

CONSEQUENCES OF ANXIETY-DEPRESSIVE DISORDERS OBSERVED IN ADOLESCENCE AND METHODS OF TREATING THEM

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Abstract: Anxiety is reflected in all areas of a teenager's life, which significantly worsens his well-being. All types of anxiety disorders reduce effectiveness because anxiety is not controlled. Focusing on the source of anxiety, a teenager cannot pay attention to the quality performance of educational tasks, which leads to a decrease in academic performance. Anxiety in adolescents can negatively affect divergent formation, personal characteristics such as creative, creative, thinking, not being afraid of something new, unknown for this are natural.

Key words: Adolescence, anxiety-depressive disorder, consequences, treatment.

Introduction. It is common in adolescents, etc.opposite obsessions. What distinguishes them is that the subject of obsessive thoughts is compared to the terrible, sin for the person himself. For example, thoughts about harming a loved one or oneself, as well as thoughts that are accompanied by strong fears and/or feelings of guilt and are very painful for a teenager (blasphemy, immoral, perverted).

General anxiety disorder (F41.1) is characterized by anxiety of a general and persistent nature, is not limited to any specific environmental conditions, and does not even occur in such conditions with a clear preference ("not corrected").

For diagnosis, the main symptoms of anxiety should be present in the patient for at least 6 weeks. Often in this quality:

- 1) anxiety, restlessness or impatience,
- 2) fatigue,
- 3) attention and memory impairment,
- 4) irritability,
- 5) muscle tension,
- 6) sleep disorders.

General anxiety disorder occurs in 3-6% of all children and adolescents. Adolescents with general anxiety disorder are worried about almost anything, tend to look for any frightening events in a book, film or news, focus on them and connect them with their lives, even being overly concerned about everyday Trifles, for example, what clothes to wear to yourself or what to see on anxiety-depressive disorder [1-4].

Diagnostic criteria for general anxiety disorder are less specific than other variants of anxiety disorder, and are built on the exclusion principle.

Adolescence is a very suitable time for the onset of panic disorder (F 41.0) - repeated panic attacks from time to time, spontaneous, sudden, have nothing to do with external stimuli (like thunder in the open sky), last 5-30 minutes and have shortness of breath, palpitations, dizziness, suffocation, chest pain, tremors, increased sweating and fear of dying or going crazy. Attacks often occur in a situation where patients have limited freedom of movement or are in a room where they cannot go outside and receive help [5-7].

Panic disorder is often accompanied by agoraphobia. Currently, the term is being interpreted more broadly than before, and includes a fear not only of open spaces, but of any situations in which there is no opportunity to leave immediately and return to safety. Although agoraphobia is considered a separate disease, it often serves as a defense mechanism in panic disorder: by staying at home or leaving it with companions only, patients avoid stress, which reduces the likelihood of an attack [8].

Panic attacks are very common in adolescents. Thoughts that you look stupid are common at this age (35-65%), but panic disorder is much less common and occurs in 1-5% of adolescents [9]. The symptoms of panic attacks in adolescents are not much different from those typical of adults, but they are very difficult due to the tendency to catastrophize, feelings of helplessness and pronounced sensitivity inherent in adolescents to experience any stressful situations [10-12].

Post-structural anxiety within Post-Traumatic stress Disorder (F43.1) develops after life-threatening situations or a disaster (military action, nuclear power plant accident, car accident, fire, flood, rape). Constant painful memories, increased excitability, irritability and anger, sleep disorders and nightmares, including pictures of the situation experienced, feelings of loneliness and insecurity, feeling inferior, avoiding communication and any activity that can remind of what happened. For children and adolescents, repetitive nightmares that revive a traumatic event in memory are much more characteristic than repetitive vivid images [13-16].

Mixed anxiety and depressive disorder (F 41.2) are diagnosed in cases where the patient has symptoms of anxiety and depression, but both are individually dominant or unclear.

Within the framework of personality disorders (F 60) (it should be remembered that specific personal disorders are typical psychopathies for a Russian – speaking reader) relatively recently (for the first time only in DSM-III), an annoying ("escape", "escape") personality disorder (F 60.6) has appeared. In a way, it looks like a sensitive type of psychopathy, which is not always distinguished in Russian classifications. Patients are already characterized as timid, shy people with low self-esteem in early childhood. Hypertrophied fear, even inducing a small critical attitude, leads them to avoidance behaviors.

Very close to the type of anxiety in the clinical picture is dependent personality disorder (F 60.7). It was also derived from the DSM and was absent from classical Russian and German psychiatry. Insecurity, fear of the manifestation of any noticeable reactions (especially sexual and aggressive) is combined with clear anxiety, fear of abandonment by an important person [17-20].

A child-specific variant of anxiety disorders that may also present in adolescence is separation-related anxiety disorder (F93.0). Such children do not develop independent behavioral skills, and the fear of divorce acquires hypertrophied dimensions. Anxiety may appear in the child:

- ✓ constant, unrealistic fear of misfortune that can happen to the main person nearby, or fear that parents will not leave him and return;
- ✓ unrealistic fear that any unpleasant situation will separate the child from his face, which is subject to great affection;
- ✓ refusing to go to bed alone or outside the home for fear of losing a meaningful face;
- ✓ recurring nightmares about divorce;
- ✓ re-emergence of somatic diseases in situations related to divorce;
- ✓ repeated sadness (anxiety, crying, irritation, apathy, self-care, etc.).

Adolescents may develop specific delusions, such as illness, accidents, abduction, or bodily injury. It is difficult for them to be alone even at home, they do not like to sleep so that there is no one, they have difficulty fulfilling their parents' assignments when they need to go out, often refusing to go to school [21-24].

All types of anxiety disorders reduce effectiveness because anxiety is not controlled [19]. Focusing on the source of anxiety, a teenager cannot pay attention to the quality performance of educational tasks, which leads to a decrease in academic performance. Anxiety in adolescents can negatively affect the formation of divergent, that is, creative, thinking, for which personal characteristics such as not being afraid of something new, unknown are natural [22].

Adolescents with anxiety disorders have an increased risk of developing depression, family and community relationships are disrupted, and social isolation increases [25-29].

Events and experiences that lead to anxiety correction in childhood, reflected in adult behavior and personal reactions, determine a certain personal style of emotional-behavioral reactivity, and adolescents' untreated anxiety disorders are complicated by mental adaptation disorders in adulthood [30].

The experience of working with patients with anxiety disorders inevitably leads clinicians to a conclusion about the maximum effectiveness of a complex approach that combines psychotherapy, psychopharmacotherapy and socio-environmental influences (table. 1).

Anxiety is reflected in all areas of a teenager's life, which significantly worsens his well-being.

Table 1. The main groups of drugs used to treat anxiety disorders

Group	Medication
Benzodiazepine anxiolytics	Alprazolam (xanax) meprobamate (meprotran) Chlordiazepoxide (elenium) Diazepam (relanium, seduxen, sibazone, valium) Medazepam (mezepam, rudotel) Clonazepam
Non- Benzodiazepine anxiolytics	Mebikar (mebikar) Buspiron (shpitomin) Afobazole
Tricyclic antidepressants	Amitriptyline Imipramine (melipramine) Clomipramine (clofranil, anafranil)
MAO inhibitors	Moclobemide Nialamide
Serotonin reuptake inhibitors	Sertraline (zoloft, stimulutone, thorin) Citalopram (cipramil) Fluoxetine (fluoxetine-acri, profluzac, framex) Fluvoxamine (fevarin) Paroxetine (paxil)

Neuroleptics	Sonapax Eglonyl Teraligene Fluvoxol
Beta blockers	Propranolol Atenolol
Histamine H1 receptor blockers	Hydroxyzine (atarax) Tofizopam (grandaxin)
Nootropic drugs	Nootropil Aminoralon Pantogam

Psychopharmacotherapy plays a special role in the treatment of anxiety disorders. Although there is a wide range of recommended drugs for the treatment of anxiety disorders (table. 1), most of which are rarely used in adolescence due to the significant frequency and severity of side effects [31-35]. In this regard, treatment methods for adolescents with anxiety disorders should give preference to multivalent drugs with minimal side effects, subject to the rule of monotherapy in the composition [36].

Widely used in the treatment of anxiety disorders in children and adolescents, herbal, homeopathic metabolic and some soft-acting synthetic drugs have such properties (table. 2).

Table 2. The main groups of drugs used to treat anxiety disorders in adolescents

Phytopreparations	Homeopathic medicines	Metabolic drugs	Synthetic psychotropic drugs
Herbal tea	Nervohel	Glycine	Tenoten for children
Sanason-lek	Notta	Bromides	Adaptol
Persen	Valerianakhel	Eltacin	Atarax
Dormiplant Novo-passit Notta	Epam 1000 Alora Nerve Agent	Phenibut Pantogam	Grandaxin

Particular interest of experts lies in the drug tenoten for children with mild anxiolytic, vegetotropic, nootropic, neuroprotective effects [37].

Children's tenotene based on antibodies to the brain-specific S100 protein modulates the activity of this protein. In turn, the S100 protein provides functional homeostasis of brain cells by combining and combining various processes of the central nervous system: normalizes synaptic and metabolic processes, nervous plasticity. The success of using pediatric Tenotene for SVD is determined by its ability to optimize vegetative homeostasis, reduce excessive emotional response to stress, and protect brain cells from hypoxic damage.

A wide range of pharmacological activity of children's Tenotene is explained by its effect on the main mediating systems: GABA-Ergic, serotonergic, the receptor system of the NDMA - glycine site, as well as sigma 1-receptor, which is confirmed by many experimental studies. A study of the mechanism of action of the drug showed that release - active antibodies to the S100 protein (ATS100), which is part of children's Tenotene, affect the synaptic plasticity and electrical properties of the membrane of isolated neurons [8, 34]; GABA-A - and GABA-b-have modulating effects, and also affect the serotonergic system [31].

The ability of children's Tenotene to respond normally to the stress-limiting body system to determine the adaptation of children affected by stress-limiting factors E. G. Manifested by the research of Kondyurina et al. [14].

The use of pediatric Tenotene for 3 months in adolescents with SVD allowed high and moderate anxiety rates to be brought to the upper limit of the norm ($p < 0,05$) (on the Spilbelger scale) [21]. T. M. Radaev's work [23] shows the clinical effects of childhood Tenotene treatment, which includes lowering the level of anxiety-phobic disorders on the scale of anxiety and personal reactivity, decreased Algic manifestations on wash, decreased tendency of sleep disorders, which is confirmed by monitoring.

A multi-center, double-blind, placebo-controlled study of the effectiveness and safety of the drug tenoten in the group of children and adolescents aged 8-15 years, using anxiety assessment scales, showed the anti-anxiety effect of the drug both according to the results of self-assessment of patients and according to reports from parents. accidents [11].

The choice of a psychotropic drug depends on the characteristics of anxiety disorders:

- ✓ degree of severity of anxiety;
- ✓ duration of the disease (acute, chronic);
- ✓ flow type (paroxysmal or constant disturbances).

With the clinical picture complicated and anxiety chronicling, preference is given to synthetic drugs, antidepressants (often SSRIs) in severe cases, or combination therapy.

The main method in a complex therapeutic complex for anxiety disorders is psychotherapy [16]. Currently, a psychotherapist has a large arsenal of tools, ranging from simple tools that solve symptomatic improvement problems to complex ones aimed at solving the patient's internal conflicts. Many psychotherapy schemes are based on the assumption that anxiety is associated with an overestimation of the threat or a misinterpretation of the state of increased activation. This overestimates the external risk or underestimates the ability to overcome it. Anxious worries and feelings of helplessness appear, which will give more attention to your inner state. Increased caution leads to a narrowing of attention and a decrease in its concentration, as well as a violation of self-control and correct response. The most important goal of psychotherapy is to gradually lead patients to the realization of the essence of the psychological conflict, and then gradually change the previous inappropriate schemes and relationships, and, as a result, develop a new, more harmonious and flexible system of views and relationships, more mature mechanisms of adaptation, self-control and adequate response [36-38].

All of the above methods are equally effective in different variants of anxiety disorders, but it should be noted that some techniques are preferred and, in a sense, specific for specific forms of anxiety disorders. The most effective methods of treating anxiety disorders in children and adolescents use the technique of colliding with situations, objects or phenomena that concern the patient. The fate of illness can have a stronger and longer effect in the treatment of anxiety disorders than in therapy aimed only at the child [39-41].

Currently, in world clinical practice, specially selected "afferent (emotional) flows" are accumulating materials that help optimize vegetative regulation in various pathological conditions, in particular, anxiety disorders. To solve these problems, combined forms of psychosensory effect are used in the complex treatment of acoustic (music), olfactory (smells), visual and other sensory currents, as well as anxiety disorders. In the complex for the treatment of anxiety disorders, other methods based on physiogenic effects are also used: reflexotherapy, massage.

Conclusion. Anxiety is reflected in all areas of a teenager's life, significantly worsens his well-being, relationships in the family and society, reduces school activity. In this situation, it is important to increase the awareness of generalists about the features of the diagnosis and treatment of anxiety disorders in adolescents. Today, the treatment of based on an integrated approach that combines the effects of psychotherapy, psychopharmacotherapy, family psychotherapy and the social environment.

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