

PERSONALITY DISORDERS IN CONNECTION WITH EPILEPSY

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Annotation: Epilepsy is sometimes classified as a mental illness, but this opinion is erroneous. Mental disorders, mental retardation or behavioral changes can indeed occur with pathology, but this does not always happen. According to statistics, mental complications develop in 30-40% of patients. If epilepsy is combined with other severe neurological disorders, the figure reaches 60%.

Relevance. Epilepsy is a chronic neurological disease characterized by recurrent seizures that occur due to excessive local synchronization in the brain. They are characterized by motor, sensory, eating and mental disturbances accompanied by brief episodes of loss of consciousness or confusion. Epilepsy can certainly be called one of the most common neurological diseases. According to WHO, more than 50 million people worldwide suffer from epilepsy. The pathogenesis of the disease is based on abnormal electrical activity of the gray matter of the brain, resulting from excessive nerve discharges that can occur in different parts of the brain. Depending on this, attacks can take the form of mild memory loss, temporary disorientation or muscle spasms, or severe, prolonged seizures. There are many reasons that lead to the appearance of pathological lesions in the brain. These include structural, genetic, infectious, metabolic and immune factors. Epilepsy in adults, which began in relatively mature age, is most often associated with external causes, such as alcoholism, drug addiction, addiction, traumatic brain injury and nerve infection. In most cases, no trigger is required for an attack to occur, but in some types of attacks, various factors can trigger the attack. These include harsh visual and auditory stimuli (flashing lights, loud noises, loud music), certain foods, physical sensations (hot or cold water), lack of sleep, temperature changes, and alcohol consumption. Each epileptic seizure is accompanied by significant irreversible damage to brain structures as a result of acute vascular hypoxic encephalopathy. With repeated attacks, fibrosis of the vascular wall and soft meninges, diffuse, as well as marginal and perivascular gliosis occurs. The described changes are considered as the morphological substrate of emerging personality changes. An important role is also played by antiepileptic drugs, which are often prescribed in high doses and contribute to the formation of certain changes in the behavior of patients. The severity and depth of personality changes also depend on the age at the onset of the disease: more severe mental changes are typical for people who became ill in childhood. Great importance is attached to biological (features of the medical history at the prehospital stage, level of intelligence and brain maturity at the onset of the disease) and social factors. Personality changes, along with seizures, are an important diagnostic feature of epilepsy. The degree of personality changes in epilepsy is very diverse - from small changes in behavior to deep concentric dementia. The main mental features of patients with epilepsy are rigidity, inability to distinguish the main from the secondary, a tendency to focus on details, scrupulousness, inertia of mental activity, difficulties with switching attention. The patient's speech is often drawn out, filled with unnecessary details, he hardly changes the topic of conversation and tends to return to issues that, in his opinion, have not been fully discussed (emotional rigidity). All this helps reduce the likelihood of adaptation to the outside world and surrounding reality.

The maximum severity of personality changes is achieved with the development of concentric dementia. An important symptom complex indicating an increase in dementia is the so-called psychoorganic (encephalopathic) syndrome. It includes the Walter-Buel triad of symptoms: - emotional lability, or incontinence of emotions; - severe memory disorders; - decreased intelligence. At the same time, patients are somewhat confused, helpless in solving the simplest problems, they lose the ability to separate the main from the secondary, they get stuck in trifles and details. They experience a significant drop in not only mental but also physical performance. At the final stage, this syndrome is clinically indistinguishable from apathetic dementia.

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The range of personality changes in epilepsy is very significant - from relatively mild characterological features to disorders indicating deep dementia specific to this disease. Epileptic personality changes are quite typical. The main features of the psyche of patients with epilepsy are stiffness, slowness of all mental processes, a tendency to get stuck on details, thoroughness, the inability to distinguish the main from the unimportant, and difficulty switching. All this makes it difficult to accumulate new experience, weakens combinatorial abilities, impairs reproduction and ultimately reduces the ability to adapt to the surrounding reality.

A significant place in the picture of personality changes is occupied by the polarity of affect in the form of a combination of affective viscosity, the tendency to get stuck on certain, especially negative, affective experiences, on the one hand, and explosiveness (explosiveness) on the other. These features of affect are expressed in such characterological features typical for patients with epilepsy as rancor, vindictiveness, egocentrism, malice, brutality, etc.

Patients are characterized by emphasized, often caricatured pedantry in relation to both their clothing and the special scrupulous order in their home and workplace. An essential feature of epileptic personality changes is infantilism. It is expressed by immaturity of judgment, a special overvalued attitude towards relatives, as well as the religiosity characteristic of some patients with epilepsy. Currently, some researchers are inclined to explain epileptic religiosity not so much by the disease itself, but by the fanatical adherence of patients to the belief system in which they were brought up, which is generally characteristic of infantile people.

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