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## CLINICAL AND PSYCHOPATHOLOGICAL FEATURES OF INTERNALLY DISPLACED WOMEN WITH ADJUSTMENT DISORDERS

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Vast numbers of internally displaced persons and the threatening growth rate of emigration create the need to pay increased attention to various aspects of psychopathological conditions that arise in response to changes in habitual living conditions. In addition to clinical consequences, the prevalence is accompanied by significant negative social and economic consequences both for society as a whole and for the patient himself, significantly deteriorating his quality of life and level of social functioning. There are significant gender differences in crisis response, in particular, women are the most vulnerable in the vast majority of stressful situations. We carried out a comprehensive clinical, psychopathological and psychodiagnostic examination of 48 internally displaced persons with the established adjustment disorder (F43.2) with studying and careful analysis of anamnestic data using a special questionnaire. The study found that the leading clinical manifestations of internally displaced women are the presence of anxiety and depression in the structure of adjustment disorders, social disintegration and the presence of psychosocial maladjustment. Clinical differences of internally displaced women with adjustment disorders affect the quality of life, change the system of social support and values, contribute to the reduction of productive activities in everyday life.

**Key words:** adjustment disorders, internally displaced persons, anxiety, depression, maladjustment.

## Р.І. Ісаков, А.М. Скрипніков, Л.О. Герасименко, К.В. Гринь, П.В. Кидонь, О.О. Вдовіна КЛІНІКО-ПСИХОПАТОЛОГІЧНА ХАРАКТЕРИСТИКА ВНУТРІШНЬО ПЕРЕМІЩЕНИХ ЖІНОК ІЗ РОЗЛАДАМИ АДАПТАЦІЇ

Величезна кількість внутрішньо переміщених осіб і загрозливі темпи зростання масштабів еміграції створюють необхідність звернути підвищену увагу на різноманітні аспекти психопатологічних станів, що виникають у відповідь на зміну звичних умов проживання. Окрім клінічних наслідків, поширеність супроводжується значними негативними соціально-економічними наслідками як для суспільства в цілому, так і для самого пацієнта, істотно погіршуючи якість його життя та рівень соціального функціонування. Спостерігаються суттєві гендерні відмінності реагування на кризові ситуації, зокрема, у значній частині стресових ситуацій найбільш незахищеними виявляються жінки. Проведено комплексне всебічне клініко-психопатологічне та психодіагностичне обстеження 48 внутрішньо переміщених осіб з діагнозом розлад адаптації (F43.2), з вивченням та ретельним аналізом анамнестичних даних за допомогою спеціальної анкети. В результаті дослідження встановлено, що провідними клінічними проявами у внутрішньо переміщених жінок є наявність тривоги та депресії в структурі розладів адаптації, порушення соціального функціонування та наявність психосоціальної дезадаптації. Клінічні відмінності внутрішньо переміщених жінок з розладами адаптації справляють вплив на якість життя, змінюють систему соціальної підтримки та цінностей, сприяють зниженню продуктивної діяльності в повсякденному житті.

**Ключові слова:** розлади адаптації, внутрішньо переміщені особи, тривога, депресія, дезадаптація.

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The problem of various states of psychosocial maladjustment has been considered in psychiatry for a long time. In particular, attempts were made to describe them in the form of the following categories: nostalgia, psycho-emotional stress syndrome, preclinical forms of emotional stress, mental maladjustment, psychosocial maladjustment, pre-nosological states, maladjustment or non-pathological neurotic manifestations [5, 7, 8].

In this context, the concept of psychological adaptation barrier – an individual functional and dynamic formation that prevents overexertion of the mental maladjustment mechanisms, which can result in the formation of a state of mental maladjustment and mental disorders, in particular neuroses is extremely important [4, 9].

The mental adaptation barrier is dynamic and in a state of mental stress it approaches an individual critical value. Thus the person uses all the reserve possibilities and in case of the harmonious psychological relation to a stressful situation becomes sometimes able to carry out especially difficult activity without feeling the anxiety, fear and confusion interfering with the most adaptive behavior.

But prolonged and particularly sharp stress on the functional activity of the adaptation barrier leads to its overstrain, which is manifested by maladjustment condition [3]. If the pressure on the mechanisms of mental adaptation increases, and the reserve capacity is exhausted, then there is a "breaking of the barrier" and the formation of borderline mental disorder [6].

Schematically, maladjustment process unfolds on the principle of a "vicious circle", where the trigger is usually a sharp change in living conditions, the usual environment, and the presence of a stable

traumatic situation. And in the future, maladjustment exacerbates existing mental and somatic disorders, which leads to even greater maladjustment and further mental deviations [3]. In particular, numerous neurotic and psychosomatic symptoms accompanying psychosocial maladjustment are described in the literature in sufficient details [10].

This issue has become especially relevant recently in Ukraine, which faced a sharp increase in social tensions in the conditions of a hybrid war due to hostilities in the Joint Forces Operation zone and a large number of internally displaced persons [1, 2]. There are significant gender differences in crisis response, in particular, women are the most vulnerable in the vast majority of stressful situations [9].

**The purpose** of the study was to examine the clinical features of internally displaced women with adjustment disorders.

**Material and methods.** The study involved 48 women of the main group diagnosed with adjustment disorders (F43.2), who are internally displaced persons and currently live in Poltava region. All women sought counseling from the Department of Psychiatry, Addiction and Medical Psychology of the Ukrainian Medical Stomatological Academy. The control group included 25 women who were also diagnosed (F43.2) and received treatment in the Municipal Enterprise "Poltava Regional Institution for the Provision of Psychiatric Care", and are not internally displaced persons. The main group and the comparison group were homogeneous in clinical and psychopathological characteristics.

The main criteria for patients' inclusion in the study were as follows:

- women;
- CD-10 diagnosis – adjustment disorders (F43.2);
- written informed consent to participate in the study.

To achieve the purpose and implement the objectives of this study, we used the following methods: research and informational, clinical-anamnestic, clinical-psychopathological, psychometric and statistical methods of mathematical processing of the results. The clinical and psychopathological method was used on the generally accepted principles of psychiatric examination by interviewing and observation, followed by verification of the data obtained on the basis of ICD-10 diagnostic criteria. In addition, a specially designed structured questionnaire was used, which contained 30 questions that included the main aspects:

1. Demographic data about the patient: age, education, marital status, presence of children, main profession, professional activity and employment status.

2. Information about social living conditions, the situation in the family, the nature of family relations, material support and self-esteem, the main source of income, the presence of factors of psychological trauma.

3. Information about the disease: age of onset, duration of neurotic disorder, number of hospitalizations, duration of hospitalizations, type of disease. The psychometric method is designed to establish causal relationships between the identified features and symptoms in the mental status of the examined women: adjustment/maladjustment scale, or the questionnaire of psychopathological symptoms severity (Symptom Checklist-90-Revised-SCL-90-R), adapted by N. V. Tarabrina et al. (2001) was used to assess the psychopathological status of women with adjustment disorders.

The chosen method complemented the clinical and psychopathological study and was used to obtain a quantitative assessment of clinical indices.

Statistical processing of the study results was performed with the determination of the mean (M), mean error (m), standard deviation ( $\sigma$ ). Significance of differences was analyzed by comparing two indicators (t – Student's t-test), which determined the significance of the differences between the two groups on the mean value of any index. Data processing was performed using the statistical program SPSS 16.0 for Windows.

**Results of the study and their discussion.** Among internally displaced women with adaptation disorders, women aged  $35.5 \pm 5.3$  years, with complete secondary education (59.09 %;  $p < 0.01$ ), who were engaged in mental work (65.15 %;  $p < 0.01$ ) predominated. Anamnestic studies in patients of the main group showed the presence of hereditary burden of affective disorders (30.30 %;  $p < 0.05$ ), premorbid personality accentuations (psychasthenic – 42.42 %, dysthymic – 28.03 %  $p < 0.01$ ), and chronic factors of mental trauma (74.2 %;  $p < 0.05$ ), due to feelings of loneliness, the need for love and close relationships (56.1 %;  $p < 0.05$ ), family conflicts (43.9 %;  $p < 0.05$ ).

With the overall prevalence of hereditary burden factors ( $83.3 \pm 5.1$  % in the main group and  $76.0 \pm 5.1$  % in the comparison group), a significant difference in the mental burden index was recorded ( $45.0 \pm 4.1$  % in the main group and  $12.0 \pm 4.7$  % in the comparison group). But in the aspect of somatic burden in the anamnesis, the prevalence of somatic factors in the comparison group significantly prevails ( $62.0 \pm 4.5$  % vs.  $30.3 \pm 3.8$  % in the main group).

In the main group of internally displaced women, the course of the disease had the following clinical differences and was characterized by the presence of three stages of pathological symptoms. At first, women felt tired, sad, silent, looking for solitude, constantly thinking and remembering their native places. Then thoughts about the homeland became obsessive, there is insomnia, anorexia, indigestion, high blood pressure. Finally, under adverse conditions, psychophysical exhaustion was finally formed. In addition to the typical symptoms of depression, patients in the main group had obsessive memories and dreams of a past life, which have the character of “echoes of happiness”, the fact of which was not realized at the time. Also characterized by a passionate desire to return to the past (nostomania) and hatred of everything connected with the new reality. Gloomy due to the dominance of negative affective experiences, the present is contrasted with the idealized past. In isolated cases, there were: melancholy affect, “atrial melancholy”, motor disorders in the form of lethargy or excitation. Clinical and psychopathological symptoms of patients of the main group are characterized primarily by anxious-sad affect, phobic feelings, asthenia and apathy. Such clinical symptoms in psychiatric practice are close to nostalgia. To date, depending on the severity of certain clinical aspects, they are coded in ICD-10 as F32 – depressive episode, F43.2 – adjustment disorders, or F34.1 – dysthymic disorder. Against the background of nostalgia in women, the adaptability potential, general resistance of an organism considerably decreased, the course of chronic diseases of cardiovascular system, a stomach ulcer worsened. Exacerbation of psychopathological symptoms in connection with memorable dates: family holidays, birthdays of relatives was characteristic.

The clinical picture of psychopathological disorders in women of the main group was dominated by the following symptoms of anxiety-depressive syndrome: decrease in working capacity in 93.9±2.2 % of women; mental fatigue in 90.9±3.7 %; depressed state in 90.9±3.9 %; anxiety in 75.7±3.8 %; decreased libido in 75.7±4.9 %; physical fatigue in 51.5±4.4 % of the examined patients. Clinical and psychopathological manifestations found in women with adjustment disorders are systematized in table 1.

Table 1

**Clinical and psychopathological manifestations in internally displaced women suffering from adjustment disorders**

Clinical sign	Main group (n=48) %±m %	Comparison group (n=25) %±m %
1. Physical fatigue	51.5±4.4	38.0±7.0
2. Mental fatigue	92.9±3.7*	52.0±12.0
3. Performance impairment	93.9±2.2*	60.0±8.0
4. Irritation	28.8±4.9	24.0±6.0
5. Tearfulness	46.9±3.7*	8.0±4.0
6. Insomnia	33.3±4.0*	8.0±4.0
7. Memory disorders	12.1±2.1	12.0±4.0
8. Impaired concentration	24.2±4.1	24.0±8.0
9. Depressed state	94.9±3.9	87.0±12.0
10. Decreased self-esteem	40.±3.0*	16.0±4.0
11. Retardation	7.6±1.9	0
12. Emotional instability	46.9±3.7	36.0±4.0
13. Anxiety	75.8±3.8	80.0±6.0
14. Obsessions	7.6±1.4	8.0±4.0
15. Weather sensitivity	9.1±2.7	16.0±4.0
16. Aggravation	12.1±3.0*	24.0±8.0
17. Hypochondria	65.2±4.1*	20.0±6.0
18. Paresthesias	21.2±3.9*	8.0±4.0
19. Ideational inhibition	12.1±2.9	8.0±4.0
20. Headaches	75.7±4.2*	24.0±12.0
21. Dizziness	28.8±2.6*	8.0±4.0
22. False angina	16.7±3.7	8.0±4.0
23. Fluctuations of blood pressure:	43.9±4.1*	24.0±8.0
- hypertension	18.1±3.2	12.0±4.0
- hypotension	6.1±3.3	0
- lability	19.7±3.9	12.0±4.0
24. Shortness of breath	12.1±3.9	8.0±4.0
25. Nausea, vomiting	22.7±3.1*	8.0±4.0
26. Disorders of appetite	63.6±1.2*	24.0±8.1
27. Dyspepsia	31.8±3.9*	16.0±4.0
28. Dysuria	6.1±1.8	8.0±4.0
29. Hyperhidrosis	40.9±2.8*	16.0±4.0
30. Vegetative-vascular paroxysms	65.2±5.5*	32.0±12.0
31. Decreased libido	75.7±4.9*	24.0±8.0
32. Painful menstruation	18.1±2.4	8.0±4.0

Notes – when comparing indices in the main group and the comparison group, the differences are significant at  $p < 0.05$ .

Statistically significant differences in the comparison of the main group and the comparison group were observed for the following clinical signs: mental fatigue, reduced efficiency, tearfulness, insomnia, decreased self-esteem, paresthesias, headaches, dizziness, fluctuations in blood pressure, nausea and vomiting, loss of appetite, dyspepsia, decreased libido, hyperhidrosis, vegetative and vascular paroxysms.

More detailed clinical and psychopathological analysis of the structure of clinical symptoms in internally displaced women with adjustment disorders showed that emotional disorders in this group were characterized by a predominance of anxiety (51.3 %,  $p<0.01$ ), fears (45.2 %;  $p<0.01$ ), stress (32.3 %;  $p<0.05$ ). Obsessive (54.8 %;  $p<0.05$ ) and asthenic (35.5 %;  $p<0.01$ ) components with pronounced motor anxiety (38.7 %;  $p<0.01$ ) were observed in the behavior of patients in this group.

Mental function disorders manifested in the form of hypochondriac thoughts (55.2 %,  $p<0.05$ ) and exhaustion of mental activity (55.5 %;  $p<0.05$ ). Somatic and autonomic disorders in women of the main group were registered in the form of sexual disorders (65.2 %;  $p<0.05$ ) and headache (45.2 %;  $p<0.01$ ).

In general, the clinical picture of adjustment disorders in the examined women was characterized by the dominance of anxiety and depressive, asthenic and depressive symptoms with multiple manifestations of somatization. Concomitant somatic and vegetative manifestations of adjustment disorder decreased their functional capabilities, made them vulnerable and insecure. Women in this group were characterized by obsessive stereotypical thoughts about their own professional failures, the need to "change something", the search for prospects, etc., which was accompanied by negative emotional experiences and further deterioration of quality of life and social functioning in general.

The revealed regularities of clinical and psychopathological features in women of the main group are confirmed by the syndromic analysis of clinical manifestations of adjustment disorders. The results of the syndromic analysis of clinical manifestations are summarized in table 2.

Table 2

**Psychopathological syndromes found in internally displaced women with adjustment disorders**

Syndromes	Main group (n=48) % $\pm$ m %	Comparison group (n=25) % $\pm$ m %
1. Anxiety and depression	64.5 $\pm$ 2.8	37.0 $\pm$ 11.0
2. Asthenia and depression	22.3 $\pm$ 3.1	17.0 $\pm$ 6.0
3. Anxiety	44.7 $\pm$ 1.3*	39.0 $\pm$ 4.0
4. Depression	29.1 $\pm$ 2.9	19.0 $\pm$ 4.0
5. Asthenia and insomnia	26.7 $\pm$ 2.9*	16.0 $\pm$ 4.0

The revealed regularities of clinical and psychopathological features in women of the main group are confirmed by the syndromic analysis of clinical manifestations of adjustment disorders. The analysis of the obtained data shows that in women of the main group, the syndromic structure of the clinical picture is characterized by a predominance of mixed anxiety and depression (64.5 $\pm$ 2.8 %) and pure anxiety (44.7 $\pm$ 1.3 %) and depression (29.1 $\pm$ 2.9 %) of clinical variants of psychopathological syndromes.

The results of the clinical examination were confirmed by the results obtained using the questionnaire of psychopathological symptoms severity (Symptom Checklist-90-Revised-SCL-90-R). In women of the main group, the structure of anxiety disorders was dominated by phobic anxiety (61.3 %;  $p<0.01$ ), somatization (38.7 %;  $p<0.05$ ) with the presence of distress (77.4 %;  $p<0.05$ ), and in the comparison group, phobic anxiety (41.9 %;  $p<0.01$ ) and sensitivity (31.3 %;  $p<0.01$ ) predominated. According to the analysis of the questionnaire of psychopathological symptoms severity, in women of the main group there was a predominance of phobic anxiety, somatization with the presence of distress.

According to the SCL-90-R questionnaire, women in the main group had peaks on the scales of depression (3.41 $\pm$ 0.49 points) and somatization (3.11 $\pm$ 0.56 points). This configuration of the profile reflects the presence of patients in this group of distress, which occurs due to feelings of physical dysfunction and somatic equivalents of anxiety. This leads to the appearance of depressive radicals, loss of interest in life, depletion of vital energy and lack of motivation. In the comparison group, there was a peak on the somatization scale (3.18 $\pm$ 0.53 points). Women in the main group were characterized by interpersonal sensitivity (68.3 %;  $p<0.01$ ), hostility (60.9 %;  $p<0.05$ ) and psychological distress (51.2 %;  $p<0.05$ ), and

the participation of these factors in the maintenance of appropriate clinical symptoms for patients in the comparison group was significantly lower: interpersonal sensitivity (32.3 %;  $p < 0.01$ ), hostility (30.1 %;  $p < 0.05$ ) and severe psychological distress (40.2 %;  $p < 0.05$ ).

According to the analysis of the questionnaire of the severity of psychopathological symptoms, in the main group of women there was a predominance of phobic anxiety, somatization with the presence of distress, and in the comparison group – phobic anxiety and sensitivity.

The obtained data indicate significant differences in the clinical picture in women with adaptation disorders in the main group and the comparison group. In accordance with the informational and analytical, clinical-anamnestic, clinical-psychopathological and psychometric examination with the use of a specially designed questionnaire with careful study of anamnestic data, the leading clinical symptoms and syndromes were substantiated and the clinical features of this pathology were determined. The peculiarities of the course of adjustment disorders in internally displaced women have been clarified and presented, which complement the previous studies in this area [10]. The clinical differences of patients with adjustment disorders who are internally displaced persons are described and the connection with the manifestations of nostalgia is given. In our opinion, further research should be aimed at comparing the gender differences of this contingent and developing a rehabilitation system.

### Conclusion

Analysis of clinical and psychopathological symptoms of internally displaced women with adjustment disorders shows a predominance of anxiety and depressive manifestations in mixed and isolated versions in the structure of symptoms. This format of depressive disorders includes nostalgia, which was observed in internally displaced women of the main group (97.0 %).

*Prospects for further research lie in the fact that in the future, the data obtained will be used to develop an effective system of rehabilitation of internally displaced women.*

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