

# Features of the Debut as an Early Predictor of The Clinical Prognosis of Schizophrenia with An Episodic A Type of Course

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**Abstract.** The aim of the study was to determine the prognostic significance of the features of the debut of schizophrenia for the social and labor prognosis at the remote stages of the disease. The results of the study allowed us to establish that the acute onset of the disease at the age of over 20 years are favorable factors for the social and labor prognosis of patients with paroxysmal schizophrenia. Early onset of the disease at the age of 20 years with initial disorders, on the contrary, play the role of unfavorable factors that worsen the prognosis as the disease progresses.

**Key words:** schizophrenia with paroxysmal type, social and labor prognosis, acute onset.

The prognosis of episodic schizophrenia is one of the pressing problems of modern psychiatry. This is due to serious social consequences determined by the progressive nature of the course of schizophrenia, as well as the fairly high prevalence of this disease. According to epidemiological data, the proportion of episodic schizophrenia is **42.9-51.8% [1-4.6]**. In addition, in recent years there has been an increase in favorable forms of schizophrenia under the influence of drug therapy, as evidenced by the transformation of the clinical forms of the disease with a change in symptoms towards less profound registers of mental disorders, a shift in the course of the process to paroxysmal and phasic [1,2,7-9] .

**The purpose of the study** was to determine the prognostic significance of the features of the onset of schizophrenia for clinical prognosis at long-term stages of the disease.

**Material and research methods.** To solve these problems, we conducted a clinical and epidemiological study of **322** patients with episodic schizophrenia in the city of Andijan.

with a disease duration of more than **15** years (162 men, 50.3% and 160 women, **49.7%**)

In the modern classification of mental disorders and behavioral disorders according to **ICD-10** (class V), the studied types of schizophrenic disorders are classified as follows [5]:

- episodic with increasing defect (F20.x1),
- episodic with a stable defect (F20.x2),
- episodic remitting (recurrent) (F20.x3).

The criteria for selecting material were: 1) diagnosis of episodic schizophrenia, verified during dynamic observation of patients;

2) the duration of the disease is at least **15** years, allowing for an assessment of the social and labor adaptation of patients at late stages of episodic schizophrenia.

The study was conducted using the clinical-epidemiological method. The age of the patients at the time of the examination ranged from **28** years to **80** years, and the bulk of those examined (**297** patients; **92.2%**) were people over **40** years old. The duration of schizophrenia at the time of the examination ranged from **15** to **46** years.

Depending on the level of social and labor adaptation at the remote stages of episodic schizophrenia, all patients were divided into three groups (M. L. Agranovsky) [1]:

**Group I – 107 (33.2%)** patients with a high level of social and labor adaptation, which practically did not undergo any changes during the illness and remained at the same level as before the onset of schizophrenia;

**Group II – 106 (32.9%)** patients with a decrease in social (limited social contacts, isolation from public life, narrowing of interests), but maintaining work adaptation at the same (pre-morbid) level;

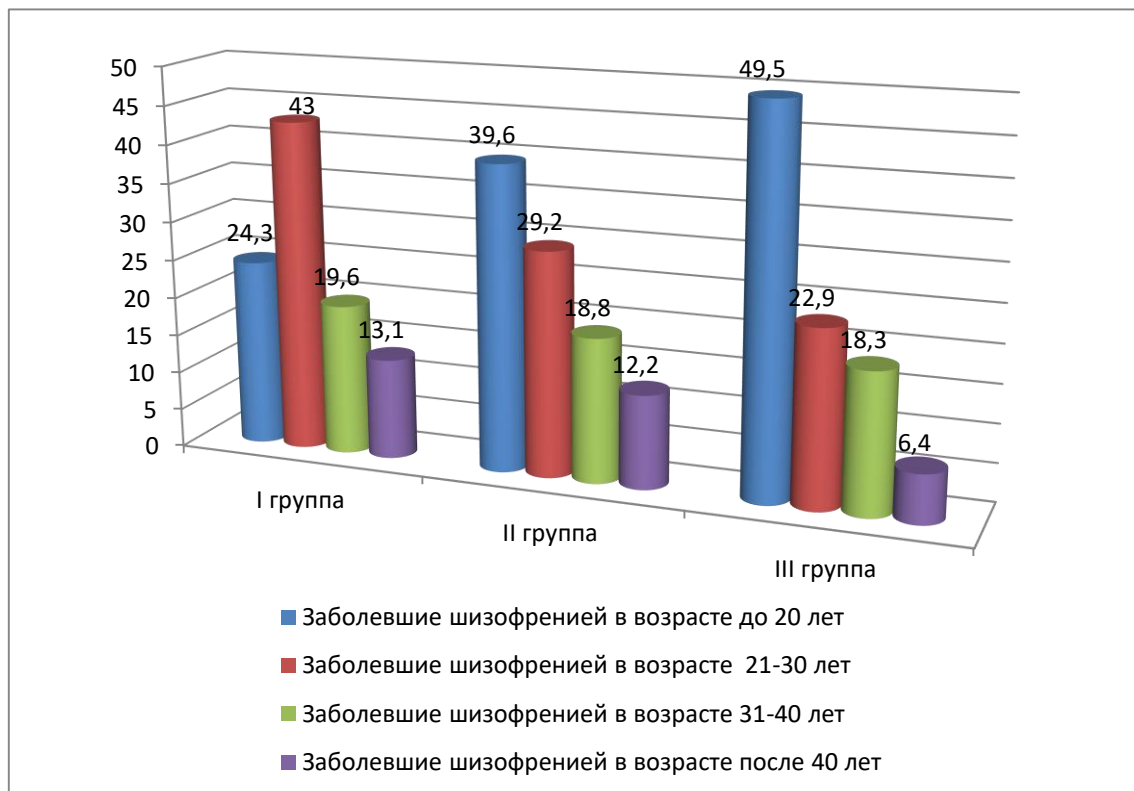
Group III – 109 (33.9%) patients with signs of social and labor disadaptation (professional disqualification, reduction or loss of ability to work).

This division into groups seemed not only appropriate due to its full compliance with clinical reality, but also quite convenient for subsequent statistical analysis and assessment of the prognostic information content of a complex of clinical, biological and socio-psychological factors.

**Research results and discussion.** Identification of a complex of clinical factors that make it possible to carry out a social and labor prognosis in patients with episodic schizophrenia already in the early stages of the disease seemed to be an even more important task.

Such factors, in our opinion, should be considered the age of onset of the schizophrenic process and the nature of the debut of psychopathological symptoms.

The distribution of patients depending on the age of onset of schizophrenia is presented in Diagram 1.

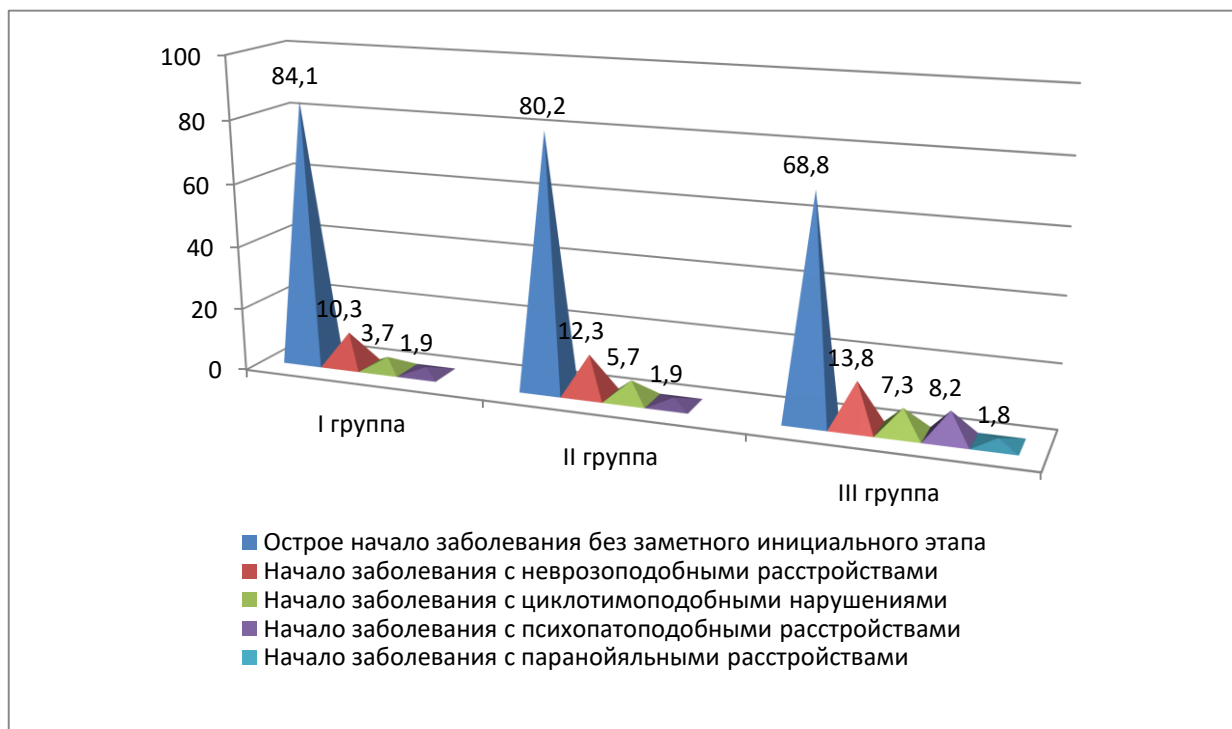


The distribution results shown in Diagram 1 clearly demonstrate the increase in the proportion of patients who developed schizophrenia before the age of 20 years in groups with a lower level of social and labor adaptation (24.3% of patients in group I; 39.6% of patients in group II and 49.5% of patients in group III; P1(0.01; P2(0.05; P3(0.001).

In group I, the number of such patients was statistically significantly lower than in groups II and III. At the same time, in this group of patients, the largest percentage of people who developed an endogenous disease over the age of 20 years was identified (75.7% of patients in group I; 60.2% of patients in group II and 47.6% in patients in group III) P1(0.01; P2(0.05; P3(0.001), and the most significant differences concerned the age interval from 21 to 30 years (43.0% of patients in group I; 29.2% of patients in group II and 22.9% of patients in group III, P1, 2(0.05; P3(0.01), while the onset of schizophrenia over the age of 30 in all three groups of subjects was detected with almost the same frequency.

The data obtained indicated that the age of onset of schizophrenia is an important prognostic sign that can be included in a complex of prognostically significant clinical factors. At the same time, the early (before 20 years) onset of the disease should be regarded as a factor worsening the social and labor prognosis, and the development of schizophrenia after the age of 20 years as a favorable prognostic sign.

Distribution of patients depending on the characteristics of the initial stage of Stupid schizophrenia is shown in Diagram 2.



These diagrams indicate that the vast majority of patients (250 patients; 77.6%) had an acute onset of the disease without any noticeable initial stage that would precede a manifest seizure. Nevertheless, the incidence of acute manifestations of schizophrenia still seemed the highest in the group I of patients (84.1% of patients of group I; 80.2% of patients - the second and 68.8% of patients of group III; P1,2 (0.05); P3(0.45), and different in this indicator between groups I and III were statistically significant. In 72 (22.4%) patients, on the contrary, a more or less prolonged initial period of manifestation of symptoms of non-psychotic level (15.9% of patients of group I; 19.8% of patients of the second group and 31.2% of patients of group III; P 1,2 (0.05); P3 (0.045). The initial stage was most often observed neurosis-like disorders (10.3% of patients of group I; 12.3% of patients of group II and 13.8% of patients of group III; P1,2,3, (0.05) in the form of asthenia, obsessions of various content, senesto-hypochondriacal disorders, dysmorphophobia, depersonalization, against the background of which erased affective fluctuations in the form of subdepressions, hypomanias or bipolar affective phases were noted. Significantly less often in the clinic of initial disorders manifested only cyclothym-like disorders (3.7% of patients of group I; 5.7% of group II and 7.3% of group III (P1,2,3 (0.05), differing in short duration, a shallow level of affective disorders and practically not affecting the lifestyle of patients. Even more rare were psychopathic conditions (1.9% of patients of group I; 1.9% of group II; 8.2% of group III; P1,2,2,3,( 0.05), whose frequency increased somewhat in the subjects of the III group. Psychopathic disorders were characterized by a predominance of increased excitability, irritability, rudeness with an oppositional attitude towards loved ones, unrecognition of authorities, A tendency to protest reactions or demonstrative commands in conflict situations. Foolishness: Finally, in isolated cases (1.8% in group III patients; P1,2,3 (0.05) in the clinical picture of the initial stage, paranoid disorders were noted in the form of an increase in suspicion, incredulity, rigidity and tendency to overvalued formations.

It should be noted that the frequency of occurrence of certain initial syndromes in patients of all three groups differed very relatively; the differences identified did not have statistical significance, which did not make it possible to include the syndromic design of the initial stage among the prognostically significant signs. Rather, importance should have been attached to acute illness, which, with a certain degree of convention, could be considered as a prognostically favorable factor.

**Conclusions.** Acute onset of the disease over the age of 20 years is a favorable factor in the clinical prognosis of patients with episodic schizophrenia. Early onset of the disease before the age of 20 with initial

disorders, on the contrary, plays the role of unfavorable factors that worsen the prognosis as the disease progresses.

## References:

1. Аграновский М.Л. Роль эндогенных и экзогенных факторов в развитии дебюта приступообразной шизофрении. // Журнал невропатолог. и психиатр. - 1992. - Вып. 1. - с.110-113
2. Алимов У.Х. Факторы прогноза при приступообразно-прогредиентной шизофрении (клинико-лабораторное исследование). – Дис. ...докт.мед.наук. – Т., 1999. – 279 с.
3. Бобровская Н.В. Прогнозирование устойчивости ремиссий при эндогенных психических заболеваниях: перспективы использования функционального диагноза. // Бюллетень Сибирской медицины – Томск, 2004. - № 2. – с. 34-42.
4. Курбанова Ш.М. Особенности приступообразно-прогредиентной шизофрении, протекающей с длительными (свыше 5 лет) ремиссиями: Автореф. Дис. ...канд.мед.наук. – Т., 2004. – 16 с.
5. Психические расстройства и расстройства поведения. (Класс V МКБ-10, адаптированный для использования в Республике Узбекистан). – Ташкент, 2005, с.79-100.
6. Ташматов Б.А., Монасыпова И.Х., Рахимова Д. Особенности доманифестного периода приступообразной шизофрении (клинические предикторы). // Мед. журнал Узбекистана. - 2000, № 3. - с.55-57.
7. Brekke I.B. Raine A., Ausel M., Lenoz T., Bird L. Neuropsychological and psychophysiological correlates of psychosocial functioning in schizophrenia. School of Social work, University of Southern California, Los-Angeles. // Schizophrenia. Bull. - 1999. – V. 23(1). - p.19-28.
8. Monking M.S., Nitsche B. Social integration of patients of a long-term institution. - St. Rochus Hospital Telgte. // Psychiatry. Pax., 1998. - Jan., 24(1). - p.32-36
9. Lasser R.A., Nasrallah H., Helldin L., Peuskens J., Kane J., Docherty J., Toledo Tronco A. Remission in schizophrenia: Applying recent consensus criteria to refine the concept. // Schizophrenia Res. – 2007 Aug 30. [Epub ahead of print].
10. Мамасалиев, Нематжан Салиевич, et al. "Острый коронарный синдром в Узбекистане: специфические черты в диагностике, лечении и профилактике, выявляемой в регистре Андижан в сравнении с данными других стран мира." *Вестник медицинского института «Реавиз»: реабилитация, врач и здоровье* 5 (35) (2018): 32-40.
11. Ибрагимов, М. К., Н. С. Мамасалиев, and Д. М. Каландаров. "Особенности эпидемиологии нейроциркуляторной дистонии у вич-инфицированной популяции в зависимости от принадлежности к профессиональной группе и уровня образования." *Врач скорой помощи* 6 (2014): 52-54.
12. Мамасалиев, Н. С., М. М. Мирсайдуллаев, and М. А. Хужамбердиев. "9-летняя динамика распространенности основных хронических неинфекционных заболеваний среди женской популяции Ферганской долины Узбекистана." *Вестник новых медицинских технологий* 4 (2006): 174-175.
13. Мамасалиев, Неъматжон Солиевич, et al. "" ЭПИДЕМИОЛОГИЧЕСКИЕ МИШЕНИ" ДЛЯ ПЕРВИЧНОЙ, ВТОРИЧНОЙ И ТРЕТИЧНОЙ ПРОФИЛАКТИКИ ИНФЕКЦИИ МОЧЕВОГО ТРАКТА У ВИЧ-ИНФИЦИРОВАННОГО НАСЕЛЕНИЯ." *Авиценна* 15 (2018): 39-42.
14. Туйчиев, А. Х., et al. "ИЗУЧЕНИЕ И АНАЛИЗ РАСПРОСТРАНЕННОСТИ МЕТАБОЛИЧЕСКОГО СИНДРОМА У ЛИЦ, УМЕРШИХ ОТ СЕРДЕЧНО-СОСУДИСТЫХ ОСЛОЖНЕНИЙ." *Евразийский кардиологический журнал S1* (2019): 71-72.