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POSTTRAUMATİK STRESS POZUNTUSU OLAN XƏSTƏLƏRİN PSIXOSOSIAL REABİLİTASIYASI

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Xülasə. Məqalədə posttravmatik stress pozuntusu olan xəstələrin psixosomatik reabilitasiyasına dair məlumat verilir; sübutlu təbabətin göstəricilərinə əsaslanmaqla bu xəstələrə reabilitasiya tədbirlərinin tətbiqinin və psixosomatik yardımın vacibliyi əsaslandırılır. Tədqiqata posttravmatik stress pozuntusu (F.41.1) diaqnozu qoyulmuş 57 xəstə cəlb edilmişdir (XBT-10-a uyğun olaraq). Əsas qrupa daxil edilmiş 38 pasiyentə psixosomatik reabilitasiya üsulları tətbiq edilmişdir. Kontrol qrupda olan 19 nəfər eyni patologiyalı xəstə belə tədbir almamışdır. Pasiyentlərin şikayətlərinin ətraflı öyrənilməsi vasitəsilə onların psixososial fəaliyyətinin əsas istiqamətləri reabilitasiya prosesinin müxtəlif mərhələlərində araşdırılmışdır.

Əsas və müqayisə qruplarından alınmış nəticələrin müqayisəsi PTSP olan pasiyentlər üçün hazırlanmış reabilitasiya tədbirlərinin effektivliyini təsdiq etmişdir ki, bu da əsas qrupda xəstələrin psixi sağlamlığının daha tez bərpa olunması və onlarda psixoloji baxımdan geriləmə olmaması ilə təzahür edir.

Tədqiqatın nəticələri PTSP olan xəstələrdə aparılan kompleks reabilitasiya tədbirlərinin klinik və psixodiyagnostik göstəricilərinə müsbət təsirini sübuta yetirmişdir. Aparılmış tədqiqat işi sübut etmişdir ki, PTSP-li xəstələrdə aparılan reabilitasiya tədbirlərlə qarşıya qoyulan məqsədə çatmaq üçün xəstənin psixi vəziyyəti, şəxsi keyfiyyətləri, sosial mühitin xüsusiyyətləri və fərdi yaşayış şəraiti nəzərə alınmalıdır.

Açar sözlər: psixosomatik reabilitasiya, posttravmatik stress pozuntusu, psixi travma

Ключевые слова: психосоциальная реабилитация, посттравматическое стрессовое расстройство, психотравма

Keywords: psychosocial rehabilitation, post-traumatic stress disorder, psychotrauma

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PSYCHOSOCIAL REHABILITATION OF PATIENTS WITH POST-TRAUMATIC STRESS DISORDER

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This article highlights the issues of studying the psychosocial rehabilitation of patients with post-traumatic stress disorder, provides findings of evidence-based medicine point of view on the need and appropriateness of the use of rehabilitation measures and the provision of psychosocial assistance to this category of patients.

The study involved 38 patients of the main group with post-traumatic stress disorder (F43.1) in accordance with ICD-10 and 19 patients from the control group with a similar diagnosis, but without participation in psychosocial rehabilitation activities. Based on a detailed study and statistical analysis of patients' complaints, a general "bank" of the identified problems of psychosocial functioning in various spheres of activity was formed, the most important directions in the rehabilitation process were detected. Comparison of the main and control group results testifies in favor of the effectiveness of the developed complex system for the rehabilitation of patients with post-traumatic stress disorder (PTSD), as evidenced by the significant predominance of the recovery rate and the absence of patients with mental deterioration in the main group.

The results of the study carried out according to clinical and psychodiagnostic indicators show the effectiveness of the developed complex system for the rehabilitation of patients with PTSD. The research work proves that the goal of rehabilitation work in patients with PTSD is achievable only when the activity of the pathological process, the mental state of the patient, his personality, features of the immediate social environment and individual standard of living are sufficiently taken into account.

According to modern approaches to the problem of PTSD treatment, the link that ensures the implementation of a complex nature therapeutic intervention in the general structure of psychiatric support to the greatest extent is rehabilitation. Rehabilitation is a complex system of state, social, economic, medical, professional, pedagogical, psychological and other measures aimed at preventing the development of pathological processes that lead to temporary or permanent disability [1]. Because of these measures, the patient developed an active attitude to the violation of his health and a positive perception of life, family and society. In the modern world, the concept of rehabilitation includes prevention, treatment and adaptation to life and work after illness [2]. In recent years, the interest referring the direction "Psychosocial rehabilitation" has grown significantly throughout the world.

Psychosocial rehabilitation is a process that enables people suffering from mental disorders to achieve their optimal level of independent functioning in society. Its goal is to improve the patient's social skills, expanding his sensing sphere and the circle of interpersonal communication [3, 4].

Rehabilitation is based on fundamental principles such as partnership, versatility of efforts and a unity of psychosocial and biological methods of influence, the grading of the applied efforts and impacts and measures taken. The main stages are: rehabilitation therapy, readaptation and rehabilitation [5].

The basis of all rehabilitation measures and methods of influence is an appeal to the patient's personality. Correction of the personality reaction occurs depending on the success of the "core" package of measures aimed at restoring (restitution) or compensation for impaired functions [6].

There is an opinion that the problem of rehabilitation does not exist in relation to neuroses because psychotherapy is identical in purpose to rehabilitation and can solve the whole complex of rehabilitation problems [7]. However, since in actual practice patients with neurotic disorders are helped mainly by using only symptomatic methods, rehabilitation issues acquire a special value and should be in the field of doctor's vision constantly with protracted forms of neuroses [8].

For the current period, medicine does not consider psychotherapy and sociotherapy alternatively in the rehabilitation system for mentally ill people. They are a single complex of psychosocial methods, joint use of which on a clinically differentiated basis is a decisive prerequisite for achieving effective patients social and labor renewal and optimization of their personal development [9,10,11]. It is possible to speak only about a shift of emphasis towards psychotherapy at different stages of rehabilitation patients with PTSD.

The experience of relevant studies shows that the use of rehabilitation programs allows mitigating of psychopathological symptoms and psychosocial maladjustment, restoring lost social communication [12,13]. However, in a significant part of cases, such patients need long-term care of psychological and psychiatric services, as well as more global support of society [14].

In the transition to community-based care, it is important to activate the patients' relatives to ensure their participation in the treatment and rehabilitation, since there is the greatest load of resocialization on the immediate environment of patients [15].

It is known that the therapeutic goal of therapeutic and rehabilitative work achievable only when the pathological process activity, mental state of the patient and his personality, features of the immediate social environment, its accessibility to reorganization and individual living conditions are sufficiently taken into account, which together determine the patient's real opportunities [17].

Scientific progress in this direction is associated with an increase in the effectiveness of using information about psychogenesis, pathomorphism and etiopathogenetic and PTSD clinic. This knowledge allows influencing all etiopathogenetic links in the formation of PTSD, thus improving the quality of rehabilitation and preventive measures [18].

The aim of the study was to examine the effectiveness of the psychosocial rehabilitation for patients with PTSD.

Materials and research methods. The study involved 38 patients of the main group with a diagnosis of PTSD (F43.1) according to ICD-10, treated at the Public Institution, Poltava Regional Council "Regional center for psychiatric support" and received complex therapy for PTSD. All patients were interested in restoring effective

social relationships and development positive emotional experiences that compensate for the trauma and its consequences.

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

- diagnosis of PTSD (F43.1), those, who have previously received a course of curative measures;
- had a desire of active participation in the process of psychosocial rehabilitation being sufficiently stable, in the final stages of treatment and had this opportunity in terms of mental status (cognitive state, memory, prudence), which contributed to the acquisition of new skills during rehabilitation process;

- adult age capable persons (from 22 to 52 years old);

The selection criteria were the follows:

- drug or alcohol abuse;

- incapacitated;

- presence of severe concomitant somatic pathology;

- absence of any other psychiatric diagnosis than

PTSD.

The control group included 19 patients with diagnosis (F43.1). They were at the final outpatient stage of therapy. The main and the comparison groups were homogeneous in terms of clinical and psychopathological characteristics.

To achieve the goal and implement the objectives of this study, the following methods were used: information and analytical, clinical anamnestic, clinical and psychopathological, psych diagnostic, psychometric and statistical methods of mathematical processing of the received results. Clinical and psychopathological method was used on the generally accepted principles of psychiatric examination by interviewing and observation with subsequent verification of the received data based on the ICD-10 diagnostic criteria. Structured clinical diagnostic interview - SCID (Structured Clinical Interview for DSM) and diagnostic clinical scale (CAPS – Clinical Administrated PTSD Scale) which is designed as an attachment to the SCID to determine the level of anxiety of PTSD symptoms and the frequency of its occurrence were applied. Scale clinical diagnosis of CAPS-DX according to DSM-IV criteria is a CAPS modification according to DSM-III criteria. CAPS-DX is a structured clinical interview based on DSM-IV, which allows assessing the symptoms of PTSD, the duration of the disorder, the degree of social functioning violation. The CAPS-DX scale allows obtaining the availability PTSD symptoms in both the current period and post psych trauma life. Diagnostic Interview Program (DIS) discovered information regarding the causes of difficulties in psychosocial functioning in patients.

Research results and discussion. The systemic nature of rehabilitation and preventive measures supposed a combination of medical, psychological and social interventions, taking into account the individual determination of their volume, timeliness, coordination and continuity of therapeutic effects. The use of multifaceted influences under a single therapy, rehabilitation and prevention concept was intended to provide a comprehensive impact aimed at both the patient's personality and the

correction of family, social, professional relations, as well as improving adaptive capabilities. Thus, the unity of biological and social influences on the patient was ensured, which took into consideration the nature of the trauma, the individual characteristics of the patient and the social situation.

The differentiated approach made it possible to determine the necessity for the implementation of certain measures based on the specifics of the development of PTSD. The issue of the group and individual forms of work ratio in each case was solved in a differentiated manner. Necessity to take into account gender characteristics was an important element which meant the advantage of non-directive methods of influence based on empathy and support.

Phasing principle provided the implementation of rehabilitation and preventive measures at successive stages: the initial, main and stage of preventive and supportive measures. The duration and design of each stage depended on the duration of the course of PTSD, personality traits, and the use of a particular technique to restore social bonds. Within the bounds of a progressive nature, the use of influences and measures provides for a consistent and rational transition from one form of therapeutic influence to another.

The following interventions were used for psychosocial rehabilitation in the course of work with patients:

1. Psychosocial education was used in case of insufficient patient awareness of a healthy lifestyle, propensity to alcohol or drugs abuse.

2. Development of skills for independent living was used when a patient with PTSD was unable to fully self-serve and lead a normal life without assistance.

3. Providing safe housing. In the case of absence of a safe permanent residency, which is necessary to achieve the goal of treatment, assistance was provided.

4. Training of family relationships was carried out in the absence of sufficient support from family members, their understanding of the nature of the disease and treatment characteristics. The development of social skills was used for patients who were lack of social activity (did not take part in social life).

5. Vocational rehabilitation was aimed at enabling PTSD patients to exercise their

professional skills.

The creation of an individual personalized program for providing the patient with complex socio-psychological and psychiatric care was developed in the case when the patient also realized that he was not able to identify his difficulties independently and adhere to the recommendations for outpatient treatment and the listed methods.

According to the results of the study, it can be argued that the involvement of a multidisciplinary team is optimal for the use of these interventions for psychosocial rehabilitation [19]. As part of the biopsychosocial model of care for patients with PTSD, rehabilitation is carried out by multidisciplinary teams and consists of a psychiatrist, psychologist and social worker. Brigade management of such patients allowed to get a better idea of the level of their social functioning and quality of life. This way of working helped to identify the real circumstances of patients' lives by obtaining information from relatives and colleagues. In practice, psychosocial rehabilitation should begin with the patient's first contact with the medical service and continue until his social and professional status is fully restored. The rehabilitation program is carried out on an outpatient basis, directly in the community and, if necessary, at a day hospital. This approach is justified in different countries and is economically reasonable in comparison with the medical model of providing only psychiatric care.

During the rehabilitation process psychoeducation was used, that had a three-stage structure of psychoeducational work, which included studying the patients information needs, their close circle of communication, collecting evidence and creating an information module, testing and evaluating effectiveness. Participants were provided with information on specific topics, such as education in the field of disease or drug therapy. The psychoeducational approach belongs to the so-called educational type, built on the principle of a thematic seminar with elements of social and behavioral training. Manifestations of alexithymia in patients, inadequate assessment of the situation and communicative inefficiency are all indications for psychoeducational work and for the early (after the disappearance of acute symptoms under the influence of biological

therapy and psychotherapy) use of psychosocial group work. Psychoeducational programs for relatives increased the competence of program participants in the treatment and care of patients, and contributed to the emergence of informal associations of "former" program participants. In addition, psychoeducational cycles contributed to the recognition of stress factors that can aggravate the course of the disease and helped to form strategies to overcome them. Psychoeducational programs set two closely related main goals:

1) the patient gets information about mental illness, so that a correct understanding of his condition would lead, if not to the management of his illness and its course, then at least to the timely recognition and control of individual painful manifestations and symptoms.

2) "psychosocial support", when a group of patients is a constant source of support and at the same time a therapeutic environment in which patients can develop adequate skills of behavior, communication, adaptation in difficult situations in a safe environment. In addition, communication needs are met through participation in a group.

In the course of psychoeducational education, both patients and their relatives learned to recognize painful experiences at the very beginning of their occurrence, to draw a line between painful and healthy manifestations of the psyche, to seek medical help when the first signs of illness appeared.

In addition to increasing the volume of knowledge and increasing confidence in the fight against PTSD, indirect tasks were simultaneously achieved:

- opportunities for adaptive behavior have been improved;
- communicative skills and everyday life skills have been improved;
- new problem-solving strategies have appeared;
- social success standards have increased.

It was also important that the participants could receive important information not only from the therapist, but also from other participants, exchange experiences with them, and together search for solutions to problems. An equally significant result of the rehabilitation program is that it contributed to the creation of an additional network of emotional

support.

To preserve and maintain communication skills, self-care skills and independent living in patients with PTSD, training programs (development of adequate forms of behavior, training in communication and increasing self-confidence) were used.

According to the results of the study, it was confirmed that in the main group of patients with PTSD on the CGI-I scale, there was a very significant improvement in mental state - 21 (66%), significant improvement in the state - 13 (29%), minimal improvement in the state - 4 (5%), deterioration of the state was not observed.

In the comparison group, the results on the CGI-I scale were as follows: very significant improvement - 2 (54%), significant improvement - 2 (43%), insignificant improvement - 6 (3%), no change or deterioration - 9 (3%).

A follow-up study of the surveyed persons a year after the comprehensive system of rehabilitation of patients with PTSD proved the high efficiency of 77 (89%) persons of the main group, which was confirmed by the lack of

visits for psychiatric and psychotherapeutic specialized help, as well as psychodynamic observation of these patients.

Conclusions. The analysis of the effectiveness of the developed complex system for the rehabilitation of patients with PTSD was carried out based on the clinical and psych diagnostic indicators. Comparison of the results in the main and the comparative groups testifies in favor of the effectiveness of the developed complex system for the rehabilitation of patients with PTSD, as evidenced by the significant prevalence of the recovery rate and the absence of patients with deteriorating mental state in the main group. According to the results of the study, it was found that the goal of rehabilitation work with patients with PTSD is achievable only when the activity of the pathological process, the mental state of the patient, his personality, features of the immediate social environment, his accessibility to sanitation and individual living conditions are sufficiently taken into account, which taken together determine its real possibilities.

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ПСИХОСОЦИАЛЬНАЯ РЕАБИЛИТАЦИЯ ПАЦИЕНТОВ С ПОСТТРАВМАТИЧЕСКИМ СТРЕССОВЫМ РАССТРОЙСТВОМ

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Резюме. В статье освещаются вопросы изучения психосоциальной реабилитации пациентов посттравматическим стрессовым расстройством (ПТСР), приводятся данные с точки зрения доказательной медицины о необходимости и целесообразности применения реабилитационных мероприятий и оказания психосоциальной помощи данной категории пациентов.

В данном исследовании принимали участие 57 пациентов, которым установлен диагноз посттравматического стрессового расстройства (F43.1) в соответствии с МКБ-10, 38 пациентам основной группы была оказана помощь психосоциальными реабилитационными мероприятиями. 19 пациентов контрольной группы с аналогичным диагнозом, не принимали участие в таких мероприятиях. На основании детального изучения и статистического анализа жалоб пациентов сформирован общий «банк» выявленной проблематики психосоциального функционирования в различных сферах деятельности, выделены основные наиболее важные направления в реабилитационном процессе. Сопоставление результатов в основной группе и группе сравнения свидетельствуют в пользу эффективности разработанной комплексной системы реабилитации пациентов с ПТСР, о чем свидетельствует достоверное преобладание показателя выздоровления и отсутствие пациентов с психическим ухудшением в основной группе.

Результаты проведенного исследования свидетельствуют об эффективности разработанной комплексной системы реабилитации пациентов с ПТСР, который проводился на основании клинических и психодиагностических показателей. Проведенная исследовательская работа доказывает, что цель реабилитационной работы у пациентов с ПТСР достижима только тогда, когда в достаточной степени учитывается активность патологического процесса, психическое состояние больного, его личность, особенности непосредственного социального окружения и индивидуальные жизненные условия.

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