

## MENTAL DISORDERS IN BRONCHIAL ASTHMA IN CHILDREN AND ADOLESCENTS

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### RESUME

The problem of the mechanisms of occurrence, course and treatment of psychosomatic disorders in children is becoming increasingly relevant for modern psychological science. The article presents an analysis of medical, social and psychological characteristics of children suffering from bronchial asthma, and from the risk group for its formation.

**Keywords:** children with bronchial asthma, risk group, preschool age, atopy, social factors, psychological status, family education.

### RELEVANCE

The problem of psychosomatic relationships in childhood is not only extremely important, but also has its own specific features. The negative impact of the disease on the psyche in childhood, as a rule, leads to more severe or even irreversible consequences, especially when it comes to a long-term, chronic, serious illness [2,5].

The factors that cause attacks in bronchial asthma in children are diverse: allergens, viral respiratory infections, changes in the weather situation, the environmental impact of xenobiotics, tobacco smoke, physical and psycho-emotional stress, etc. be triggered by both exposure to a specific allergen and emotional factors. The question of the relationship and interaction between somatic and psychological factors that provoke attacks of bronchial asthma in children and aggravate its course still remains.

debatable[1,3].

Despite the many works on the study of bronchial asthma, little attention is still paid to studying the ways in which children and adolescents with bronchial asthma respond to stressful situations, unconscious and conscious protective strategies (psychological defense mechanisms, coping strategies), their subjective perception of their own quality of life, ways of responding to negative emotions [2,4].

In studies of children of primary school age, personal characteristics in the formation of a pathological psychosomatic functional system are not sufficiently taken into account. In the sources available to us, there is no indication of a connection between the age of a sick child and his internal picture of the disease, protection from an unfavorable psychological environment, a way of perceiving the disease, and other features. In this connection, the task of studying the contribution of individual psychological characteristics of children and adolescents to the formation of a pathological psychosomatic functional system is being updated [3,6].

### **PURPOSE OF THE STUDY**

The purpose of this study is to study the psychological characteristics of children and adolescents with bronchial asthma in order to experimentally and methodologically substantiate the principles of prevention of psychosomatic disorders. The main task of a mass psychoprophylactic examination is the reliable identification of a risk group for subsequent in-depth examination.

### **RESEARCH METHODS**

For these tasks, we have developed a formalized express questionnaire that reveals a predisposition to a psychosomatic form of adaptation due to impaired emotional response. It is shown that the developed express questionnaire identifies three health groups in adolescents: "healthy", "borderline" (teenagers without any chronic disease, but with health complaints, mainly of a psychogenic nature, "psychosomatic patients").

### **RESEARCH RESULTS**

In children and adolescents with bronchial asthma, affective reactions are not sufficiently realized in behavioral patterns and are blocked by "intellectual" control. Patients with bronchial asthma differ from healthy peers in greater adherence to social norms, increased responsibility, dependence on the opinions of others, caution, a poor repertoire of feelings and lack of spontaneity. Behavioral manifestations of emotional experiences of healthy adolescents are characterized by a large repertoire and flexibility. In children and adolescents with bronchial asthma, the content and range of these manifestations are much narrower and are described by a smaller set of logical rules, which limits their adaptive capabilities and increases the risk of the disease. Identified and described "simitomocomplexes" allow us to differentiate various mechanisms of control of emotions and style of emotional response in patients with bronchial asthma.

Similar mechanisms of emotional response and behavioral manifestations found in patients with bronchial asthma and adolescents in a "pre-morbid state" allow us to consider the blocking of the behavioral component of the emotional response, due to control mechanisms, as one of the risk factors for the development of psychosomatic diseases. The proposed psychodiagnostic algorithm makes it possible to identify a "risk group" during mass preventive examinations of students and, therefore, provides an increase in the effectiveness of primary and secondary psychoprophylaxis of psychosomatic diseases in educational institutions. Correction of maladaptive features of emotional-behavioral reactions is a necessary condition for optimizing psycho-correctional counseling programs used in group and individual work with children and adolescents.

For asthmatic children and children at risk for the development of bronchial asthma, the initial functional failure of the morphological, immunological and metabolic processes of the preschooler's body is characteristic, leading to disharmonious development of the child and disruption of the course of adaptive processes.

The low burden of social anamnesis in the studied groups allows them to be classified as well-off. In preschool children with asthma and those at risk for developing asthma, a high level of anxiety and aggressiveness is detected in the psychological status, while asthmatic children

often have a low level of social behavior. Parental education in the studied families is characterized by a high degree of family disorganization. In 90% of families raising children with BA, and in 63% of families raising children at risk for developing BA, various violations of parental education are observed.

The level of anxiety in mothers raising children with asthma is significantly higher, and the level of aggressiveness is significantly lower than in mothers raising children from the high-risk group. Inadequate self-esteem in mothers raising children with asthma is more common. Egocentrism is more often detected in mothers raising children from HVR. High values for the factor B (intelligence), low values for the factor F (impulsivity) and low values for the second-order factor (extroversion) in mothers raising children at risk for developing AD are significantly higher than in mothers raising children with asthma.

Output. The identified psychological factors that contribute to the violation of somatic health in childhood and adolescence made it possible to substantiate the directions of psychological correctional work in order to prevent diseases and improve the health of students. A formalized express questionnaire has been developed for psychoprophylactic examinations of students in order to timely identify risk groups for the development of psychosomatic disorders (persons in the initial stage of the formation of a "structural attractor of the disease").

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