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Yu.A.Fisun, R.İ.İsakov, L.A.HerasimenkoUKRAYNADA SOSIAL-STRESS ŞƏRAİTİNDƏ TÖRƏNƏN HƏYƏCAN-DEPRESSİYA
POZUNTULARI İLƏ ƏLAQƏLİ PSIXOSOSIAL DEZADAPTASIYA*Poltava Dövlət Tibb Universitetinin Psixiatriya, narkologiya və tibbi psixologiya kafedrası,
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Xülasə. Məqalədə Ukraynada olan sosial şərait və stress vəziyyətində insanlarda törənən həyəcan-depressiya pozuntularına qarşı yaranan psixososial dezadaptasiya məsələləri əks etdirilmişdir.

Tədqiqata XBT-10 üzrə həyəcan-depressiya pozuntusu (F.4.1.2) diaqnozu qoyulmuş 124 pasiyent cəlb edilmişdir. Xəstələrdə psixososial dezadaptasiyanın xüsusiyyətləri araşdırılarkən dezadaptasiyanın inkişafının çoxamilli xarakterdə olduğu müşahidə edilmişdir. Xəstələrin bu kateqoriyasında aşağıdakı parapsixoloji amillər aşkar edilmişdir: yüksək fərdi və situativ həyəcanlılıq, aşkar nəzərə çarpan həyəcanlarına pozuntularının olması, orta ağırlıqlı və ağır dərəcəli depressiv vəziyyət. Ukrayna şəraitində olan sosial stress fonunda Ukraynada yaranmış dərin informasiya stress vəziyyəti dezadaptasiyanın informasiya tipinin formalaşmasına əsas vermişdir. Yüksək dərəcədə nəzarət və pedantizm şəraiti stress vəziyyətini gücləndirməklə, reaktiv həyəcanlanma vəziyyətinin dərinləşməsinə səbəb olur. Şəxsiyyət xüsusiyyətləri ilə, frustrasiya mexanizmlərinin birgə pozuntuları sinir-psixi müvazinətin zəifləməsinə və informasiya stressə qarşı adaptasiya reaksiyalarının get-gedə mürəkkəbləşməsinə səbəb olur.

Psixososial dezadaptasiyanın formalaşması şəxsi həyəcan hissənin yüksək səviyyəsi, depressiya vəziyyəti (80,1 %) və həyəcanlanma pozuntuları (97,2 %) ilə sosial gəginliyin yüksək səviyyəsi və subyektiv olaraq vacib hesab edilən dəyərlərin (maddi təminat, özünüifadəmə, sabahkı günə imid və inam, maraqlı iş şəraiti) ilə müəyyənləşdirilir.

Açar sözlər: psixososial dezadaptasiya, həyəcan-depressiya pozuntuları, sosial-stress hadisələri

Ключевые слова: психосоциальная дезадаптация, тревожно-депрессивные расстройства, социально-стрессовые события

Key words: psychosocial maladaptation, anxiety and depressive disorders, social and stressful events

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K.V.Hryn, Yu.O.Fysun, R.I.Isakov, L.O.HerasymenkoPSYCHOSOCIAL MALADAPTATION IN THE CONTEXT OF ANXIETY AND
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Summary. The article presents the result of psychosocial maladaptation issues arising in the social conditions and stress situation in Ukraine.

Research has been conducted on 124 patients diagnosed with excitement-depression disorder (F.4.1.2) according to ICD-10. The modern stressful pace of life, high demands on the adaptive mechanisms of the psyche during the pandemic and war have caused an increase in the prevalence of anxiety and depressive disorders, accompanied by various manifestations of psychosocial maladaptation which is an independent phenomenon that can be both a predictor and a consequence of mental pathology.

The results of the pathopsychological characteristics of psychosocial maladaptation in patients with

anxiety and depressive disorders indicate a complex, multifactorial nature of the development of maladaptation in these patients. According to the analysis in patients of this group were the following pathopsychological factors: high personal and situational anxiety, the presence of severe anxiety disorders, moderate and severe depressive states. The situation of excessive informational stress against the background of social stress in Ukraine influenced the formation of the informational type of maladaptation. Traits of over-control and pedantry, which intensified stress, contributed to an increase in the level of reactive anxiety. The combination of personality traits and the development of frustration mechanisms contributed to a decrease in nervous and mental stability and further complicated adaptive responses to informational stress.

The formation of psychosocial maladaptation is determined by a high level of personal anxiety, the presence of depression (80.1%) and anxiety disorders (97.2%), a high level of social stress and low accessibility of subjectively most important values (material security, self-confidence, interesting work).

The problem of timely diagnosis and rehabilitation of psychosocial maladaptation in conditions of social and stressful events experienced by Ukrainian society is extremely relevant in the current historical stage of healthcare development [1,2,3,4]. The issue of psychosocial maladaptation is particularly relevant under the conditions of undeclared war since 2014, the COVID-19 epidemic, the full-scale invasion of Ukraine in 2022, and extreme events that accompany and have a whole range of qualitative differences from the conditions of previous peaceful life [5,6,7,8,9].

Maladaptation is a disruption in the adaptation of the organism and the human psyche to changes in the environment, manifested by inadequate psychological and physiological responses to stimuli [10,11]. Psychosocial maladaptation is an independent phenomenon that can be both a predictor and a consequence of mental pathology, and in this context it arouses a legitimate interest among researchers working in the field of mental health care [12]. The modern stressful pace of life, high demands on the adaptive mechanisms of the psyche during the pandemic and war have caused an increase in the prevalence of anxiety and depressive disorders, accompanied by various manifestations of psychosocial maladaptation which is an independent phenomenon that can be both a predictor and a consequence of mental pathology [13,14,15,16,17].

The aim of this study was to investigate psychosocial maladaptation in patients with anxiety and depressive disorders during social stressful events and to establish predictors of their formation.

Materials and research methods. A comprehensive assessment of 124 individuals (90 in the main group and 34 in the control group) diagnosed

with anxiety and depressive disorders (F41.2) according to ICD-10 was conducted in 2020-2022. All patients gave written informed consent to participate in the study and received treatment at the Public Institution, Poltava Regional Council "Regional center for psychiatric support", Ukraine, and counselling at the Department of Psychiatry, Narcology and Medical Psychology of the Poltava State Medical University.

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

- diagnosed with an anxiety and depressive disorder (F41.2) according to ICD-10;
- capable adults aged 18 to 60 years.

Exclusion criteria were as follows:

- drug or alcohol abuse;
- incapacity;
- severe concomitant somatic pathology;
- no psychiatric diagnosis other than anxiety and depressive disorders;
- severe suicidal behaviour.

In both groups, psychosocial maladjustment was diagnosed, however, for all patients of the main group, adaptation disorders were pathological in nature, and its severity on a scale for a comprehensive assessment of the degree of psychosocial maladjustment in different areas was at least 20 points, which corresponded to clinically pronounced maladaptation. In the comparison group, the phenomena of psychosocial maladjustment were episodic, non-systemic, had no clinical severity and did not affect the patient's social functioning.

In order to achieve the objectives of the study, the following methods were used: information-analytical, clinical-anamnestic, clinical-psychopathological, psychodiagnostic, psychometric and statistical methods of mathematical processing of the obtained results. The main method of the research was the clinical-psychopathological method, which was applied on the basis of the generally accepted principles of psychiatric examination by interview and observation, followed by verification of the

obtained data on the basis of the diagnostic criteria of the ICD-10. The following assessment methods were used Clinical Global Impression Scale (CGI-S) (1976), Clinical Global Impression - Improvement scale (CGI-I) (1976), assessment of personal and reactive anxiety levels using the Spielberger-Hanin method, severity of anxiety disorders using the Hospital Anxiety and Depression Scale (HADRS), a scale for assessing the degree of psychosocial maladaptation in various areas developed by R.I.Isakov and L.O.Herasymenko, and the Columbia Suicide Severity Rating Scale (C-SSRS) to assess suicide severity and suicide risk [28, 29, 30, 31].

Results and discussion. The psychopathological characteristics of psychosocial maladaptation in patients with anxiety and depressive disorders were studied in the main group of 90 individuals and in a comparison group of 34 individuals who were also diagnosed with anxiety and depressive disorders, but who had no evidence of psychosocial maladaptation. The level of personal and reactive anxiety was assessed using the Spielberger-Hanin method, which showed that the main group had a significantly lower prevalence of low (situational and personal) anxiety and a statistically significant higher prevalence of high (situational and personal) anxiety. The data obtained are systematised in Table 1.

On the basis of the analysis of the results obtained from the use of this method in the patients studied in the main group, a relatively high group level of personal (54.5) and situational (48.5) anxiety was found. In the comparison group, reactive anxiety indicators were recorded that corresponded to an

average level (average score of 39.2) and a low level of personal anxiety (average score of 18.2). The data showed a statistically significant difference ($p < 0.05$) in personal anxiety indicators when comparing patients in the main and comparison groups. The high level of personal anxiety was identified as a factor in the formation of psychosocial maladaptation in individuals with anxiety and depressive disorders in conditions of social stressful events.

The severity of anxiety disorders was assessed using the Hospital Anxiety and Depression Scale (HADRS). The data obtained are systematised in Table 2.

Based on the HADRS results, a statistically significant prevalence of severe cases of anxiety was found in the main group of patients, while there was no anxiety in the comparison group. According to other HADRS results, patients with anxiety and depressive disorder in the main group had dominant anxiety symptoms related to fear for their own and their family's future (3.3 ± 0.2 points) and severe insomnia (3.1 ± 0.3 points), accompanied by moderate levels of anxiety (2.7 ± 0.2 points), despair (2.8 ± 0.2 points) and panic (2.6 ± 0.3 points) ($p < 0.05$). The comparison group had similar results, with moderate levels of fear for their own and their family's future (2.9 ± 0.6 points) and insomnia (1.9 ± 0.6 points), accompanied by moderate levels of anxiety equivalents (2.4 ± 0.7 points) and panic attitudes (2.5 ± 0.5 points) ($p < 0.05$).

Table 1. State of anxiety in patients with anxiety and depressive disorder

Group	Mild Anxiety % ± m %		Moderate Anxiety % ± m %		High Anxiety % ± m %	
	Personal	Situational	Personal	Situational	Personal	Situational
Main (n = 90)	4,4 ± 3,8*	11,1 ± 4,0*	33,3 ± 2,6	42,2 ± 2,6	62,2 ± 2,1*	46,7 ± 2,4*
Comparison (n = 34)	70,6 ± 3,1	23,5 ± 7,8	23,5 ± 5,9	58,8 ± 4,0	5,9 ± 5,1	17,6 ± 4,8

*- significant differences between the main and comparison groups at $p < 0.05$

Table 2. Severity of anxiety disorders in patients with anxiety and depressive disorders

Group	Risk zone or mild degree % ± m %	Moderate degree % ± m %	Severe degree % ± m %
Main (n = 90)	8,9 ± 4,8*	35,5 ± 3,1	55,6 ± 2,9*
Comparison (n = 34)	29,4 ± 6,8	41,2 ± 3,5	29,4 ± 6,5

*- significant differences between the main and comparison groups at $p < 0.05$

Depressive symptoms in patients were diagnosed using the Hamilton Depression Rating Scale (HAMD). The data obtained are systematised in Table 3.

Based on the data in the table, the comparison group had a statistically significant prevalence of normal levels of depressive symptoms, whereas the main group had a significantly higher percentage of patients with moderate depressive disorders.

When assessing the level of depression using the HAMD, most patients in the main group had mild ($46.7 \pm 3.8\%$) or moderate ($22.2 \pm 4.5\%$) depression, while in the comparison group the corresponding percentages were $29.4 \pm 3.5\%$ and $6.7 \pm 4.7\%$, respectively.

The analysis of psychosocial maladaptation using a scale for comprehensive assessment of the degree of psychosocial maladaptation in different domains in the study population yielded the following results.

The mean scores of psychosocial maladaptation in patients with anxiety and depressive disorders were grouped and presented in

Table 4.

As a result of the diagnosis of psychosocial maladaptation, six blocks of problems were studied, corresponding to the main directions of disturbed psychosocial functioning: family, parental, occupational (professional), interpersonal, economic-material and informational. In the majority of cases, a combination of several of the listed adjustment components was observed. There were also situations in which the impact of one component led to disturbances in other areas of functioning, according to the "domino effect" principle. In studying patients from both groups, we were able to cover three main clusters of psychosocial functioning: macro-social, which includes an assessment of socio-economic and socio-informational maladaptation; meso-social, which includes an assessment of socio-professional and interpersonal maladaptation; and micro-social, which includes an assessment of family and parental maladaptation. These six domains encompassed the major directions of psychosocial adjustment (maladaptation), allo-

Table 3. Severity of depressive symptoms in patients with anxiety and depressive disorders

Severity of symptoms	Main group (n = 90) % ± m %	Comparison group (n = 34) % ± m %
Normal	20,0 ± 4,3*	47,1 ± 3,0
Mild depressive disorder	46,7 ± 3,8	29,4 ± 3,5
Moderate depressive disorder	22,2 ± 4,5*	6,7 ± 4,7
Severe depressive disorder	11,1 ± 6,7	5,9 ± 4,9

*- significant differences between the main and comparison groups at $p < 0.05$.

Table 4. Mean scores of psychosocial maladaptation in patients with anxiety and depressive disorders

Areas of psychosocial maladaptation	Average scores, M±m		p
	Without signs of maladaptation	With signs of maladaptation	
Social-economic maladaptation	13,48±2,77	33,69±8,56	<0,01
Social-informational maladaptation	13,38±2,71	33,59±8,55	<0,01
Integral indicator of macrosocial maladaptation	26,85±5,40	67,27±17,10	<0,01
Social-professional maladaptation	12,88±2,61	29,36±6,58	<0,01
Interpersonal maladaptation	13,04±2,68	31,31±7,46	<0,01
Integral indicator of meso-social maladaptation	25,92±5,21	60,67±14,00	<0,01
Family maladaptation	14,79±2,56	37,80±8,13	<0,01
Parental maladaptation	14,27±3,13	36,24±8,06	<0,01
Integral indicator of microsocioal maladaptation	29,06±5,54	74,04±16,13	<0,01
Total indicator of psychosocial maladaptation	81,83±15,87	201,99±46,78	<0,01

wing us to identify disturbances in the individual's psychosocial functioning in all major directions.

Social-economic maladaptation – a disruption of the individual's adaptation to the social environment under the influence of material, economic and financial factors.

Informational-social maladaptation - a disruption of the individual's adaptation to the social environment under the influence of informational factors.

Social-professional maladaptation – a disruption of the individual's adaptation to the social (professional) environment and the performance of professional functions, associated with the influence of psychosocial factors.

Interpersonal maladaptation – a disruption of interpersonal interaction, micro-social relations and the formation of social ties.

Family maladaptation – a disruption of family functioning and adaptation to the social environment under the influence of family relationships.

Parental maladaptation - a disruption in the fulfilment of parental functions and social functioning associated with the fulfilment of parental obligations.

Overall, the analysis of the pathopsychological characteristics of psychosocial maladaptation in patients with anxiety and depressive disorders indicates a complex, multifactorial nature of the development of maladaptation in these patients. According to the analysis of Kulbak's measures of informativeness, the most informative ($J(x_i) \geq 0.05$) regarding the development of interpersonal,

occupational and informational types of psychosocial maladaptation in patients of this group were the following pathopsychological factors: high personal and situational anxiety, the presence of severe anxiety disorders, moderate and severe depressive states. The situation of excessive informational stress against the background of social stress in Ukraine influenced the formation of the informational type of maladaptation. The situation of disruption of protective psychological mechanisms was aggravated by a non-constructive type of internal illness, which did not allow to fully realise one's real state and to develop constructive ways of overcoming it in conditions of stress. Traits of over-control and pedantry, which intensified stress, contributed to an increase in the level of reactive anxiety. The combination of personality traits and the development of frustration mechanisms contributed to a decrease in nervous and mental stability and further complicated adaptive responses to informational stress.

Conclusions. Thus, manifestations of psychosocial maladaptation (81.83%) in anxiety and depressive disorders are the result of a constellation of psychopathological, pathopsychological and negative socio-psychological factors.

The formation of psychosocial maladaptation is determined by a high level of personal anxiety, the presence of depressive (80.1%) and anxiety disorders (97.2%), a high level of social stress and low accessibility of subjectively most important values (material security, self-confidence, interesting work).

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ПСИХОСОЦИАЛЬНАЯ ДЕЗАДАПТАЦИЯ В УСЛОВИЯХ ТРЕВОВО-ДЕПРЕССИВНЫХ РАССТРОЙСТВ В УСЛОВИЯХ СОЦИАЛЬНО-СТРЕССОВЫХ СОБЫТИЙ В УКРАИНЕ

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Резюме. В статье освещены вопросы изучения психосоциальной дезадаптации больных с тревожно-депрессивными расстройствами в условиях социальных и стрессовых событий в Украине. В исследовании приняли участие 124 пациента с тревожно-депрессивными расстройствами. Пациентам установлен диагноз (F41.2) в соответствии с МКБ-10.

Современный напряженный темп жизни, высокие требования к адаптационным механизмам психики в условиях пандемии и войны обусловили увеличение распространенности тревожно-депрессивных расстройств, сопровождающихся различными проявлениями психосоциальной дезадаптации, что является самостоятельным явлением, которое может являться как предиктором так и следствием психической патологии.

Результаты патопсихологической характеристики психосоциальной дезадаптации у пациентов с тревожно-депрессивными расстройствами выявляет сложный, многофакторный характер развития дезадаптации. Анализ результатов обследования пациентов диагностируют следующие патопсихологические факторы: высокая личностная и ситуативная тревожность, наличие выраженных тревожных расстройств, средне-тяжелые и тяжелые депрессивные состояния. Ситуация чрезмерного информационного стресса на фоне социального стресса в Украине повлияла также и на формирование выраженного информационного типа психосоциальной дезадаптации. Черты сверхконтроля и педантизма, усиливавшие стресс, способствовали повышению уровня реактивной тревожности пациентов. Сочетание личностных особенностей и развитие механизмов фрустрации способствовали снижению нервно-психической устойчивости и дальнейшему снижению адаптационных реакций на информационный стресс.

По результатам исследования установлено, что формирование психосоциальной дезадаптации определяется высоким уровнем личностной тревожности, наличием депрессивных (80,1%) и тревожных расстройств (97,2%), высоким уровнем социальной напряженности и низкой доступностью субъективно важнейших ценностей (материальной обеспеченности, самореализации, уверенности в себе, наличие интересной работы).

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