A MODERN APPROACH TO THE THERAPY OF PATIENTS WITH SYNDROMECHRONIC FATIGUE (EMOTIONAL SYNDROMEBURNOUT, MANAGER'S SYNDROME)

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INTRODUCTION

Burn out means to lose touch with other people, to lose positive emotions, while the body accumulates negative emotions leading to chronic stress. According to the definition of the World Health Organization, "syndrome emotional burnout "(CMEA) is a physical, emotional or impaired motivational exhaustion productivity at work, fatigue, insomnia, increased susceptibility to somatic diseases [1,5,6].

Key word: Burnout syndrome, correction.

Currently problems of occupational stress, considered in the framework of the CMEA, highlighted in ICD-10 in the "Burnout syndrome" under the headingZ73.0 (problems associated with the difficulty of managing your own life) and is not classified as an independent disease. The mechanism for the formation of CMEA has several theories: nature, impact of the professional environment, working conditions, constant stressful situations, etc. He made a great contribution to the study of CMEA psychiatrist G. Freidenberg, who in 1974 introduced the concept of "syndrome emotional burnout ". He used this syndrome to designations of the observed medical personnel who had designs of exhaustion, loss of motivation and reduced responsibility up to the development of deep cognitive distortions [2,3,4].

AIM

The study of the clinical manifestations of professionalstress, CMEA in office workers, the development of approaches to its treatment and prevention.

MATERIALS AND RESEARCH METHODS

The study tookparticipation of office workers (employees of "Agrobank" of Samarkand) inaged 30 to 45 years. The experience of professional activity was taken into account(from 5 to 10 years old).At the first stage, the selection of study groups was carried out, for thisroutine method using questionnaires and tests, formed a samplefor further observation (the total number of people interviewedwas 148 people). CMEA was detected using the Boyko method in"CMEA diagnostics" at the first stage, to clarify the factorsthe formation of stress and the CMEA phase (tension, resistance, exhaustion);and also using the MBI questionnaire (K. Maslom and S. Jackson), according to whichthe value of the scales is calculated (reflects the degree of satisfactionemployee as a person and a professional).At the second stage, in order to identify the level of emotionalburnout, patients were examined by a neurologist (cliniconeurological examination card), some patients underwentneurophysiological examination (EEG).Based on the results of the above questionnaires and neurologicalsurvey from the total sample formed a group of 50 people, (37 menand 13 women) who have signs of CMEA and do not suffer from otherneurological diseases. Group 1 included 25 surveyed,who directly interacted with people, group 2 consisted of25 people who were technical workers.Based on the results of the above questionnaires and neurologicalsurvey from the total sample formed a group of 50 people, (37 menand 13 women) who have signs of CMEA and do not suffer from otherneurological diseases. Group 1 included 25 surveyed,who directly interacted with people, group 2 consisted of25 people who were technical workers.At the third stage, the patients underwent therapeutic measures(with their consent) using the drug Mexidol® (PHARMASOFT,NPK LLC (Russia)). Mexidol® increases the content in the braindopamine, which is one of the chemical factors of internalreinforcement and serves as an important part of the brain's "reward system"because it causes a feeling of pleasure (or satisfaction). Himanti-stress effect is manifested in the normalization of post-stressbehavior, somatovegetative disorders, restoration of sleep cycleswakefulness, impaired learning and memory processes, decreaseddystrophic and morphological changes in various structuresbrain.Also, courses of massage and acupuncture were conducted,a psychologist was consulted.At the last fourth stage, the analysis of the results was carried outformative research, evaluating the effectiveness of

treatment, developingrecommendations and implementation of the CMEA prevention program.Statistical data processing: Malk-Tsitka I-test, Wilconson's test for using a personal computer.The selected package of techniques allowed a comprehensive and multifacetedcarry out diagnostics, process the received data andestablish statistically reliable results.EEG was carried out in 1-clinic SamMI (for individual project participants,depending on employment and on the basis of clinical and neurologicaldata) on the device Neuron-spectrum 2 (Russia).

RESEARCH RESULTS

Analysis of the CMEA by Boyko showed a clearpredominance of the voltage phase (52%) in the first group of officeemployees communicating with people and 20% in the second group, activitieswhich is not associated with interactions with people (Fig. 1, 2).If we consider the symptoms of the stress phase separately one can distinguish a symptom of dissatisfaction with oneself and a symptomanxiety. Thus, 11 people (44%) of the firstgroups and 19 people (76%) from the second group. Symptom of anxiety and depressionexpressed in 15 people (60%) in group 1 and in 2 (8%) in group 2. In group 2,during the study, symptoms such as experiencingtraumatic circumstances - in 4 (16%) and the symptom of "being driven into cage", feelings of helplessness - in 5 (20%) patients.Resistance phase indicators in office workers have a differencein groups for specific symptoms. 10 employees (40%) of 1 groupemotional burnout is noted - in this case, it is not caughtthe difference between emotion and inadequate response, in 8 (32%) cases44%(11) 60% (15) ,1-group (n = 25)Dissatisfaction with yourself, Anxiety and depression76% (19) 8% (2), 16% (4), 20% (5). Group 2 (n = 25)Dissatisfaction with yourself, Anxiety and depressionExperiencepsycho-traumaticcircumstances symptom of being caged. This symptom is at the stage of formation. In group 2 in phaseresistance, a symptom of disorientation is expressed, which manifests itself inwrong attitude towards people.Analyzing the phase of exhaustion, which is characterized by a drop in totalenergotonus, among employees of group 1 it is noted in 20 (80%), in 75%cases, the phase is formed, in group 2 - in 10 people (40%), in 50%formed accordingly. In this phase, a symptom is revealedemotional detachment and deficiency, inability to interactwith clients; employees are harsh, rude and irritable. Thethe symptom was formed in 6 examined (24%) of group 1, in the same peoplethere is a violation of the psychovegetative and psychosomaticcharacter. In group 2, psychosomatic and psychovegetative disordersless pronounced, and were identified only in 2 employees (8%). In group 2at the stage of formation, a symptom of personal detachment was noted in 4people (16%).Thus, the study by the method of Boyko V. showed the differencein the severity of manifestations of CMEA by phases in the studied groups.The next important, in our opinion, was the study of the degreethe severity and prevalence of CMEA according to the MBI method. Signs of emotional exhaustion in group 1 were observed in 10employees (40%), 3 people (12%) have a low level of this feature. In group 2, this feature was recorded as an average level, in 7employees (28%). The result of the analysis of personality depersonalization according tothe MBI method is as follows: in group 1, 13 people (52%)high level of severity of the trait, the average level in 7 people(28%), in group 2, respectively, a high level of severity of the trait6 people (24%), 3 people (12%) have an average level.Distribution of reduction of personal achievements of employees of group 1was divided as follows, a high level of severity of the trait in3 people (12%), the average level - 9 people (36%), the restthere was a low level. Analysis of data from group 2 showed the samesimilar indicators: a high level of severity of the trait - in 2 people(8%), 8 people (32%) had an average level, the rest of the group hadlow level.

Thus, office workers exposed to constantcontact with people (group 1) expressed symptoms of dissatisfactionyourself, a state associated with the inability to influence the situation,dissatisfaction with oneself, susceptibility to depression and anxiety, manifestedin the absence of interest in work, due emotional attitude toto the client. In group 2, employees without interaction with people hadplace of dissatisfaction with the

performance of duties, a symptom of emotionalresponse, emotional detachment, that is, in both groupsmarked by CMEA.EEG was performed on selected participants in the study. Ofeach group is allocated 10 employees with a high and medium levelseverity of CMEA.In the study of the bioelectric activity of the brain in 30%cases (with an increased level of anxiety in both groups)electroencephalogram is marked by the presence of irregulardeformed alpha rhythm in the occipital leads. In frontal andtemporal leads recorded B1 and B2 waves, up to1.0 s, frequency up to 20 Hz, amplitude from 10 to 30 μV.All patients were offered sequential therapyMexidol® (course of therapy: IV injection at a dosage of 4.0within 14 days with the transition to oral administration of 125 mg 3 times a daywithin 2 months). All patients tolerated the drug well,no allergic reactions and side effects were detected in anyexamined. Analysis of treatment results in both groups 1 and 2 when assessing the totalthe severity of manifestations of CMEA according to the Boyko scale, according to symptoms, according tothe nature of the phase (especially the depletion phase) showed a decreasefatigue, anxiety, mood improvement. Analysis of the severity and prevalence of CMEA according to the MBI methodin days from the start of therapy and after a full course of treatment showedpositive dynamics of signs of emotional exhaustion of highlevels in both groups, while the middle and low levels are completelystopped. There was also a positive trend in the parameterreduction of personal achievements in both groups. When analyzing the EEG after completing the entire course, sequentialtherapy with Mexidol®, the number of alpha waves inparieto-occipital leads. When evaluating the EEG after a full coursetherapy, an improvement in waves in the B2 - range and in the frontal, andin the temporal leads of both hemispheres.When interviewing the subjects, many, realizing their state of fatigueand depression, went to doctors (or independently) and inon an outpatient basis most often received psychotropic drugs,which gave complications in the form of inhibition, which made it difficultfulfillment of their professional duties.

Thus, it was expedient to search for new reliable andsafe means. The data obtained, many years of successful experienceapplications, as well as the accumulated scientific base substantiated the effectivenessdrug Mexidol®, as an antihypoxic agent,anxiolytic, anti-ischemic and neuroprotective action.Our study found a statistically significant increase inendurance threshold for increased activity and mood: decreasefatigue, anxiety was noted by 72% of patients. It should be noted thatdaytime sleepiness and anxiety were best controlled.A decrease in both the total severity of the manifestations of CMEA bythe Boyko scale and the severity of the symptoms that characterize himvarious phases, especially the exhaustion phase.

CONCLUSION

Thus, the study showedefficacy and safety of the drug Mexidol® in case of SEV. Important, thattaking Mexidol® does not limit professional andhuman social activity, easy to use, does not causeaddictive. The drug will take its rightful place in the treatment of CMEA.

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IEJRD
E-ISSN NO:2349-0721