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PSYCHOGENIC STRESS IN HOSPITALIZED PERSONS

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People react very differently when they are sick and there are only weak correlations between the intensity of the immune response and disease behavior, and psychogenic stress is an obligatory component of the clinical picture when the patient is aware of the consequences of the disease to their life activities ensuring.

According to the concept of psychosanocreatology, any internal or external factor, or situation if it is assessed as significant and dangerous for oneself and others, or as interfering with daily activities, causing emotions, becomes a trigger for the development of psychogenic stress. And patients who are hospitalized are quite deeply aware of the danger of the physiological state of their organism to life activities ensuring, are highly disposed to the development of psychogenic stress, which predetermined the study of the features of its manifestation.

It has been found that the criteria for psychogenic stress in hospitalized patients are irritability, aggressiveness, disinhibition, muscle excitability, experiencing anxiety, fear, panic, phobias, difficulty concentrating, decreased attention, impaired social relationships, deviant behavior, frustration, heart palpitations or heart and breathing rate fluctuations, sleep disorders, dark thoughts, memory impairment. Hypo- and hyperkinetic variants of stress reactions are distinguished: dissociative stupor, which is manifested by sudden motor retardation, profuse cold sweating, expression of horror on the face, eyes wide open; hyperkinetic variant, exteriorizing with pronounced general agitation, psychomotor agitation, unfocused movements, chaotic autonomic reactions (tachycardia, pallor, sweating, etc.). The duration of such reactions is on average up to 48 hours; the symptoms begin to decrease on average after 6-8 hours.

In decompensated patients hospitalized for conservative treatment, psychogenic stress most often provokes the following types of disorders: 1) anxiety disorders: the patient is constantly focused on anxious thoughts and ideas, their phobia. This state differs from delirium in the fact that these ideas are quite real, and the patient cannot get rid of the fear of losing their job, incurable illness, etc. They realize that their fears are most likely unfounded, however, they cannot stop thinking about them; 2) panic disorder, characterized by sudden and causeless panic attacks - signs of uncontrolled fear. Patients experience inexplicable horror, begin to suffocate; sweating, dizziness, fear of death, tremors occur. The attack lasts from several minutes to half an hour; 3) depressive disorder - the patient is in a state of apathy, a loss of interest in everything that previously seemed important and interesting; now it seems to the patient meaningless; they see the future exclusively in black colors, are prone to self-deprecation. Depression is often accompanied by drowsiness, loss of appetite, and vegetative vascular dystonia.

Attenuation of psychogenic disorders caused by the stress of hospitalization, depending on the severity of the exacerbation of the nosological disease, should be carried out with psychotherapy or pharmacological preparations.

Keywords: psychogenic stress, hospitalized persons, immune response, clinical picture, disease behavior.