

**CLINICAL ASPECTS AND METHODS OF TREATMENT OF NEUROSIS-LIKE
DISORDERS IN HEROIN ADDICTION****Dr. Kuchkarov U. I.*¹, Mukhtarova Kh K.², Muhamadiev N. B.³, Ergasheva Yu Y.⁴ and Rustamov U. T.⁵**^{1,2,4}Candidate of Medical Sciences, Associate Professor of the Department of Psychiatry, Bukhara State Medical Institute.³Doctor of Philosophy (PhD), Associate Professor, Department of Psychiatry, Bukhara State Medical Institute.
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ABSTRACT

Narcotic substances, affecting the neurotransmission of the brain weakens and disrupts the conduction of nerve impulses. Antidepressants, eliminating the imbalance of neurotransmitters, have a positive effect on psychopathological symptoms and on the formation of remission. The antidepressant venlaxor inhibits the reuptake of serotonin and norepinephrine, the use of the drug in heroin addiction for 1 month. Improves the patient's quality of life.

KEYWORDS: heroin addiction, neurosis-like disorders, anxiety, venlaxor, quality of life.**INTRODUCTION**

Psychopathological disorders are formed in the early stages of heroin addiction, often preceding clinical manifestations of physical dependence. In the future, they accompany the disease at all stages of its development, becoming heavier and more complicated. Neurosis-like disorders are predominant in the spectrum of non-psychological disorders in patients, including asthenia, sleep disorders, anxiety, and subdepression.^[1,2,4] It is neurotic spectrum disorders that underlie such key manifestations of addictive personality deformation in opioid abusers. These psychopathological symptoms of the main predisposing factors of addictive behavior determine the clinic and dynamics of the main narcopathological disorders - mental and physical dependence, abstinence, post-abstinence States and the consequences of chronic anesthesia.^[3,4] In addition, neurosis-like disorders are the main integrating element of the triad of psychobiological dependence, consisting of three components-ideator, affective and somatic.^[1,2,5] In this regard, the qualification of clinical-dinimic features and correction of neurosis-like disorders is one of the Central tasks of both theoretical studies of addictive behavior and in the work of a practicing psychiatrist-narcologist.

The aim of the study was to study the effectiveness of venlaxor in the postabstinent period in patients with heroin addiction.

MATERIALS AND METHODS

We examined clinically and demographically indistinguishable 32 patients aged 21-45 years with a diagnosis of heroin addiction in the post-abstinence period. All the examined patients with heroin addiction had quite serious problems related to physical health that appeared during the disease. Of the somatic complications of drug addiction, there were: viral hepatitis C in 8 (25%) patients, and viral hepatitis B+C in 4 (12.5%). Signs of toxic liver damage were found in 18 (56.3%). HIV infection was detected in 6 (18.8%); toxic cardiopathy - in 9 (28.1%), chronic lesions of other organs and systems - in 11 (34.4%) cases. Patients were divided into 2 groups: the main group of 20 patients who received venlaxor on the background of basic therapy, the control group included 12 patients who took amitriptyline on the background of basic therapy. It should be noted that in both groups, patients received venlaxor and amitriptyll in a powdered state and the patient did not know what drug he was receiving.

Table 1: Spectrum of somatic pathology in the examined patients.

Spectrum of somatic pathology in the examined patients	Examined patients (n=32)	
	aбс.	%
Hepatitis C	8	25
Hepatitis B+C	4	12,5
Toxic liver damage	18	56,3
Toxic cardiopathy	9	28,1
HIV	7	21,9
Chronic lesions of other organs	11	34,4

The effect of the drugs was evaluated using a scale for evaluating the level of reactive anxiety of C. D. Spielberg and Yu. L. Khanin from the beginning of therapy in PAS. To evaluate the triad of psychobiological dependence (anhedonia syndrome according to Krupitsky E. M.), the questionnaire for evaluating anhedonia syndrome in detoxified patients was used. The SF-36 test was used to evaluate the quality of life of patients.

RESULTS AND DISCUSSION

The average daily dose of venlaxor at the beginning of treatment was 75 mg-against the background of basic therapy (hepatotropic drugs, vitamins). Patients took venlaxor, starting with a dosage of 75 mg per day (37.5 mg in the morning and evening after meals). A week

later, the dose was increased to 150 mg per day (75 mg in the evening). In 3 cases, taking into account side effects, due to the existing somatic pathology, a dosage of 18.75 mg in the morning and 18.75 mg in the evening was prescribed, with an increase in the dose to 75 mg per day by the 10th day of treatment. In some cases, with low intensity of somatic disorders, the dose was increased to 225 mg from 10-12 days of administration. Improvement of the patients' condition was evaluated in 2 directions: reduction of postabstinent disorders degree of disactualization of the pathological attraction to the drug.

In both groups, the quality of anhedonia syndrome improved, but in the main group, the confidence was higher (табл. 2).

Table 2: Evaluation of the triad of psychobiological dependence (anhedonia syndrome according to Krupitsky E. M.).

Group	The severity of the syndrome of anhedonia (AVG. score±standard error)					
	The affective component		Ideator component		Behavioral component	
	Before treatment	After treatment	Before treatment	After treatment	Before treatment	After treatment
Control group	34,5±0,8	7,4±0,4*	13,6±0,6	3,1±0,2*	10,7±0,3	2,3±0,2*
Major group	34,7±0,5	4,5±0,4 ^{*,**}	13,5±0,3	1,8±0,2 ^{*,**}	10,5±0,2	1,4±0,2 ^{*,**}

Note: * - significantly compared to pre-treatment $P < 0.001$; ** - significantly compared to control $P < 0.001$

Clinically and statically, it was found that after 5-7 days of taking venlaxor, there was a sufficiently pronounced reduction of neurosis-like manifestations, which was marked by a decrease in irritability, dysphoria, anxiety and increased vital activity.

All patients in both groups had irritability, dysphoria, anxiety, sleep disturbances, sometimes a decrease in mood with apathy, General discomfort, and self-confidence before starting therapy. All these pathological manifestations differed from those in

General psychiatric practice in that they were closely related to the pathological attraction to the drug, were clearly divided into affective, ideational, and behavioral components, and could be stopped by the use of narcotic drugs.

In the future, there was a positive trend in terms of the disappearance of mood and internal tension, decreased irritability, normalized sleep, deactualized General discomfort, pathological attraction to the drug. Some patients appeared to be able to work (Table 3).

Table 3: Dynamics of psychopathological changes in PAS during treatment.

Symptoms	Days treatments	Group of patients											
		1 group (n=20)						2 group (n=12)					
		1 point		2 point		3 point		1 point		2 point		3 point	
		aбс	%	aбс	%	aбс	%	aбс	%	aбс	%	aбс	%
Asthenia		-	-	10	50,0	10	50,0	-	-	5	41,7	7	58,3
	Before treatment	9	45,0	8	40,0	3	15,0	4	33,3	5	41,7	3	25,0

Dysphorias	Day 20	-	-	8	40,0	12	60,0	-	-	4	33,3	8	66,7
	Before treatment	7	35,0	12	60,0	1	5,0	3	25,0	6	50,0	3	25,0
Pathological attachment to the drug	Day 20	-	-	10	50,0	10	50,0	-	-	7	58,3	5	41,7
	Before treatment	9	45,0	11	55,0	-	-	4	33,3	5	41,7	3	25,0
Alarm	Day 20	-	-	12	60,0	8	40,0	-	-	6	50,0	6	50,0
	Before treatment	12	60,0	8	40,0	-	-	5	41,7	4	33,3	3	25,0
Sleep disturbance	Day 20	-	-	7	35,0	13	65,0	-	-	4	33,3	8	66,7
	Before treatment	13	65,0	7	35,0	-	-	6	50,0	4	33,3	2	16,7
Mood decline	Day 20	-	-	8	40,0	12	60,0	-	-	4	33,3	8	66,7
	Before treatment	15	75,0	5	25,0	-	-	7	58,3	4	33,3	1	8,3
General discomfort	Day 20	-	-	8	40,0	12	60,0	-	-	7	58,3	5	41,7
	Before treatment	14	70,0	6	30,0	-	-	7	58,3	5	41,7	-	-

Note: the severity Of the symptom was evaluated in points from 0 to 3 ("0" — no symptom, "1" - weakly expressed, "2" - moderately expressed, "3" - strongly expressed symptom).

It should be noted that venlaxor is well tolerated in people with hepatitis. The venlaxor dose of 75 mg per day did not affect the laboratory parameters of liver samples (ALT and AST).

In 50% of patients after the onset of minimal improvement, there was a craving for narcotic drugs, dysphoric, low mood background. These patients required an increase in venlaxor doses to 225 mg per day.

The level of reactive anxiety before treatment was evaluated on the Spielberg-Hanin scale and corresponded to a low and average level (20-40 points) Already on the 10th day of treatment in the main group, patients felt a relaxation of anxiety and General discomfort. On the Spielberg and Hanin scales, a significant decrease in anxiety was noted on the 20th day of post-abstinence.

Table 4: The rating scale of the level of reactive and personality anxiety Charles D. Spielberg and Y. L. Hanina.

Group of patients	Test of C. D. Spielberg and Y. L. Khanin	
	Before treatment	After treatment
Comparison group	45,4±0,6	32,5±0,7*
Major group	47,5±0,7	19,4±0,7**

Note: * - significantly compared to pre-treatment $P < 0.001$; ** - significantly compared to control $P < 0.001$.

But this positive dynamics in the comparative group was not realized by patients due to the negative side effects of amitriptyll-inhibition, dizziness, especially in somatically weakened patients. Patients of the comparative group were often reluctant to accept amitriptyll treatment, refused it, and only under pressure from the doctor and relatives continued therapy. Malice and sometimes aggressive behavior often accompanied the entire course of treatment in the comparative group.

It should be noted that in the course of therapy, patients in the main group reported their condition, asked for help, and were well exposed to psychotherapy. Patients of the comparative group, treated with amitriptyll, when actualizing psychopathological manifestations, sought to extinguish them, making attempts to violate the regime.

In the comparative group, patients complained of dry mouth, impaired accommodation, weakness, dizziness,

tachycardia, difficulty urinating, and atonic constipation (a side effect of amitriptyll). In the course of venlaxor therapy, cholinolytic side effects were found only in 3 patients with insignificant severity. Patients thought about their future, made plans, thought about correcting mistakes, and took treatment seriously.

In the study of quality of life parameters (SF-36 test) after treatment with venlaxor, it turned out that the quality of life criteria improved in the main group according to the following scales: the scale of life activity, the scale of functioning related to physical condition, the scale of functioning related to emotional state, and the scale of mental health. In the comparative group, these changes were less pronounced and statistically unreliable.

Table 5: Quality of life of patients in PAS in the course of treatment.

Quality of life criteria	Major group		Comparison group	
	Before treatment	After treatment	Before treatment	After treatment
General health	35,7±3,5	73,7±1,7 ^{**a}	37,0±5,4	66,3±3,0 ^{**}
Physical activity	61,8±3,2	81,0±3,0 ^{**b}	57,5±6,5	65,0±3,6
Functioning related to the physical state	42,1±6,2	70,0±4,3 ^{**b}	39,6±6,5	41,7±5,6
Functioning associated with an emotional state	31,8±7,7	72,0±4,3 ^{**b}	31,0±6,5	39,3±8,1
Social functioning	50,3±2,8	67,6±1,6 ^{**a}	52,3±3,4	65,8±5,1 [*]
The intensity of the pain	28,5±5,1	55,4±4,0 ^{**a}	22,3±4,7	35,8±7,7
Vital activity	32,9±3,1	48,8±1,6 ^{**a}	31,3±1,8	37,5±3,6
Mental health	36,0±2,7	51,2±2,4 ^{**b}	34,3±2,5	35,3±3,2

Note: significantly compared to pre-treatment * - $P < 0.05$; * * - $P < 0.001$; significantly compared to control group a - $P < 0.05$, b - $P < 0.001$.

CONCLUSIONS

Anxiety and depression in heroin addiction differ from those in other mental illnesses in that they are intimately related to the attraction to the drug and can be successfully stopped by its use. By medically acting on these disorders, we can successfully overcome cravings for drugs.

The study confirms the high effectiveness of venlaxor in the pharmacotherapy of neurosis-like disorders of heroin addiction.

Clinical studies show that the drug venlaxor has few side effects and can be successfully used in patients with heroin addiction with somatic pathology.

Improving the quality of life parameters during venlaxor treatment once again proves the high effectiveness of the drug.

The drug venlaxor does not cause addiction with sufficiently long-term therapy, and can be recommended in outpatient practice for long-term use in patients with heroin addiction.

LITERATURE

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