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ОСОБЕННОСТИ ПСИХИЧЕСКОГО СОСТОЯНИЯ ОНКОЛОГИЧЕСКИХ БОЛЬНЫХ НА РАЗНЫХ ЭТАПАХ

Кузнецова Н.К.

*Магистрант 2 курса факультета психологии,
Крымский федеральный университет им. В.И. Вернадского,
Симферополь, Россия*

Солоха Г.В.

*Старший преподаватель кафедры иностранных языков № 2 Института
иностранной филологии,
Крымский федеральный университет им. В.И. Вернадского,
Симферополь, Россия*

Аннотация. В статье рассмотрены особенности психических состояний пациентов, болеющих раком на разных этапах, а также определены психические факторы, участвующие в возникновении новообразований. И выявлено разумное использование полученных результатов для более успешного сопровождения онкологических больных и повышения качества их жизни.

Ключевые слова: онкология, психическое состояние и факторы, психотерапия.

FEATURES OF MENTAL STATE OF CANCER PATIENTS AT DIFFERENT STAGES

Kuznetsova N.K.

*Master of Psychology
V.I. Vernadsky Crimean Federal University,
Simferopol, Russia*

Solokha G.V.

*Senior Lecturer of the Institute of Foreign Philology,
V.I. Vernadsky Crimean Federal University,
Simferopol, Russia*

Abstract. The article describes the features of mental states of the patients suffering from cancer at different stages. Also it identifies mental factors, which are involved in the occurrence of tumors. Reasonable use of the obtained results

was revealed for more successful accompaniment of cancer patients and improvement of their quality of life.

Key words: oncology, mental state and factors, psychotherapy.

Introduction. One of the youngest fields of research into the causes of neoplasms is the study of mental risk factors. The study of mental factors is relevant in terms of the possibility of their participation in the occurrence of a tumor and also in relation to the possible influence on the patient's further progression of the tumor and survival [2].

The formation of neuropsychiatric disorders of oncological patients at the stages of special and palliative treatment is one of the unfavorable factors complicating the process of diagnosing, therapy and its negative effect on the manifestations and outcome of the neoplastic process.

Despite the large number of studies in psycho-oncology, the results remain controversial due to the lack of comprehensive studies that diversify the psychological characteristics of patients [5].

The search for psychological causes is often narrowly focused. At the same time, practically there are no works devoted to a comprehensive study of the mental life of an oncological patient, which take into account a large range of psychopathological factors, psychological states and personal characteristics. The combination of psychopathological and psychological factors in one study is highly relevant.

Most of psycho-oncological studies are characterized by the absence of a full-fledged comparison group, experiencing the effects of the same nosogenic influences on patients with malignant neoplasms (for example, social and professional disadaptation). Therefore, it's relevant to compare the psychopathological and socio-psychological characteristics of patients with malignant neoplasms with similar indicators of patients with benign tumors [3].

The **purpose** of this study is to examine the complex psychopathological and socio-psychological characteristics of cancer patients at different stages.

Materials and methods. Psychopathological and socio-psychological characteristics of cancer patients are often studied out of touch with the clinical manifestations and the nosological affiliation of a malignant tumor. The etiology and pathogenesis characteristics of various tumors differ radically.

Therefore, the current study is relevant to the study of mental disorders and socio-psychological characteristics of cancer patients, taking into account the nosological affiliation and clinical features of the tumor process [1].

Probably the main problem for a patient is his disease that irreversibly and severely generates a lot of psychological reactions. Often they are observed in the framework of neurotic disorders, although, at times on a psychotic level [4].

Among the main factors affecting the psyche we are to highlight the following:

- fatal nature of diagnosis;
- mutilation and treatment;
- occurrence of relapses and metastases;
- insisting of severe pain;
- idea of infectiousness of a cancer disease that is widespread among the ordinary people.

Changes in the psyche of patients and relatives go through several stages: stage of denial, anger, bargaining, depression and acceptance. The presence of changes in the psyche of oncological patients is indicated by many facts: refusal from surgery or treatment; reactive states, such as anxiety, depression, negative and aggressive reactions; suicides, disorder of relationships with others; the presence of cancer phobia, both in a patient and in relatives; brain disorders as a result of aggressive treatment [6].

Results and discussion. Studying the mental state of cancer patients state that all patients at all stages of treatment have certain psychogenic reactions that

differ in their clinical manifestations and severity. The psychological reactions of patients with a peculiar syndrome of self-isolation at the follow-up stage should be emphasized.

All abovementioned is considered for the fear of relapse of the disease and metastases, social maladjustment caused by disability, thoughts about the infectiousness of the disease, etc. Patients become depressed, feel lonely and hopeless, lose their former interests and activity, avoid surrounding people. The process of tracing the dynamics of the described syndromes manifestation in the process of patients that undergo treatment marked its wavy character and is noted with two main peaks at the diagnostic and preoperative stages [7].

Features of mental reactions in the preoperative and early postoperative periods determine the presence and severity of subsequent mental disorders that depend on many factors, including age, social status, personal characteristics, intellectual level, family relationships, surgery expectation time, information on the results of the other patients' treatment [9].

The internal picture of the disease in cancer patients at different stages of treatment in the dynamics is transition from crowding out thoughts about the disease at the diagnostic stage to the increase of anxiety, fear of death and depressive reaction at the stage of therapy. In future increases or decreases of the mood depend on the outcome of treatment. There is also a decrease in patients' responses to problem-solving planning and the level of acceptance of responsibility due to the forced situation of transferring responsibility for their lives to doctors. At the stages, which associate with the operation there is a dependence of the emotional state on the degree of the upcoming intervention and the location of the lesion. During the rehabilitation period there are objective reasons for mental discomfort, such as inadequate, unfriendly attitude of others, often with elements of unhealthy curiosity, detachment from the loved ones.

The pathological emotional state of patients affects the course of the disease at all stages, complicating the preoperative period, slowing the postoperative

recovery of functional disorders, increasing the risk of postoperative complications [8]. Thus the presence of mental reactions to cancer at different stages of diagnosis, treatment and rehabilitation indicates the need for systematic monitoring of the mental status of cancer patients and timely psychological assistance aimed at preventing and correcting psychological disorders, mental and behavioral disorders.

Conclusion. The level of mental disorders in patients with neoplasms is significantly higher than in the general population. Cognitive disorders, organic emotionally labile disorder, dysthymia, a depressive reaction caused by an adaptation disorder, an anxiety reaction and anxiety personality disorder are most often detected of patients with cancer. Some of the detected disorders precede the onset of cancer, others occur after the manifestation of a tumor in the form of nosogenic reactions or somatogenic disorders of complex genesis [1].

Therefore, the increase of the effectiveness of complex therapy of patients with neoplasms and improvement of the quality of life of patients are recommended to create a psycho-oncological service in oncological hospitals [10].

The large representation of asthenic, cognitive, depressive and anxiety disorders among patients with neoplasms requires appropriate psychopharmacotherapy and psychotherapy.

It is recommended to conduct psychotherapy aimed at overcoming the propensity to addiction and avoid struggle in risk groups. Psychopharmacological and psychotherapeutic measures should be carried out with taking into account the nosological form of a malignant neoplasm. Thus, all the abovesaid suggests the need for further research and a rational use of the results for a more successful follow-up of cancer patients and improving their quality of life [4].

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