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DETERMINATION OF NEUROPSYCHIC CHANGES IN ONCOLOGICAL PATIENTS

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Abstract. Relevance. Constant emotional stress leads to the decomposition of the secretion of stress hormones,among which cortisol plays an important role. Symptoms of psychological disorder include anxiety, depression, deconstructed emotional reactions and interpersonal relationships, communication. According to the literature, the differences in dividends in the severity of psychological disorders are due to age, the individual's stress resistance, level of education, knowledge of diseases and treatment methods, social status and support. The purpose of the study: to study mental disorders at different stages of the course of cancer in breast cancer patients, taking into account the influence of premorbidpersonality traits and psychosomatic correlations in their development. Materials and methods of research. The study included 102 patients with histologically confirmed MSG. The first sample included 50 patients who were diagnosed with breast cancer for the first time (average age 46.7 ± 11.1 years). This sample was created in patients with mental disorders arising from conditions of somatic diseases in accordance with ICD-10 (neurotic and somatoform disorders associated with stress). The second sample consisted of 52 patients with the duration of the disease and signs of personality disorderin ICD-10 (mean age 58.6 ± 5.8 years) with catamnesia for 4 years or more (in some cases up to 18 years) accordingly.The main research methods were clinical-psychopathological, catamnetic and statistical.

Keywords:breast cancer, anxiety, depression.

Introduction. In cases of a significant increase in the number of women diagnosed with breast cancer, information about the factors influencing the patient's life becomes increasingly important: they can be used in choosing treatment tactics and rehabilitation of patients, as well as in taking measures to ensure the best comfort in life during and after the disease [1]. Due to the study of the quality of life of cancer patients, many studies by foreign authors are devoted [1-5], but there are very few of them in the domestic literature. It has been proven that age, stage of the disease, education, socio-demographic factors, type of surgery and complications affect quality of life [1,6-8]. The trigger point for changes in quality of life is a stressful situation associated with receiving information about the presence of a malignant, but malignant tumor associated with death, subsequent anticipation of the upcoming operation, treatment,
associated in most cases with loss of the mammary gland (MRI) and numerous side effects, lack of guarantee of complete recovery, fear of relapse [9, 10]. Constant emotional stress leads to a decomposition of the secretion of stress hormones, among which cortisol plays a critical role. Symptoms of a psychological disorder include anxiety, depression, deconstructed emotional reactions and interpersonal relationships, communication. According to the literature, differences in dividends in the severity of psychological disorders are determined by age, stress resistance of the individual, level of education, knowledge of diseases and treatment methods, social status and support of those in the region [9].
The indicator of the quality of life of sick patients today is an additional criterion for the effectiveness and safety of treatment of malignant neoplasms [1]. Assessing the quality of life allows you to determine the effectiveness of treatment for a particular patient and use the data obtained to adjust the treatment schedule. In addition, the method of studying the quality of life is a reliable and informative way to determine the October parameters of human well-being [2]. Assessing the quality of life in medicine is associated with “the need to deconstruct a holistic, complex picture of a sick person, the objective vision of the patient and the disease by doctors, and supplement it with a

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subjective assessment of the patient's own position, that is, the need to collect objective and subjective criteria for assessing his condition" [4].

Purpose of the study. Study of mental disorders at different stages of cancer in breast cancer patients, taking into account the influence of premorbid personality traits and psychosomatic correlations in their development.

Materials and methods of research. The study included 102 patients with histologically confirmed MSH. The first sample included 50 patients who were newly diagnosed with breast cancer (average age 46.7 ± 11.1 years). This sample was created in patients with mental disorders arising in connection with medical conditions according to ICD-10 (neurotic and somatoform disorders associated with stress). The second sample consisted of 52 patients with disease duration and signs of personality disorder according to ICD-10 (average age 58.6 ± 5.8 years) with a follow-up of 4 years or more (in some cases up to 18 years), respectively. The main research methods were clinical psychopathological,
follow-up and statistical. The criteria for inclusion of patients in the study were: 1) the presence of histologically confirmed breast cancer; 2) signs of varying degrees of mental disorders, which the treating oncologist considers necessary to refer patients to a psychiatrist. Exclusion criteria were conditions of patients that did not allow for psychopathological examination to the required extent (severe somatic withdrawal, mental retardation, gross organic release of the central nervous system, progressive schizophrenia with pronounced personality changes, substance abuse). The main research methods were clinical-psychopathological, follow-up, and statistical. As a result of correlation analysis, I
deconstructing the relationship between my wife's cancer psychological specialists and the assessment of the quality of life of spouses with breast cancer. Indicators of quality of life have a strong direct connection with basic beliefs and life activities, internationalism in different spheres of life. Other indicators were not found to have a significant relationship with the assessment of quality of life in women with breast cancer. Life indicators do not have a significant positive correlation with the 6 quality of life parameters. In our opinion, the higher the improvement in women with breast cancer, the higher the quality of life indicators. Participation in what is happening reflects self-confidence and the belief that one's own voice is meaningful and produces positive results. The lower the internalized control over health and illness in women with breast cancer, the higher the vital signs and physical activity scores and the lower the pain severity scores. Perhaps, if the disease is considered as a result of one case and hopes for recovery from the actions of other people, primarily doctors, there is an assessment of physical condition, improvement of life functions and reduction of pain.
In general, many of all connections are associated with the basic beliefs, vitality inherent in women with breast cancer in various areas, with such indicators of quality of life as mental health, vital activity, role functioning, determined by the emotional state. The weakest relationship between these psychological characteristics of women with breast cancer was determined by their assessment of their physical health status, treatment expectations and physical functioning. Therefore, based on the empirical data obtained, it can be assumed that a person's personal parameters, such as his life activity, basic beliefs, internal
personal belonging, form the basis of the psychological mechanisms for forming an assessment of the quality of life.

Conclusions.A thorough study of the psychological true adaptation of an individual in difficult life conditions contributes to the understanding of the psychological mechanisms of quality of life. The relationships that we determine with the assessment of the quality of life of psychological signs of

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patients with breast cancer indicate the possible influence of components of life activity, fundamental beliefs on the formation of a subjective assessment of the degree of satisfaction with the physical and mental states of internationalism in various spheres of life . The results of our empirical studies confirm the assumption that we put forward. Based on the data obtained, it is possible to formulate an assumption that requires further confirmation that the psychological characteristics of women with breast cancer are psychological mechanisms for the formation of quality of life.

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