



Obsessive-Compulsive Disorders of waiting for Death as a Result of Military Genocide of the Ukrainian Population

Boltivets S^{1*}, Cheliadyn Y², Honchar T², Uralova L² and Honchar O²

¹State Institute of Family and Youth Policy, Ukraine

²Shupyk National University of Healthcare of Ukraine, Ukraine

***Corresponding author:** Sergii Ivanovich Boltivets, State Institute of Family and Youth Policy, Ukraine, Tel: +380 68 350 49 86; Email: boltivetssergij@i.ua

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Abstract

The problem of obsessive-compulsive disorder is currently very relevant. Despite the conducted research and development of new methods of psychopharmacotherapy and psychotherapy, the treatment of patients in this category remains a difficult task. The dissertation presents a theoretical study and practical solution of an important problem in the field of psychiatry, namely, the formation of criteria, the development of the algorithm of medical and rehabilitation measures, as well as the creation of a tool for differential diagnostics of obsessive- of compulsive symptoms, namely, obsessive-compulsive disorder and schizotypal disorders with obsessive-compulsive disorder on the basis of detection and analysis of their clinical typology. In total, 77 patients in the age of 18 to 48 participated in the study, who were in in-patient treatment at the Territorial Medical Association "Psychiatry" in Kyiv and outpatient treatment of the Psychiatry Department, Psychotherapy and Medical Psychology of the National University Healthcare of Ukraine names of Plato Shupyc with obsessive-compulsive disorder symptoms. With the help of MKH-0 criteria, we formed two groups: F42 and F21. An important component of optimization was the allocation of four types of obsessive-compulsive symptoms, which made it possible to develop a differentiated program of integrated treatment and to implement the procedure and algorithmic route of the patient with obsessive-compulsive symptoms. According to the results of the study, it is proved that the diagnosis requires the definition of four types of obsessive-compulsive symptoms and their nosological affiliation with the predominance of certain obsessive-compulsive symptoms: incompleteness, danger, ambivalence, accumulation. Consequently, a differentiated program of integrated treatment and an algorithmic route of a patient with obsessive-compulsive symptoms were developed and implemented. The analysis of the results of the treatment and rehabilitation work allowed to make a conclusion that the use of such a therapeutic complex contributed to the reduction of the obsessive-compulsive disorder symptoms, reducing the duration of treatment and increasing remission periods, improving the quality of life and social functioning.

Keywords: Obsessive-Compulsive Disorder; Schizotypal Disorder With Dominant Obsessive-Compulsive Symptomatology; Typological Diagnosis; Program Of Integrated Treatment

Neurotic Disorders in People Waiting to Die

Neurotic disorders occur under the influence of severe stress caused by approaching the place where a person lives

or is, Russian bombers, the beginning of Russian shelling or missile artillery, the fall of a ballistic missile. In general, neurotic disorders associated with the expectation of death arise and exacerbate in connection with hostilities, terrorist

acts, forced migration, social insecurity, and disruption of social adaptation. Many people during the Russian war against Ukraine suffered mental trauma due to bombing, loss of loved ones or being in difficult conditions where they suffered physically or psychologically.

This is one of the most influential factors in emotional contagion, which is a significant increase in the pathological effects of the neurotic state of each person associated with similar people. It is safe to say that changing the people with whom we have had a traumatic experience is important for changing our well-being, attitudes, and attitudes toward ourselves and others. At the beginning of the Russian war against Ukraine, people's natural reactions to danger were aimed at enhancing survival opportunities, which were manifested in the active search for ways to protect, communicate and share assumptions about their effectiveness, fuss, unnecessary actions and deeds.

One of the most characteristic symptoms of this condition is the constant monitoring of news feeds on the Internet, radio reports and stories of both eyewitnesses and translators of other people's stories. But after a while there was apathy, a state of exhaustion, lack of strength. The person «freezes» all emotions, does not cry, sometimes does not feel pain. However, the psyche can not be in this mode constantly. Over time, the psyche restores sufficient energy potential, and the events are restored in the mind in a conditional, and therefore in a safer form. This allows you to gradually return to normal life in the light of new circumstances.

There have been studies of a person's ability to cope with the situation in extreme conditions and the importance of coping [1], studies have identified premature mortality in people with personality disorders in the Nottingham study of neurotic disorders [2], the results of anxiety and depressive disorders for thirty years in the context of status personality include a comprehensive assessment of mixed symptoms and general neurotic syndrome in a subsequent randomized controlled trial [3]. According to recent studies, people living with neurological or psychiatric illnesses may be more likely to have a second such condition in the future, and their gender affects the risk [4].

Clinical manifestations of mental disorders of the individual due to the action of social stress are manifested as distress and are accompanied by various disorders of the neurotic register. These include anxiety disorders, social phobias, panic attacks, post-traumatic stress disorder, obsessive-compulsive disorder [5,6]. Regarding the latter: the frequency of the disease, the severity of symptoms, frequent chronicity and subsequent disability emphasize the social and clinical significance of studies of obsessive-compulsive symptoms [7]. In our study, as a comparison

group, there were patients with schizotypal disorder and obsessive-compulsive disorder.

The Aim of the Study

based on the study of clinical and psychopathological features of obsessive-compulsive disorder and typological variants of obsessive-compulsive symptoms to develop a differentiated program of comprehensive treatment of these patients and optimize approaches to their psychosocial rehabilitation.

To solve this goal, the following tasks were formed:

1. Investigate the clinical and psychopathological characteristics of patients with obsessive-compulsive disorder.
2. To study the features of the quality of life of the subjects, protective mechanisms and coping strategies in these patients [8].
3. To determine and substantiate the clinical typology of obsessive-compulsive symptoms.
4. To substantiate and develop a system of psychotherapeutic measures in the complex treatment of patients with obsessive-compulsive disorder and schizotypal disorder with dominant obsessive-compulsive disorder [9].
5. To develop a differentiated program of complex treatment taking into account clinical and psychopathological features and clinical typology of obsessive-compulsive symptoms.
6. To determine the effectiveness of the complex treatment program in patients with obsessive-compulsive disorder and schizotypal disorder with obsessive-compulsive disorder [10].
7. To develop an algorithm of the route of patients with obsessive-compulsive symptoms in accordance with the applied differentiated recipe for the diagnosis of patients and the applied program of complex treatment [11].

Subject of Study

Clinical and psychopathological features and dynamics of OCD development, quality of life and features of social support of these patients, their treatment and rehabilitation.

General Characteristics of Contingents and Methods

On the basis of the Territorial Medical Association "Psychiatry" in Kyiv and the Department of Psychiatry, Psychotherapy and Medical Psychology of the National University of Health named after Platon Shupyk for 4 months examined 77 patients with obsessive-compulsive symptoms who met the criteria of obsessive-compulsive disorder. Compulsive disorder and schizotypal disorder with obsessive-compulsive disorder.

To avoid errors associated with incorrect assessment of mental status, the study excluded patients with diseases of the nervous system, patients with addictive behavior to psychoactive substances, a history of traumatic brain injury and chronic somatic diseases. The study was conducted with the informed consent of patients in compliance with the principles of bioethics and deontology. All patients were admitted to a psychiatric hospital and underwent outpatient examination in a stable somatic condition and underwent somatoneurological examination. The average age of the subjects was 32.5 ± 11.0 years: men 31.0 ± 9.4 years, women 32.9 ± 12.7 years, differences in age characteristics of men and women are statistically insignificant ($p > 0.05$).

The program-targeted organization of the study determined a clear phasing and sequence of its implementation. The design of the study included several stages: screening, formation of research groups with obsessive-compulsive symptoms in different nosologies and clinical-typological subgroups to assess the results of the integrated treatment program before and after treatment [12,13].

Statistical data processing was performed using the program "SPSS 16.0" and "Excel" from the package "Microsoft Office 2003".

In the first stage, 77 patients with symptoms of obsessive-compulsive disorder were screened [14].

The study of obsessive-compulsive symptoms was conducted using: Yale-Brown Obsessive-Compulsive Scale and Symptom Checklist (Y-BOCS), which allowed assessing the severity of obsessive-compulsive disorder; Hospital Anxiety and Depression Scale (HADS).

Research Methods

Clinical-anamnestic, socio-demographic, clinical-psychopathological, psychodiagnostic, follow-up, statistical.

Results of Research and Discussion

1. The program of complex treatment includes three stages: the first - diagnostic, which requires the selection of clinical types of obsessive-compulsive symptoms depending on the register of disorders; the second is clinical, which is aimed at psychopharmacotherapy and intervention psychotherapy depending on the nosological affiliation of the disorders and the type of obsessive-compulsive symptoms. Degree of reduction of obsessive-compulsive symptoms within 6 months (28 sessions in total (26 - therapeutic and 2 - diagnostic), the third - rehabilitation, which should be aimed at

restoring the optimal level of psychological, social and labor adaptation, increasing remission, and preventing recurrence of symptoms disorder.

2. According to the results of the study it is proved that the diagnosis requires determining the types of obsessive-compulsive symptoms and their nosological affiliation with the predominance of certain obsessive-compulsive symptoms: incompleteness, danger, ambivalence, accumulation. T-incompleteness includes: compulsions of symmetry and order, rituals of repetition, obsessions of symmetry and order. T-avoidance: compulsive checks, obsessions with pollution, obsessions with religious content, compulsions with cleansing and obsessions with hypochondriac content. T-ambivalence: aggressive thoughts, obsessions of sexual content and obsessions of dysmorphophobic content. T-accumulation: compulsions of collecting and collecting and obsessions of collecting and collecting.
3. Patients with obsessive-compulsive disorder and schizotypal disorder need medical intervention under a comprehensive treatment program. Important in substantiating the complex treatment program was the predominance of symptoms of compulsions over obsessions in T-incompleteness, balancing of symptoms in T-avoidance and T-ambivalence and shifting the severity of symptoms of obsessions over compulsions in T-accumulation.
4. Criteria for the effectiveness of a comprehensive treatment program should be considered: for patients with obsessive-compulsive disorder, the ability to completely abandon psychopharmacotherapy or significantly reduce the dose and duration of treatment; for patients with schizotypal disorder, the criterion of quality is a reduction in the dose of drugs, increasing periods of remission and the ability to function without assistance.

Practical Significance of the Obtained Results

The obtained data allow to introduce a differentiated approach in the diagnosis of obsessive-compulsive symptoms and the use of a comprehensive treatment program for these patients. The comprehensive treatment program is specific and available for use in psychiatric and psychotherapeutic care. It was proved that the optimization of treatment of obsessive-compulsive disorders and schizotypal disorders with obsessive-compulsive symptoms is the use of a comprehensive treatment program, namely, the specifics of psychopharmacotherapy depending on the register and typology of obsessive-compulsive symptoms. For the first time developed and implemented in practice focal differentiated psychotherapy depending on the types of obsessive-compulsive symptoms.

Conclusion

The degree of reduction of obsessive-compulsive symptoms for 6 months is 28 sessions. Of these, 26-therapeutic and 2-diagnostic sessions. These results are based on the implementation of a comprehensive treatment program, which includes three stages- diagnostic, clinical and rehabilitation. According to the results of the study, it is proved that the diagnosis requires determining the types of obsessive-compulsive symptoms and their nosological affiliation with the predominance of certain obsessive-compulsive symptoms: incompleteness, danger, ambivalence, accumulation. Patients with obsessive-compulsive disorder and schizotypal disorder require medical intervention under a comprehensive treatment program.

Criteria for the effectiveness of a comprehensive treatment program for patients with obsessive-compulsive disorder are the ability to completely abandon psychopharmacotherapy or significantly reduce the dose and duration of treatment; for patients in the schizotypal disorder group, the quality criteria are a reduction in the dose of drugs, an increase in remission periods and the ability to function without assistance. The obtained data allow to introduce a differentiated approach in the diagnosis of obsessive-compulsive symptoms and the use of a specific and affordable program of comprehensive treatment for these patients in the provision of psychiatric and psychotherapeutic care. Optimization of treatment of obsessive-compulsive disorders and schizotypal disorders with obsessive-compulsive symptoms is the specifics of psychopharmacotherapy depending on the register and typology of obsessive-compulsive symptoms.

The innovation is the introduction of a differentiated approach both in the diagnosis and application of a specific and affordable program of comprehensive treatment of patients with obsessive-compulsive symptoms of all four types. However, in anticipation of future efforts of researchers in this direction, as well as our obligation to further update them, we consider it appropriate to note two important points:

1. The surveyed contingents of patients give grounds to assert the growing severity of individual differences in obsessive-compulsive symptoms, which in the conditions of hostilities acquire significant dynamics of their own course.
2. The military actions of the Russian Federation against the Ukrainian population are marked by the brutality and irreversibility of the consequences uncharacteristic of previous wars, the aim of which is the complete destruction of all living persons, regardless of any differences: all living are turned into dead by the Russian military. shot by the Russians themselves. This creates a special continuum of experiences of potential victims of

Russian crimes among the civilian Ukrainian population, which determines the emergence of severe stress as a motivating cause of mass neurotic disorders.

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