

## CLINICAL AND PSYCHOPATHOLOGICAL FEATURES AND QUALITY OF LIFE OF PATIENTS WITH IRRITABLE BOWEL SYNDROME. PSYCHOTHERAPEUTIC ASPECTS OF THE PROBLEM

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According to the data of a different scientific researches, the evaluation of personal accentuations and psychological profile of patients with IBS, using psychodiagnostic methods, shows the high occurrence of the emotive type of personality and the presence of different psychoemotional disorders in more than 80% cases. In recent years, most researchers have hardly questioned the idea of the essential role of psychotherapy in IBS treatment, especially in those cases when the psychogenic component in the development of this disease is obvious. Patients with IBS tend to have also symptoms of anxious depression, hypochondriacal fixation on well-being, carcinophobia. Prolonged nature of the disease leads to persistent pathocharacterological changes, manifested in various variants of psychosomatic development of the individual. Due to multiple fears, a lot of patients demonstrate a tendency to social isolation, which may lead to a refusal to seek help from the psychotherapeutic consultation during periods of escalation of symptoms, as well as during remission, which determines the necessity of psychotherapeutic intervention in both outpatient and inpatient format.

At the stage of treatment in the hospital, the preference is given to techniques of short-term psychotherapy, focused on the rapid resolution of problems and the change in patient status. These could include first of all relaxation techniques, as well as short-term positive therapy, NLP, some Gestalt therapies, Erikson therapy with resource trances. At the stage of maintenance treatment after discharge, or when patients were asked for deeper work, psychodynamic techniques were used.

In addition to a significant number of researches on the use of suggestive techniques, a positive therapeutic effect has been described from the inclusion of methods of behavioral psychotherapy in the treatment of IBS, focused on correcting misconduct and inability to respond correctly to stressful situations. In the treatment of functional disorders of the gastrointestinal tract, one of the most common methods of PT is used - the method of progressive muscle relaxation.

A number of studies on the formation of psychosomatic symptoms of the gastrointestinal tract in patient cases with various types of family relationships, convincingly shows that a systematic approach may be useful for conducting family psychotherapy with patients suffering from IBS (3,7,9). It is noted that in the conditions of disharmonious family relations, with a violation of hierarchy, structuredness, problematic relations with the mother since childhood, there has been an increased tendency toward the formation of gastroenterological disorders in combination with increased anxiety. When studying the psychological characteristics of families with children-psychosomatics it was noted that the emerging abdominal pains performed a morphostatic function.

The targets of psychotherapy treating different variants of IBS are specific symptoms that characterize the disease: pathological anxiety, depressive disorders, hypochondriacal orientation of experiences, various phobias (primarily carcinophobia). An important aspect of therapy for this category of patients was also its focus on the resocialization of patients, since the chronic character of IBS led to the development of certain social restrictions, avoiding behavior and the formation of a socio-psychological position of self-isolation.

The tactics of psychotherapy are built taking into account the stage of the disease. At the initial stages of the IBS, when the psychotraumatic situation clearly sounds in the experience, first of all, cognitive-behavioral psychotherapy is used, aimed at restructuring the patient's relations and attitudes, optimizing the mechanisms of psychological defense. Efforts are directed primarily to psychological awareness and the search for adaptive coping strategies aimed at resolving the underlying conflict that supports the disease.

At the latest stages of the disease, with the emergency of persistent psychoemotional disorders, as well as the formation of different variants of pathocharacterological (psychosomatic) development of the personality, the effectiveness of psychotherapy is reducing. An active drug correction of existing mental disorders is required. At this stage of the disease, psychotherapy is aimed at supporting patients, preserving the emotional connections of the patient, and social adaptation.