

Clinical, Psychosomatic Description of Nosogenic Neuropsychopathological Condition in Women With Cancer of the Reproductive System

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Annotation: Currently, there is an increase in interest in oncological diseases of the female reproductive organs, which is associated with a significant rejuvenation of the contingent of patients suffering from malignant neoplasms of the gynecological system and breast. Among patients with cancer of the reproductive system, a significant part are women of working age, which leads to an increased level of requirements for their rehabilitation. Many authors emphasize the importance of the problem, pointing out its importance in connection with the annually increasing incidence of cancer in women of childbearing age, and consider tumors of this localization as a threat to the reproductive function of the female population.

Key words: Neuropsychopathological, reproductive, , neurocognitive disorders cancer, depression, stress.

Malignant tumors of the female reproductive system affect both problems common to oncology related to deterioration of health, disability, existential crisis, and problems inherent in this particular group due to the threat of loss of attractiveness, femininity, a significant decrease in self-esteem, and a sense of loss of value to others. An analysis of previous studies shows that the issues of the structure and dynamics of mental disorders in women with oncological pathology of the reproductive system have not been sufficiently studied, taking into account the localization of the painful process, as well as at various stages of the disease after radical surgical operations, recommendations for the organization of treatment and rehabilitation programs have not been fully developed. Theoretically and practically, the issues of effective correction of mental disorders in this category of patients remain insufficiently studied. Oncological diseases affect the psyche in two ways: the first one depletes the central nervous system, causes asthenia (pathological fatigue) and irritability; the second one forces a person to think about his illness, to pay attention to himself. That is, the second way is the subjective perception of oncology by the patient himself, how the disease affects the mental status of a person only by its presence.

The presence of a tumor causes stress, depression, anxiety, post-traumatic stress disorder and neurocognitive disorders. According to the American journal of Clinical Oncology, one in three cancer patients experiences emotional disorders. They were most often observed in patients with breast cancer, head and neck cancer.

Most often, patients with cancer have emotional disorders, including anxiety-depressive and adjustment disorders, which are an acute reaction to stress and can persist for up to 6 months. This feeling accompanies the patient at almost all stages of treatment: from research and diagnosis, ending with discharge from the hospital and receiving diagnostic results after therapy. In addition, an abnormal feeling of anxiety can increase oncological pain, deprive a person of normal sleep, cause nausea and vomiting. Constant anxiety can reduce the likelihood of recovery.

The suffering of patients also brings constant fear and anxiety of a possible recurrence of cancer. So, 25% of people who have completed a full course of treatment have depression, 45% have anxiety. Treatment is also stress: according to Kamilla Shamansurova, an oncopsychologist, assistant at the

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Department of Pedagogy and Medical Psychology at Sechenov University, drug treatment also stimulates emotional instability and depression. In addition, many tumor survivors have symptoms of post-traumatic stress disorder: obsessive recurring dreams, where events related to the disease appear, talking about the disease causes unpleasant feelings and tears, the patient avoids the topic of oncology in conversation difficulties falling asleep outbursts of anger and aggression decreased concentration of attention regular feeling of alertness, suspicion.

That is, even after recovery, many people still have emotional disorders, sleep disorders and outbursts of aggression, and negative feelings increase the likelihood of alcoholism. Also, cancer survivors have twice the chance of suicide than the general population. Often, the problem of emotional disorders, anxiety and depression in cancer patients is that patients are not always told the true state of affairs — due to the heavy workload, the doctor may simply not have time. The patient has to think of something, ask friends and search for information on the Internet. This is a bad example, because each patient has his own course of the disease, and he hears and reads generalized information. An unstable emotional state, in addition, is reinforced by stereotypes and myths about the incurable nature of cancer, imminent death, suffering and hopelessness. In fact, in the conditions of modern medicine, active cooperation with doctors and psychologists, the fulfillment of medical appointments and an active position in cancer therapy are treatable. The disease should be treated systematically. It's not just the body that is sick, oncology is a threatening disease with high risks of mortality, uncertainty and stress, so psychological support should be mandatory. A psychiatrist and a medical psychologist work with the patient to correct mental disorders. A psychiatrist is needed in order to reduce the severity of depression and anxiety with medication. He may prescribe antidepressants and sedatives. If the psychiatrist has a psychotherapeutic technique, he conducts psychotherapy sessions with the patient. As a rule, cognitive behavioral therapy is used for this purpose. The task of a medical psychologist is the psychological support of a patient at all stages of diagnosis and treatment. A medical psychologist helps a cancer patient and his family work through negative emotions, look for ways to overcome stress and offers corrective techniques, such as meditation, relaxation and mindfulness techniques that reduce the severity of depression and anxiety. In turn, this increases the likelihood of recovery.

Summary. Different type of psychotic disturbance can occur stress caused by fighting cancer in women with diseases of reproductive age is not only the work of psychiatrists, neurologists and psychologists, but every specialist doctor gives the opportunity to give the patient the right advice and help them start treatment at time.

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