

stages of eating disorders; to develop scientifically based effective methods and means for correcting pathological changes that have arisen as a result of prolonged protein-energy deficiency in eating disorders.

**Methods:** Catamnestic, statistical, clinico-psychopathological with somatic, psychological and laboratory examination, anthropometry, high-performance liquid chromatography, electroencephalography. Statistical analysis of collected data was processed using the program IBM SPSS Statistics 22, the confidence level p-value is  $\leq 0.001$ .

**Results:** The long-term consequences of prolonged fasting in 500 women with eating disorders (ED), who applied for help at the RUDN department and were examined in 1987-2013, were studied. The most common somatic complications of prolonged protein-energy deficiency were investigated. In addition to the clinical method and anthropometry, to measure the efficiency of weight gain after prolonged alimentary deficiencies and to treat anorexia nervosa patients the pathopsychological method of "Shabalina's complex decoding" and analysis of catecholamine excretion rates in urine of patients with anorexia at different stages of therapy were used. Improvement of mental performance and general condition of the examined after applying the developed treatment was observed. Scientifically based principles of therapy, allowing to avoid complications of long-term fasting and during weight gain were suggested.

**Key words:** eating disorders - catecholamine excretion - long-term consequences - treatment - mental performance

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## PSYCHOSOMATIC ASPECTS OF AND TREATMENT OF GI PATHOLOGY

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The frequency of instances of diseases of the digestive system has increased in recent years. The pattern of diseases changes: the pathology of the upper gastrointestinal tract (gastroesophageal reflux disease, gastritis, duodenitis) is the most prevalent. Gastroesophageal reflux disease (GERD) is one of the most common, recurrent and comorbid gastroenterological diseases, with a prevalence of 30% in Western Europe and 10% in East Asia in the adult population.

Evaluation of quality of life (based on the SF 36 questionnaire and Hamilton's scale of Depression and anxiety) is widespread and can aid in the choice of effective treatment for patients with combined pathology. We analyzed SF36 questionnaires of patients with GERD only and GERD in combination with thyroid pathology (hypothyroidism).

Patients were divided into two groups: the first group - patients with GERD (20 persons); the second group - patients with GERD and hypothyroidism (20 persons). The quality of life of patients from the second group was revealed to be low for such indicators as "physical and mental components of health", "social functioning".

The intensity of pain in both of the two groups significantly limits daily activities of patients. The physical component of health in patients with GERD is 48.82%, and in patients with comorbidity - 39.21% ( $p \leq 0.05$ ). A significant difference in the mental health component was observed: in the first group - 39.7%, and in the second group - 30.18% ( $p \leq 0.05$ ).

Patients with GERD suffer not only symptoms associated with erosive-ulcerative, catarrhal and/or functional disorders of the distal esophagus, but also neurotic disorders. Depression, memory impairment, attention disorders are more common.

Thyroid dysfunction manifests with the psychoendocrine syndrome (depressive and anxiety-phobic disorders), therefore the mental health component of the quality of life of patients with GERD and hypothyroidism decreases. Patients with combined pathology of GERD and thyroid dysfunction should be examined not only by a general practitioner, gastroenterologist, endocrinologist, cardiologist, but also by a psychotherapist because of pronounced somatogenic mental disorders. Treatment with antacids and drugs such as omeprazole, Cerucal, were less effective than when combined with psychotropic drugs: Sertraline 25-30 mg and hydroxyzine 12.5-25 mg per day.

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## PATHOMORPHISM OF COMORBID PATHOLOGICAL DRIVES IN ED

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**Introduction:** The topic of research was the phenomenon of pathological drives in Eating Disorder patients. Objectives To explore the syndrome of pathological drives in Eating Disorders through a comparison over a period of 35 years.

**Methods:** The study sample was comprised of 281 patients with Eating Disorders AN (F50.0) and BN (F50.2) comorbid with latent schizophrenia (pseudoneurotic (F21.3), cenesthopathic (F20.8) and pseudopsychopathic (F21.4)) aged 14-30 (average 20.1 years old) for 1985-2019. A follow-up, experimental psychological and clinical study was conducted.

**Results:** A total of 140 women were examined over the period 1985-1990 and 141 over the period 2014-2019. The prevalence of pathological drives and comorbidity were examined. All examined patients presented with pathology of will and emotion during psychological examination (Obozoda volitional disorder scale, Barratt impulsiveness scale, and Hamilton depression and anxiety scales). Additionally, the scope of pathological drives increased in the 21st century with the advent of communication technologies (internet addiction, the exchange of pathological drives and advice about their implementation through the internet), the availability of information of the illness, methods of losing weight. The combination of ED with schizophrenia led to bizarre methods of weight loss, explicit tales of purging behavior, recklessness concerning purging, and persistence of symptoms.

**Conclusions:** The pathomorphism of comorbid pathological drives in ED during the 35 years of observation of these patients was revealed. It was caused by social, biological, psychopharmacology factors. In 1985-1990 restrictive type of AN were observed more frequently, in 2014-2019 - purging type of AN and BN. The phenomenon of pathological drives in ED in the 21<sup>st</sup> century expanded in their manifestations to include Internet addiction, nicotine addiction, suicidal tendencies, sexual perversion, substance abuse, alcohol addiction, non-substance abuse, body modification. Pathological drives replaced each other during the course of illness or existed concurrently, exacerbating clinical presentation. BN is comorbid to more pathological drives than AN and often there are change from Eating Disorders on some other pathological drives.

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## THE INFLUENCE OF COMORBID ENDEMIC GOITER ON THE QUALITY OF LIFE OF PATIENTS WITH GASTROINTESTINAL PATHOLOGY

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The impairment of adaptive mechanisms of functional systems of the body plays an important role in the occurrence of gastrointestinal diseases. This impairment is caused by unfavorable ecological and radiation conditions, external stress factors, food containing carcinogens, macro - and microelements deficiency. Technogenic environmental pollution contributes to decrease in the level of iodine in the body and more severe course of thyroid pathology. Diseases of the digestive and endocrine systems and their combination will occupy one of the leading places among the existing pathologies according to the forecasts of WHO experts in the XXI century. Adaptation of the body to various environmental influences is the most important factor in the quality of life. The relevance of the study was determined by the high incidence of psychological disadaptation, borderline personality disorders and, as a consequence, decrease in the quality of life in patients with gastrointestinal pathology and hypothyroidism. The article presents the results of comparative analysis of the quality of life indications of patients with gastric ulcer and / or gastroesophageal reflux disease in combination with hypothyroidism. The Russian-language analogue of the international questionnaire SF36 was used to analyze the indications of patients' quality of life. The results of the study will allow to formulate the diagnosis exactly and organize adequate, comprehensive multidisciplinary treatment.

**Key words:** quality of life - gastric ulcer - gastroesophageal reflux disease - thyroid gland - questionnaire SF 36

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