive symptoms), and the accompanying physiological disadaptation consists of a violation of the neuro-endocrine regulation of internal organs, leading to disruption of their functioning. Accordingly, restoration of impaired adaptation should also go in two directions, which can be achieved through the interaction of doctors and mental health service specialists.

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