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ЕЖЕМЕСЯЧНЫЙ НАУЧНЫЙ ЖУРНАЛ

Медицинские новости Грузии
საქართველოს სამედიცინო სიახლენი

GEORGIAN MEDICAL NEWS

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GMN: Georgian Medical News is peer-reviewed, published monthly journal committed to promoting the science and art of medicine and the betterment of public health, published by the GMN Editorial Board since 1994. GMN carries original scientific articles on medicine, biology and pharmacy, which are of experimental, theoretical and practical character; publishes original research, reviews, commentaries, editorials, essays, medical news, and correspondence in English and Russian.

GMN is indexed in MEDLINE, SCOPUS, PubMed and VINITI Russian Academy of Sciences. The full text content is available through EBSCO databases.

GMN: Медицинские новости Грузии - ежемесячный рецензируемый научный журнал, издаётся Редакционной коллегией с 1994 года на русском и английском языках в целях поддержки медицинской науки и улучшения здравоохранения. В журнале публикуются оригинальные научные статьи в области медицины, биологии и фармации, статьи обзорного характера, научные сообщения, новости медицины и здравоохранения. Журнал индексируется в MEDLINE, отражён в базе данных SCOPUS, PubMed и ВИНТИ РАН. Полнотекстовые статьи журнала доступны через БД EBSCO.

GMN: Georgian Medical News – საქართველოს სამედიცინო სიახლენი – არის ყოველთვიური სამეცნიერო სამედიცინო რეცენზირებადი ჟურნალი, გამოიცემა 1994 წლიდან, წარმოადგენს სარედაქციო კოლეგიისა და აშშ-ის მეცნიერების, განათლების, ინდუსტრიის, ხელოვნებისა და ბუნებისმეტყველების საერთაშორისო აკადემიის ერთობლივ გამოცემას. GMN-ში რუსულ და ინგლისურ ენებზე ქვეყნდება ექსპერიმენტული, თეორიული და პრაქტიკული ხასიათის ორიგინალური სამეცნიერო სტატიები მედიცინის, ბიოლოგიისა და ფარმაციის სფეროში, მიმოხილვითი ხასიათის სტატიები.

ჟურნალი ინდექსირებულია MEDLINE-ის საერთაშორისო სისტემაში, ასახულია SCOPUS-ის, PubMed-ის და ВИНТИ РАН-ის მონაცემთა ბაზებში. სტატიების სრული ტექსტი ხელმისაწვდომია EBSCO-ს მონაცემთა ბაზებიდან.

WEBSITE

www.geomednews.com

К СВЕДЕНИЮ АВТОРОВ!

При направлении статьи в редакцию необходимо соблюдать следующие правила:

1. Статья должна быть представлена в двух экземплярах, на русском или английском языках, напечатанная через **полтора интервала на одной стороне стандартного листа с шириной левого поля в три сантиметра**. Используемый компьютерный шрифт для текста на русском и английском языках - **Times New Roman (Кириллица)**, для текста на грузинском языке следует использовать **AcadNusx**. Размер шрифта - **12**. К рукописи, напечатанной на компьютере, должен быть приложен CD со статьей.

2. Размер статьи должен быть не менее десяти и не более двадцати страниц машинописи, включая указатель литературы и резюме на английском, русском и грузинском языках.

3. В статье должны быть освещены актуальность данного материала, методы и результаты исследования и их обсуждение.

При представлении в печать научных экспериментальных работ авторы должны указывать вид и количество экспериментальных животных, применявшиеся методы обезболивания и усыпления (в ходе острых опытов).

4. К статье должны быть приложены краткое (на полстраницы) резюме на английском, русском и грузинском языках (включающее следующие разделы: цель исследования, материал и методы, результаты и заключение) и список ключевых слов (key words).

5. Таблицы необходимо представлять в печатной форме. Фотокопии не принимаются. **Все цифровые, итоговые и процентные данные в таблицах должны соответствовать таковым в тексте статьи**. Таблицы и графики должны быть озаглавлены.

6. Фотографии должны быть контрастными, фотокопии с рентгенограмм - в позитивном изображении. Рисунки, чертежи и диаграммы следует озаглавить, пронумеровать и вставить в соответствующее место текста **в tiff формате**.

В подписях к микрофотографиям следует указывать степень увеличения через окуляр или объектив и метод окраски или импрегнации срезов.

7. Фамилии отечественных авторов приводятся в оригинальной транскрипции.

8. При оформлении и направлении статей в журнал МНГ просим авторов соблюдать правила, изложенные в «Единых требованиях к рукописям, представляемым в биомедицинские журналы», принятых Международным комитетом редакторов медицинских журналов - <http://www.spinesurgery.ru/files/publish.pdf> и http://www.nlm.nih.gov/bsd/uniform_requirements.html В конце каждой оригинальной статьи приводится библиографический список. В список литературы включаются все материалы, на которые имеются ссылки в тексте. Список составляется в алфавитном порядке и нумеруется. Литературный источник приводится на языке оригинала. В списке литературы сначала приводятся работы, написанные знаками грузинского алфавита, затем кириллицей и латиницей. Ссылки на цитируемые работы в тексте статьи даются в квадратных скобках в виде номера, соответствующего номеру данной работы в списке литературы. Большинство цитированных источников должны быть за последние 5-7 лет.

9. Для получения права на публикацию статья должна иметь от руководителя работы или учреждения визу и сопроводительное отношение, написанные или напечатанные на бланке и заверенные подписью и печатью.

10. В конце статьи должны быть подписи всех авторов, полностью приведены их фамилии, имена и отчества, указаны служебный и домашний номера телефонов и адреса или иные координаты. Количество авторов (соавторов) не должно превышать пяти человек.

11. Редакция оставляет за собой право сокращать и исправлять статьи. Корректур авторам не высылаются, вся работа и сверка проводится по авторскому оригиналу.

12. Недопустимо направление в редакцию работ, представленных к печати в иных издательствах или опубликованных в других изданиях.

При нарушении указанных правил статьи не рассматриваются.

REQUIREMENTS

Please note, materials submitted to the Editorial Office Staff are supposed to meet the following requirements:

1. Articles must be provided with a double copy, in English or Russian languages and typed or computer-printed on a single side of standard typing paper, with the left margin of 3 centimeters width, and 1.5 spacing between the lines, typeface - **Times New Roman (Cyrillic)**, print size - 12 (referring to Georgian and Russian materials). With computer-printed texts please enclose a CD carrying the same file titled with Latin symbols.

2. Size of the article, including index and resume in English, Russian and Georgian languages must be at least 10 pages and not exceed the limit of 20 pages of typed or computer-printed text.

3. Submitted material must include a coverage of a topical subject, research methods, results, and review.

Authors of the scientific-research works must indicate the number of experimental biological species drawn in, list the employed methods of anesthetization and soporific means used during acute tests.

4. Articles must have a short (half page) abstract in English, Russian and Georgian (including the following sections: aim of study, material and methods, results and conclusions) and a list of key words.

5. Tables must be presented in an original typed or computer-printed form, instead of a photocopied version. **Numbers, totals, percentile data on the tables must coincide with those in the texts of the articles.** Tables and graphs must be headed.

6. Photographs are required to be contrasted and must be submitted with doubles. Please number each photograph with a pencil on its back, indicate author's name, title of the article (short version), and mark out its top and bottom parts. Drawings must be accurate, drafts and diagrams drawn in Indian ink (or black ink). Photocopies of the X-ray photographs must be presented in a positive image in **tiff format**.

Accurately numbered subtitles for each illustration must be listed on a separate sheet of paper. In the subtitles for the microphotographs please indicate the ocular and objective lens magnification power, method of coloring or impregnation of the microscopic sections (preparations).

7. Please indicate last names, first and middle initials of the native authors, present names and initials of the foreign authors in the transcription of the original language, enclose in parenthesis corresponding number under which the author is listed in the reference materials.

8. Please follow guidance offered to authors by The International Committee of Medical Journal Editors guidance in its Uniform Requirements for Manuscripts Submitted to Biomedical Journals publication available online at: http://www.nlm.nih.gov/bsd/uniform_requirements.html
http://www.icmje.org/urm_full.pdf

In GMN style for each work cited in the text, a bibliographic reference is given, and this is located at the end of the article under the title "References". All references cited in the text must be listed. The list of references should be arranged alphabetically and then numbered. References are numbered in the text [numbers in square brackets] and in the reference list and numbers are repeated throughout the text as needed. The bibliographic description is given in the language of publication (citations in Georgian script are followed by Cyrillic and Latin).

9. To obtain the rights of publication articles must be accompanied by a visa from the project instructor or the establishment, where the work has been performed, and a reference letter, both written or typed on a special signed form, certified by a stamp or a seal.

10. Articles must be signed by all of the authors at the end, and they must be provided with a list of full names, office and home phone numbers and addresses or other non-office locations where the authors could be reached. The number of the authors (co-authors) must not exceed the limit of 5 people.

11. Editorial Staff reserves the rights to cut down in size and correct the articles. Proof-sheets are not sent out to the authors. The entire editorial and collation work is performed according to the author's original text.

12. Sending in the works that have already been assigned to the press by other Editorial Staffs or have been printed by other publishers is not permissible.

**Articles that Fail to Meet the Aforementioned
Requirements are not Assigned to be Reviewed.**

ავტორთა საქურაღებოლ!

რედაქციაში სტატიის წარმოდგენისას საჭიროა დაიცვათ შემდეგი წესები:

1. სტატია უნდა წარმოადგინოთ 2 ცალად, რუსულ ან ინგლისურ ენებზე დაბეჭდილი სტანდარტული ფურცლის 1 გვერდზე, 3 სმ სიგანის მარცხენა ველისა და სტრიქონებს შორის 1,5 ინტერვალის დაცვით. გამოყენებული კომპიუტერული შრიფტი რუსულ და ინგლისურენოვან ტექსტებში - **Times New Roman (Кириллица)**, ხოლო ქართულენოვან ტექსტში საჭიროა გამოვიყენოთ **AcadNusx**. შრიფტის ზომა – 12. სტატიას თან უნდა ახლდეს CD სტატიით.

2. სტატიის მოცულობა არ უნდა შეადგენდეს 10 გვერდზე ნაკლებს და 20 გვერდზე მეტს ლიტერატურის სიის და რეზიუმეების (ინგლისურ, რუსულ და ქართულ ენებზე) ჩათვლით.

3. სტატიაში საჭიროა გაშუქდეს: საკითხის აქტუალობა; კვლევის მიზანი; საკვლევი მასალა და გამოყენებული მეთოდები; მიღებული შედეგები და მათი განსჯა. ექსპერიმენტული ხასიათის სტატიების წარმოდგენისას ავტორებმა უნდა მიუთითონ საექსპერიმენტო ცხოველების სახეობა და რაოდენობა; გაუტკივარებისა და დაძინების მეთოდები (მწვავე ცდების პირობებში).

4. სტატიას თან უნდა ახლდეს რეზიუმე ინგლისურ, რუსულ და ქართულ ენებზე არანაკლებ ნახევარი გვერდის მოცულობისა (სათაურის, ავტორების, დაწესებულების მითითებით და უნდა შეიცავდეს შემდეგ განყოფილებებს: მიზანი, მასალა და მეთოდები, შედეგები და დასკვნები; ტექსტუალური ნაწილი არ უნდა იყოს 15 სტრიქონზე ნაკლები) და საკვანძო სიტყვების ჩამონათვალი (key words).

5. ცხრილები საჭიროა წარმოადგინოთ ნაბეჭდი სახით. ყველა ციფრული, შემაჯამებელი და პროცენტული მონაცემები უნდა შეესაბამებოდეს ტექსტში მოყვანილს.

6. ფოტოსურათები უნდა იყოს კონტრასტული; სურათები, ნახაზები, დიაგრამები - დასათაურებული, დანომრილი და სათანადო ადგილას ჩასმული. რენტგენოგრამების ფოტოასლები წარმოადგინეთ პოზიტიური გამოსახულებით **tiff** ფორმატში. მიკროფოტოსურათების წარწერებში საჭიროა მიუთითოთ ოკულარის ან ობიექტივის საშუალებით გადიდების ხარისხი, ანათალების შედეგების ან იმპრეგნაციის მეთოდი და აღნიშნოთ სურათის ზედა და ქვედა ნაწილები.

7. სამამულო ავტორების გვარები სტატიაში აღინიშნება ინიციალების თანდართვით, უცხოურისა – უცხოური ტრანსკრიპციით.

8. სტატიას თან უნდა ახლდეს ავტორის მიერ გამოყენებული სამამულო და უცხოური შრომების ბიბლიოგრაფიული სია (ბოლო 5-8 წლის სიღრმით). ანბანური წყობით წარმოდგენილ ბიბლიოგრაფიულ სიაში მიუთითეთ ჯერ სამამულო, შემდეგ უცხოელი ავტორები (გვარი, ინიციალები, სტატიის სათაური, ჟურნალის დასახელება, გამოცემის ადგილი, წელი, ჟურნალის №, პირველი და ბოლო გვერდები). მონოგრაფიის შემთხვევაში მიუთითეთ გამოცემის წელი, ადგილი და გვერდების საერთო რაოდენობა. ტექსტში კვადრატულ ფხიხლებში უნდა მიუთითოთ ავტორის შესაბამისი N ლიტერატურის სიის მიხედვით. მიზანშეწონილია, რომ ციტირებული წყაროების უმეტესი ნაწილი იყოს 5-6 წლის სიღრმის.

9. სტატიას თან უნდა ახლდეს: ა) დაწესებულების ან სამეცნიერო ხელმძღვანელის წარდგინება, დამოწმებული ხელმოწერითა და ბეჭდით; ბ) დარგის სპეციალისტის დამოწმებული რეცენზია, რომელშიც მითითებული იქნება საკითხის აქტუალობა, მასალის საკმაობა, მეთოდის სანდოობა, შედეგების სამეცნიერო-პრაქტიკული მნიშვნელობა.

10. სტატიის ბოლოს საჭიროა ყველა ავტორის ხელმოწერა, რომელთა რაოდენობა არ უნდა აღემატებოდეს 5-ს.

11. რედაქცია იტოვებს უფლებას შეასწოროს სტატია. ტექსტზე მუშაობა და შეჯერება ხდება საავტორო ორიგინალის მიხედვით.

12. დაუშვებელია რედაქციაში ისეთი სტატიის წარდგენა, რომელიც დასაბეჭდად წარდგენილი იყო სხვა რედაქციაში ან გამოქვეყნებული იყო სხვა გამოცემებში.

აღნიშნული წესების დარღვევის შემთხვევაში სტატიები არ განიხილება.

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ANALYSIS OF SOCIAL AND DEMOGRAPHIC AND CLINICAL CHARACTERISTICS OF PATIENTS WITH PARANOID SCHIZOPHRENIA OF THE KAZAKH ETHNIC GROUP IN THE REPUBLIC OF KAZAKHSTAN

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Abstract.

The socio-demographic and clinical characteristics of patients of the Kazakh ethnic group suffering from paranoid schizophrenia were studied in order to increase the efficiency of providing them with specialized psychiatric care in the Republic of Kazakhstan. The analysis of social and demographic characteristics of the examined group of 1200 patients of the Kazakh population with a clinically verified diagnosis: "Paranoid schizophrenia" (F20.0) in the period from 2021 to 2023 showed that these were mainly people of average working age (31-50 years – 55.59%), a significant part of whom, despite a fairly good level of education, were socially maladapted in family and household terms, more than 80% of them had a disability due to mental illness, which it may indicate the severity of the underlying mental disorder. The analysis of clinical characteristics (according to the PANSS scale) showed that in patients with a continuous type of paranoid schizophrenia, the severity of mental disorders (93.06 points) significantly exceeded the same indicator in patients with an episodic type of the disease (76.87 points), mainly due to the difference in the scale of general psychopathological symptoms. It is established that for people of the Kazakh ethnic group suffering from paranoid schizophrenia, concomitant narcological pathology is not characteristic.

The study was carried out within the framework of the project: "National program for the introduction of personalized and preventive medicine in the Republic of Kazakhstan" IRN OR12165486.

Key words. Paranoid schizophrenia, social and demographic characteristics, clinical characteristics, ethno-cultural features, Kazakhstan.

Introduction.

The data of foreign studies published in recent years indicate a steady increase in the number of patients with mental disorders all over the world, while many researchers in their works report a "rejuvenation" of the middle age of patients [1-6]. One of the most severe mental disorders with a chronic course leading to a deep personality defect with disability is schizophrenia, which determines the special social significance of this disease [7-10]. It has been established that on average 1% of the world's population suffers from this disease [11]. According to the latest statistics, 45054 patients suffering from schizophrenia are under medical supervision in the Republic of Kazakhstan, which is 238.6 per 100,000 population. Scientists suppose that it is possible to reduce the costs of maintenance and medical care for this category of patients provided that an in-depth study of the social and demographic and clinical characteristics

of patients with this disease, taking into account their ethno-cultural characteristics.

Analysis of modern literature data has shown that determining the prognosis and further dynamics of schizophrenia is an ambiguous task [12,13]. Some researchers point to the possibility of solving this problem by assessing the socio-demographic and clinical indicators of patients, taking into account other factors and predictors of the disease [14-17].

E. Bleiler criticized the fatal outcome in patients with early dementia, he expanded the concept of schizophrenia and believed that in almost half of patients the social outcome is relatively favorable, but *restitutio ad integro* (complete recovery) is impossible [18]. E. Bleuler argued that "the course of the disorder could not be predicted from the symptoms, as it can come to a standstill at any stage" [19]. Glenn D. Shean, in his work "Recovery from Schizophrenia", argues that "Bleuler opened the door to the possibility that psychosocial factors may be relevant to the understanding and treatment of schizophrenia" [20].

According to some data, a decrease in social and psychological functioning is already observed in 14% of individuals among primary patients with schizophrenia. In most cases, this is due to a decrease in working capacity, problems in the family and other undesirable manifestations of the microsocial environment [21-25].

Schizophrenia, as a rule, affects people at the age at which their professional and social productivity peaks [26]. In patients suffering from late schizophrenia, clinical manifestations of paraphrenia, depressive-anxiety catatonia and confused arousal are more common, formal thinking disorders and emotional flatness and detachment are less pronounced [27-29].

Some gender-specific features of the nature of social adaptation of patients with schizophrenia have also been identified. So, for males, the determining factor is the biological factor, which includes the duration of the disease. At the same time, in women, the reaction to the disease is more often manifested by pronounced confusion, unstable emotional fluctuations, which often disorganizes their behavior and reduces stress resistance [30].

Thus, for the majority of patients diagnosed with schizophrenia, a decrease in labor and social adaptation is an urgent problem, which, first of all, is associated with difficulties in solving personal and interpersonal problems, i.e., problems related to functioning in society, which determines the relevance of this study.

The purpose of the study. To study the social and demographic and clinical characteristics of patients of the Kazakh ethnic group suffering from paranoid schizophrenia in order to improve the effectiveness of providing them with specialized psychiatric care in the Republic of Kazakhstan.

Materials and methods.

In the period from 2021 to 2023 -1200 patients of the Kazakh population (having this ethnicity in the 3rd generation) with a clinically verified diagnosis were included in the study: “Paranoid schizophrenia”, corresponding to the criteria of the ICD-10 F20.0 heading, aged 18 to 65 years, who signed an informed consent to conduct this study.

When collecting data on research objects, clinical research methods are used: clinical-psychopathological, clinical-dynamic, psychometric using the PANSS scale.

Results.

The analysis of social and demographic characteristics of patients with paranoid schizophrenia of the Kazakh ethnic group showed that among 1200 examined patients (572 women and 628 men), the ratio of women and men was presented in statistically comparable values of 1:1.1. According to the data obtained, the majority of the examined patients were at the average age of 31-50 years – 55.59%, up to 30 years – 16.91% and 27.5% of patients at the time of this examination were older (over 50 years old). The distribution of the examined patients by gender and age is shown in Figure 1.

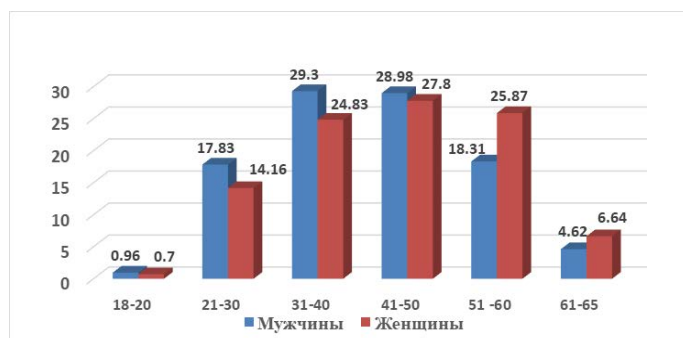


Figure 1. Distribution of examined patients with paranoid schizophrenia by gender and age (%). Мужчины – Men, Женщины – Women.

The data presented in Figure 1 show that among the examined patients with paranoid schizophrenia, men prevailed in the age groups of 21-30 years (17.83%), 31-40 years (29.3%) and 41-50 years (28.98%), and in the age groups older than -50 years, women prevailed (32.51%). This may indirectly indicate that the first clinical signs of schizophrenia requiring dynamic (dispensary) observation in men appear at a relatively younger age, and in women in older age groups.

By the time of the examination, the majority of patients had a fairly good level of education: 20.91% - higher education, 8.17% - incomplete higher education, 28.42% - specialized secondary and 34.67% - secondary. Only 7.83% of the examined patients were illiterate. Among women, 31.29% had incomplete and complete higher education, and among men – 27.06%, which can also be explained by the earlier onset of the disease in men, which did not allow them to continue further education in higher educational institutions (Table 1).

Indicators of a fairly good level of education of the examined patients may also indicate that before the development of the main mental disorder in the form of schizophrenia and at

the initial stages of this disease, most patients showed well-developed and relatively preserved intellectual abilities that allowed them to obtain a sufficiently high level of education, master some specialties and work. Data on the professional activity of the examined patients are presented in Table 2.

Table 1. Distribution of examined patients with paranoid schizophrenia by gender and level of education.

№ s/p	Education	Men		Women		Total:	
		A.n.	%	A.n.	%	A.n.	%
1	Illiterate	4	0,64	6	1,05	10	0,83
2	Auxiliary school	11	1,75	4	0,7	15	1,25
3	Primary or incomplete secondary	32	5,1	37	6,47	69	5,75
4	Average	237	37,74	179	31,29	416	34,67
5	Secondary special	174	27,71	167	29,2	341	28,42
6	Unfinished higher education	50	7,96	48	8,39	98	8,17
7	Higher	120	19,1	131	22,9	251	20,91
Total:		628	100	572	100	1200	100

Note: A.n. is an absolute number.

Table 2. Distribution of examined patients with paranoid schizophrenia by gender and social status.

№ s/p	Social status	Men		Women		Total:	
		A.n.	%	A.n.	%	A.n.	%
1	Director	1	0,16	2	0,35	3	0,25
2	Employee	2	0,32	12	2,1	14	1,16
3	Worker	25	3,98	12	2,1	37	3,08
4	Retired by age or seniority	5	0,8	11	1,92	16	1,33
5	Disabled	512	81,52	449	78,5	961	80,08
6	Student	4	0,64	6	1,05	10	0,83
7	Does not work (without certain activities)	79	12,58	80	13,98	159	13,25
Total:		628	100	572	100	1200	100

The data presented in Table 2 show that the vast majority of the examined patients with paranoid schizophrenia (80.08%) already had a disability group at the time of the examination, which confirms the social significance of this severe mental disorder.

The analysis of social and demographic indicators of the examined patients with paranoid schizophrenia showed that most of them were maladapted in the family relation. Only 15.67% had their own family (were married), more than half of the patients (61.25%) did not marry (were single or unmarried), 20.66% were already divorced and 2.42% were widows. Data on the marital status of the examined patients are presented in Figure 2.

Half of the examined patients (50.42%) characterized the relationships both in their own family and with close relatives as “friendly”, “smooth”. Family relationships as “formal” were noted by 32.0%, 12.0% - indicated conflict relations with individual family members and only 5.58% reported that they had conflict relations with all their loved ones. The comparative characteristics of family relationships between men and women are presented in Table 3.

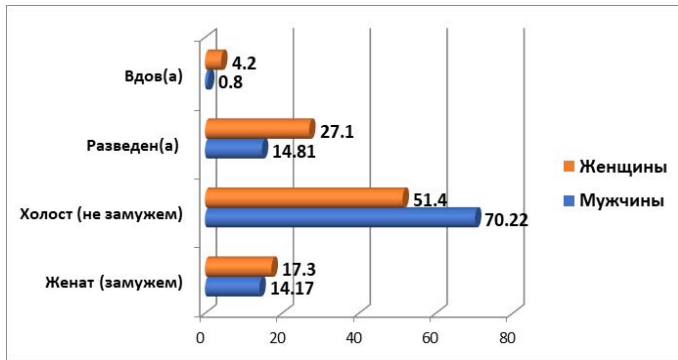


Figure 2. Distribution of examined patients with paranoid schizophrenia by gender and marital status (%).

Вдова – Widow

Разведен(а) – Divorced

Холост (не замужем) – Single (unmarried)

Женат (замужем) – Married

Женщины – Women

Мужчины – Men

Table 3. Distribution of examined patients with paranoid schizophrenia by gender and nature of family relationships.

№ s/p	The nature of family relationships	Men		Women		Total:	
		A.n.	%	A.n.	%	A.n.	%
1	Friendly, smooth	318	50,64	287	50,17	605	50,42
2	Formal	193	30,73	191	33,39	384	32
3	Conflict with all family members	35	5,57	32	5,6	67	5,58
4	Conflict with individual family members	82	13,06	62	10,84	144	12
Total:		628	100	572	100	1200	100

The study of the genetic aspects of schizophrenia involves the analysis of information about close relatives of the examined patients, in connection with which the data obtained in the study on the number of children in the parental family of patients included in the study are analyzed, which is shown in Figure 3.

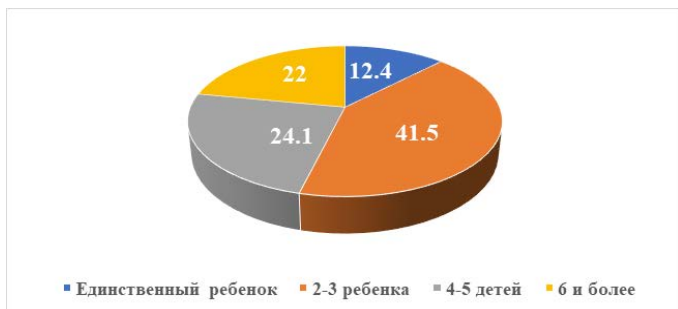


Figure 3. Distribution of examined patients with paranoid schizophrenia by the number of children in the parental family (%).

Единственный ребенок – An only child

2-3 ребенка – 2-3 children

4-5 детей – 4-5 children

6 и более – 6 or more

The data presented in Figure 3 show that the families from which the examined patients with paranoid schizophrenia came

were predominantly large (two or more children – 87.6%) ($P < 0.001$), which is typical for families of the Kazakh ethnic group. But the analysis of the data obtained in this study showed that such a chronic mental disorder as paranoid schizophrenia not only limited the ability of patients to create their own family, but also, accordingly, affected the number of children born to these patients (more than half of the surveyed – 59.9% had no children) ($P = 0.05$), as shown in Figure 4.

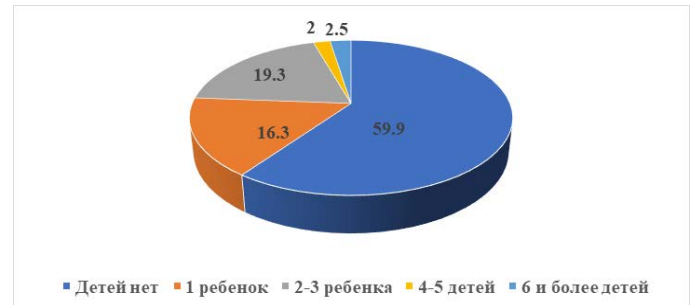


Figure 4. Distribution of examined patients with paranoid schizophrenia by the number of children in their own family (%).

Детей нет – No children

1 ребенок – 1 child

2-3 ребенка – 2-3 children

4-5 детей – 4-5 children

6 и более – 6 or more

The analysis of clinical characteristics of 1200 patients with paranoid schizophrenia: was carried out in a comparative aspect of the main 2 types of this mental disorder. According to the data obtained in the study, the patients were divided into two groups:

Group 1 - Patients with paranoid schizophrenia with a continuous type of course – 461 people (38.4%).

Group 2 – Patients with paranoid schizophrenia with an episodic type of course – 739 people (61.6%).

A comparative analysis of the data on the burdened heredity with mental disorders was carried out taking into account both subjective (information received from the patient himself) and objective (information received from relatives) anamnesis. Statistical data on the heredity of the examined patients are presented in Table 4.

Table 4. Distribution of examined patients with paranoid schizophrenia by type of disease course and burdened heredity.

№ s/p	Psychopathological burden of heredity:	Continuous type of course F20.x0		Episodic type of course F20.xx		Total:	
		A.n.	%	A.n.	%	A.n.	%
1	no	283	61,39	408	55,21	691	57,58
2	yes (without additional instructions)	67	14,53	118	15,97	185	15,42
3	yes, schizophrenia	88	19,09	85	11,5	173	14,42
4	yes, affective disorders	1	0,22	6	0,81	7	0,58
5	yes, alcoholism	18	3,9	96	13	114	9,5
6	yes, other psychoses	1	0,22	10	1,35	11	0,92

7	yes, mental retardation	2	0,43	2	0,27	4	0,33
8	yes, other non-psychotic diseases	1	0,22	8	1,08	9	0,75
9	substance use (drug addiction, substance abuse)	0	0	6	0,81	6	0,5
Total:		461	100	739	100	720	100

In the total population of examined patients with paranoid schizophrenia, it was possible to obtain data on heredity burdened with mental disorders in 42.42% ($P < 0,001$). Patients with an episodic type of paranoid schizophrenia were more likely to report burdened heredity – 44.79%, patients with a continuous course – 38.61% were somewhat less likely ($P > 0,05$). Among the information about burdened heredity, patients with paranoid schizophrenia more often reported that their close relatives had some kind of mental disorders, or they were hospitalized in a psychiatric hospital, but in connection with which diagnoses of mental diseases, it was difficult to answer. Thus, the proportion of patients who noted mental disorders in relatives, but without additional indications, was 15.42%. More specifically, the presence of schizophrenia in relatives in the total population of the surveyed was reported by 14.42%. Moreover, the hereditary burden of schizophrenia in patients with a continuous type of the course of the disease was somewhat more common (19.09%) than in patients with an episodic course of the schizophrenic process (11.5%) ($P > 0,05$). Of the other variants of burdened heredity, alcohol dependence in close relatives of the examined patients with paranoid schizophrenia should be noted – 9.5%, and alcoholism in relatives was indicated 3 times more often by patients with an episodic type of schizophrenia (13.0%), compared with patients with a continuous type of the disease (3.9%) ($P > 0,05$).

The analysis of premorbid personality traits of the examined Kazakh ethnic group patients with paranoid schizophrenia showed that even before the onset of clinical manifestations of the disease (manifestations of the endogenous process) these patients already showed predominantly autistic character traits: isolation (64.8%), dependence (62%), insecurity (64.83%), passivity (62.92%), selfishness (69.17%), hostility (49.58%) and a tendency to self-justification (68.83%). Moreover, there were no statistically significant differences in the frequency of occurrence of these personality traits in the groups of examined patients with paranoid schizophrenia compared by the type of course of the disease ($P > 0,05$). It can be assumed that these characteristics of premorbid personality traits of the examined patients with paranoid schizophrenia may indicate the presence of signs of primary negative disorders that appeared even before the first psychotic episode.

Most often, the first signs of paranoid schizophrenia in the examined patients were manifested at the age of 21-30 years (46.67%). By the duration of the disease at the time of this examination, patients suffering from paranoid schizophrenia for more than 10 years prevailed (64.33%). The proportion of patients with a disease duration of more than 10 at the time of examination among patients with a continuous type of course was relatively higher (76.36%) compared with a similar

proportion of patients with a paroxysmal type of paranoid schizophrenia (56.8%) ($P > 0,05$).

The assessment of the mental state of the examined patients during the initial examination was carried out according to the international psychometric scale PANSS, which allowed to assess the severity of productive, negative, and general psychopathological symptoms in a digital ball version. Data on the comparative analysis of the assessment of the mental state of the examined patients with paranoid schizophrenia and various types of the course of the disease are presented in Figure 5.

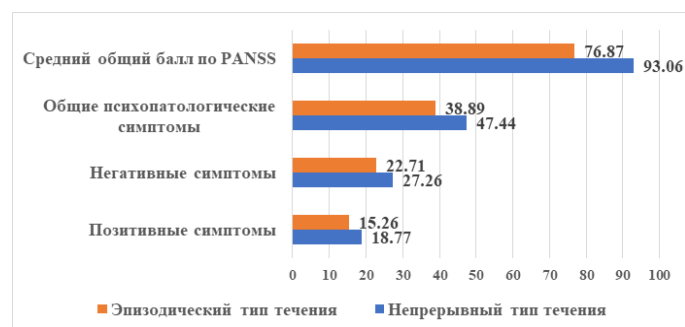


Figure 5. Psychometric assessment of the severity of psychopathological disorders in patients with paranoid schizophrenia of the Kazakh ethnic group in points on the PANSS scale.

Средний общий балл по PANSS – Average overall score on PANSS
 Общие психопатологические симптомы – General psychopathological symptoms
 Негативные симптомы – Negative symptoms
 Позитивные симптомы – Positive symptoms
 Эпизодический тип течения – Episodic type of course
 Непрерывный тип течения – Continuous type of course

The statistical data presented in Figure 5 clearly show that in patients with a continuous type of paranoid schizophrenia, the sum of points reflecting the overall severity of mental disorders (93.06 points) somewhat exceeds the same indicator in patients with an episodic type of the disease (76.87 points). Higher indicators of the severity of mental disorders in patients with a continuous type of the course of the disease were also noted when calculating points for individual PANSS subscales: positive symptoms – 18.77 points (episodic course – 15.26 points), negative symptoms – 27.26 points (episodic course – 22.71 points), general psychopathological symptoms – 47.44 points (episodic course – 38.89 points). Moreover, with a relatively small difference in the severity of positive (3.51 points) and negative (4.55 points) symptoms, a significant difference is revealed when assessing general psychopathological symptoms (8.55 points) ($P < 0.001$).

Thus, the data obtained in this study may indicate that with a continuous type of paranoid schizophrenia, the risk of developing a pronounced personality defect that significantly affects the level of social functioning and quality of life of these patients is higher than in patients with an episodic type of the disease, but this may also be associated with the overall duration of the disease, which in patients with a continuous type of course of the disease in this sample of examined patients was more often more than 10 years than in patients with an episodic course.

The dynamics of the course of paranoid schizophrenia, progrediency, i.e., the rapid increase of deficit disorders with the formation of an emotional-volitional personality defect characteristic of schizophrenia, can be indirectly evidenced by such indicators as the frequency of hospitalizations over the past 5 years and the degree of disability. Data on the frequency of hospitalizations over the past 5 years in the compared groups by type of schizophrenia are presented in Table 5.

Table 5. Distribution of examined patients with paranoid schizophrenia by type of disease course and frequency of hospitalizations over the past 5 years.

№ s/p	Frequency of hospitalizations over the past 5 years:	Continuous type of course F20.x0		Episodic type of course F20.xx		Total:	
		A.n.	%	A.n.	%	A.n.	%
1	Hospitalized for the first time	12	2,6	38	5,14	50	4,17
2	1-2 times	159	34,49	369	49,93	528	44
3	3-4 times	123	26,68	191	25,85	314	26,17
4	5 or more times	167	36,23	141	19,08	308	25,66
Total:		461	100	739	100	1200	100

In the compared groups of patients with paranoid schizophrenia with different types of the course of the disease, it can be noted that with a continuous type of course, the proportion of patients hospitalized 5 or more times in the last 5 years among patients with a continuous type of the course of the disease (36.23%) significantly exceeds the similar proportion of patients with an episodic type of course (19.08%) ($P > 0,05$). Accordingly, the proportion of patients hospitalized no more than 2 times in the last 5 years among patients with an episodic course (49.93%) exceeds similar indicators in the group of patients with a continuous course of the disease (34.49%) ($P > 0,05$). This fact also allows us to confirm the conclusion about a more unfavorable prognosis of the continuous type of schizophrenia in comparison with its episodic course.

More informative data on the severity of deficiency disorders in the groups of patients with schizophrenia compared by the type of disease course were obtained by analyzing the degree of their disability, which is shown in Figure 6.

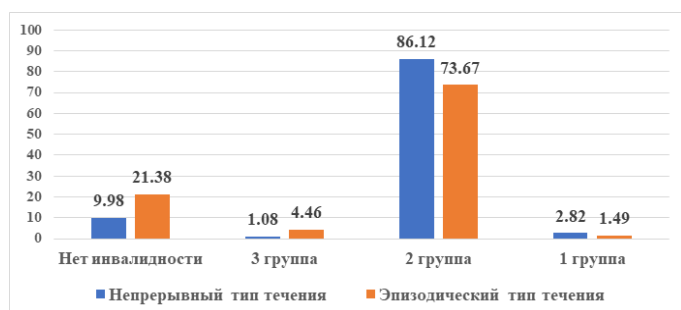


Figure 6. Comparative data on the degree of disability of patients with paranoid schizophrenia in groups with different types of disease course (%).

Нет инвалидности – No disability

3 группа – Group 3

2 группа – Group 2

1 группа – Group 1

Непрерывный тип течения – Continuous type of course
Эпизодический тип течения – Episodic type of course

The analysis of the data presented in Figure 6 showed that the total population of the examined patients prevailed (77.83%) whose degree of disability was determined by the 2nd disability group. The proportions of these patients were of the greatest importance in both groups compared by the type of course of the disease, with a clear predominance in patients with a continuous type of course (86.12%) compared with an episodic course (73.67%). It should be noted that the proportion of patients who retain their ability to work and whose ability to work is reduced, but not permanently lost (group 3 disability), in the group of patients with schizophrenia with an episodic type of the disease is 25.84%, and in the group of patients with a continuous course is significantly lower - 11.06% ($P > 0,05$). The inverse ratio in the compared groups was revealed in the proportion of patients whose ability to work due to a mental disorder is completely lost (2nd and 1st disability groups): continuous flow is 88.94%, and episodic flow is 74.16% ($P > 0,05$). In general, among patients with a continuous type of the disease, the proportion of disabled people was 90.02%, and among patients with an episodic course less - 78.62% ($P > 0,05$). Thus, these data on a more pronounced degree of disability in patients with a continuous type of disease compared with an episodic course confirm the above results of the clinical analysis of the examined patients, indicating more significant indicators on the PANSS scale of the severity of negative and general psychopathological symptoms in patients characterized by a continuous type of paranoid schizophrenia (Figure 5).

Table 6. Distribution of examined patients with paranoid schizophrenia by type of disease course and the fact of alcohol consumption.

№ s/p	Alcohol consumption	Continuous type of course F20.x0		Episodic type of course F20.xx		Total:	
		A.n.	%	A.n.	%	A.n.	%
1	Does not use	416	90,24	627	84,84	1043	86,92
2	Uses occasionally	43	9,33	98	13,26	141	11,75
3	There are signs of alcohol dependence	2	0,43	14	1,9	16	1,33
Total:		461	100	739	100	1200	100

Table 7. Distribution of examined patients with paranoid schizophrenia by the type of the course of the disease and the fact of the use of psychoactive substances.

№ s/p	Use of psychoactive substances	Continuous type of course F20.x0		Episodic type of course F20.xx		Total:	
		A.n.	%	A.n.	%	A.n.	%
1	Does not use	449	97,4	706	95,53	1155	96,25
2	Uses episodically	7	1,52	28	3,79	35	2,92
3	There are signs of dependence on psychoactive substances	5	1,08	5	0,68	10	0,83
Total:		461	100	739	100	1200	100

The data on comorbid narcological pathology (alcohol and other psychoactive substances) in this study were obtained by collecting subjective and objective anamnesis only from the words of the patients themselves and their relatives, and therefore they can only be considered relatively reliable, but their analysis still allowed us to draw some tentative conclusions. Data on the use of psychoactive substances (surfactants) by the examined patients are presented in Tables 6 and 7.

The statistical data presented in Tables 6 and 7 clearly show that the overwhelming majority of both the examined patients with paranoid schizophrenia and their relatives denied the use of alcohol (86.92%) and any other psychoactive substances (96.25%). Episodic use of alcohol (13.26%) and other psychoactive substances (3.79%) was more often reported by patients with episodic course of the disease compared with similar indicators in the group with a continuous course (respectively, alcohol – 9.33%, other psychoactive substances – 1.52%) ($P > 0,05$). Signs of alcohol dependence in the total population of the surveyed could be detected only in 1.33%, and dependence on other psychoactive substances even less often – 0.83%.

Thus, based on the materials of this study, it can be concluded that for people of the Kazakh ethnic group suffering from paranoid schizophrenia, concomitant narcological pathology is not characteristic, which could have a significant impact on the clinic and the course of the main endogenous disease.

Conclusion and outputs.

1. The analysis of the social and demographic characteristics of the examined group of patients with paranoid schizophrenia (1200 patients) of the Kazakh ethnic group showed that these are mainly people of average working age (31-50 years – 55.59%), who, despite a sufficient level of education by the time of the beginning of this study, overwhelmingly already had a disability due to mental illness (80.08%). Most of them were socially maladapted in family and household terms, which may indicate not only the severity of the underlying mental disorder, but also the insufficient effectiveness of the measures carried out in relation to these patients for labor rehabilitation and readaptation in society.

2. Hereditary burden of mental disorders in close relatives in the total population of examined patients of the Kazakh ethnic group with paranoid schizophrenia was detected in 42.42%. In patients with a continuous type of schizophrenia, compared with patients with an episodic type of schizophrenia, burdened heredity for schizophrenia was more often detected (19.09%), and in relatives of patients with an episodic type of schizophrenia, compared with patients with a continuous type of the disease, chronic alcoholism was 3 times more frequent (13%).

3. The analysis of premorbid personality traits of the examined Kazakh ethnic group patients with paranoid schizophrenia showed that even before the onset of clinical manifestations of the disease (manifestations of the endogenous process) these patients already showed predominantly autistic character traits: isolation (64.8%), dependence (62%), insecurity (64.83%), passivity (62.92%), selfishness (69.17%), hostility (49.58%) and a tendency to self-justification (68.83%). Moreover, there were no statistically significant differences in the frequency of occurrence of these personality traits in the groups of examined

patients with paranoid schizophrenia compared by the type of course of the disease.

4. By the duration of the disease at the time of this examination, patients suffering from paranoid schizophrenia for more than 10 years prevailed (64.33%). Moreover, in the group of patients with an episodic type of the course of the disease, patients whose duration of the disease was less than 10 years (43.2%) were more common compared with patients with a continuous type of the course of the disease (23.64%).

5. An analysis of the assessment of the mental state of the examined patients on the PANSS scale showed that in patients with a continuous type of paranoid schizophrenia, the sum of points reflecting the overall severity of mental disorders (93.06 points) exceeds the same indicator in patients with an episodic type of the disease (76.87 points). Higher indicators of the severity of mental disorders in patients with a continuous type of the course of the disease were also noted when calculating points for individual PANSS subscales: positive symptoms – 18.77 points (episodic course – 15.26 points), negative symptoms – 27.26 points (episodic course – 22.71 points), general psychopathological symptoms – 47.44 points (episodic course – 38.89 points). Moreover, with a relatively small difference in the severity of positive (3.51 points) and negative (4.55 points) symptoms, a difference is revealed when assessing general psychopathological symptoms (8.55 points).

6. In the total population of the examined patients (77.83%) prevailed, the degree of disability of which was determined by the 2nd disability group. The proportions of these patients were of the greatest importance in both groups compared by the type of course of the disease, with a predominance in patients with a continuous type of course (86.12%) compared with an episodic course (72.67%). It should be noted that the proportion of patients who retain their ability to work and whose ability to work is reduced, but not permanently lost (group 3 disability), in the group of patients with schizophrenia with an episodic type of the disease is 25.84%, and in the group of patients with a continuous course is significantly lower – 11.06%.

7. Based on the materials of this study, it can be concluded that people of the Kazakh ethnic group suffering from paranoid schizophrenia are not characterized by concomitant narcological pathology, which could have a significant impact on the clinic and the course of the main endogenous disease.

8. The studied socio-demographic and clinical characteristics of patients of the Kazakh ethnic group suffering from paranoid schizophrenia can increase the efficiency of providing them with specialized psychiatric care in the Republic of Kazakhstan.

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პარანოიდული შიზოფრენიის მქონე ყაზახური ეთნოსის პაციენტების სოციალურ-დემოგრაფიული და კლინიკური მახასიათებლების ანალიზი ყაზახეთის რესპუბლიკაში

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ანოტაცია: ყაზახური პოპულაციის 1200 პაციენტისაგან შემდგარი გამოკვლეული ჯგუფის სოციალურ-დემოგრაფიული მახასიათებლების ჩატარებულმა ანალიზმა კლინიკურად ვერიფიცირებული დიაგნოზით: „პარანოიდული შიზოფრენია“ (F20.0) აჩვენა, რომ უპირატესად ისინი იყვნენ საშუალო შრომისუნარიანი ასაკის პირები (31 – 50 წლის - 55,59%), რომელთა მნიშვნელოვანი ნაწილი, მიუხედავად განათლების საკმაოდ კარგი დონისა, იყო სოციალურად დეზადაპტირებული ოჯახური და საყოფაცხოვრებო თვალსაზრისით, მათგან 80%-ზე მეტს ჰქონდა ფსიქიკური დაავადებით ინვალიდობა, რაც შეიძლება მიუთითებდეს ძირითადი ფსიქიკური აშლილობის სიმძიმეზე. კლინიკური მახასიათებლების ანალიზმა (PANSS სკალის მიხედვით) აჩვენა, რომ პაციენტებში პარანოიდული შიზოფრენიის უწყვეტი მიმდინარეობის ტიპით, ფსიქიკური აშლილობის გამოხატულობა (93,06 ქულა) მნიშვნელოვნად აღემატებოდა დაავადების ეპიზოდური მიმდინარეობის ტიპის მქონე პაციენტების იმავე მაჩვენებელს (76,87 ქულა), ძირითადად საერთო ფსიქოპათოლოგიური სიმპტომების სკალის სხვაობის ხარჯზე. დადგინდა, რომ პარანოიდული შიზოფრენიით დაავადებული ყაზახური ეთნოსის პირებისათვის არ არის დამახასიათებელი თანმხლები ნარკოლოგიური პათოლოგია

კვლევა განხორციელდა “ყაზახეთის რესპუბლიკაში პერსონალიზებული და პრევენციული მედიცინის დანერგვის ეროვნული პროგრამის” პროექტის ფარგლებში, ინდივიდუალური სარეგისტრაციო ნომერი OR12165486.

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АНАЛИЗ СОЦИАЛЬНО-ДЕМОГРАФИЧЕСКИХ И КЛИНИЧЕСКИХ ХАРАКТЕРИСТИК ПАЦИЕНТОВ С ПАРАНОИДНОЙ ШИЗОФРЕНИЕЙ КАЗАХСКОГО ЭТНОСА В РЕСПУБЛИКЕ КАЗАХСТАН

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Аннотация: Проведенный анализ социально-демографических характеристик обследованной группы 1200 пациентов казахской популяции с клинически верифицированным диагнозом: «Параноидная шизофрения» (F20.0) показал, что это были преимущественно лица среднего трудоспособного возраста (31-50 лет – 55,59%), значительная часть которых, не смотря на достаточно хороший уровень образования, были социально дезадаптированы в семейном и бытовом плане, более 80% из них имели инвалидность по психическому заболеванию, что может свидетельствовать о тяжести основного психического расстройства. Анализ клинических характеристик (по шкале PANSS) показал, что у пациентов с непрерывным типом течения параноидной шизофрении выраженность психических расстройств (93,06 балла) существенно превышала аналогичный показатель у пациентов с эпизодическим типом течения заболевания (76,87 баллов), в основном за счет разницы по шкале общих психопатологических симптомов. Установлено, что для лиц казахского этноса, страдающих параноидной шизофренией, не характерна сопутствующая наркологическая патология.

Исследование выполнено в рамках проекта: «Национальная программа внедрения персонализированной и превентивной медицины в Республике Казахстан» ИРН OR12165486.

Ключевые слова: параноидная шизофрения, социально-демографические характеристики, клинические характеристики, этно-культуральные особенности, Казахстан.