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Tired of Life or Astheno-Neurotic Syndrome

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ABSTRACT

The energy is at zero, the head is splitting, overcoming chronic fatigue, but sleep does not bring relief - it is superficial. It is impossible to concentrate, forgetfulness begins to scare, unreasonable anxiety and irritability appear, it seems that there are no incentives for work and reasons for joy ... Is this a familiar situation? In this case, we are talking about astheno-neurotic syndrome.

KEY WORDS: nervous pregnancy, pathological process, medical personnel

Signs of astheno-neurotic syndrome were described as early as the 2nd century BC. It was believed that the cause of this disease is a disorder in the hypochondrium. There, according to ancient doctors, is the source of the disease. In fact, astheno-neurotic syndrome is not an independent disease, but only a syndrome that accompanies the course of other diseases and arises against the background of emotional and physical exhaustion.

Astheno-neurotic syndrome unites a group of states: neurasthenia, chronic fatigue, burnout syndrome and depressive disorders. All this is nothing more than the result of exhausting monotonous work. In addition, neurasthenia is often accompanied by chronic stress and strong emotional experiences. Its common symptoms are irritability, fatigue, poor sleep, pressure in the temples, girdle headaches ("neurasthenic helmet"), sweating, heart palpitations, impaired bowel function, urge to urinate. Distinguish between hypersthenic (irritated) and hyposthenic (depressive) neurasthenia.

Until now, there is no unified point of view on the effect of the method of delivery on the incidence of postnatal stress in women. Swedish researchers E.L. Ryding et al. [1] when examining patients 2 days after an emergency caesarean section (ECS), they found that 55% of women felt a strong fear for their life and the life of their child, 85% were angry by the staff, referring to poor service, 25% blamed themselves for unsuccessful result of childbirth. Mental trauma caused by an emergency caesarean section in all patients met, according to DSM-IV, stressor criteria. The same authors, in another study, a few days after an emergency caesarean section, revealed signs of post-traumatic stress disorder (PTSD) in pregnant women in 3/4, and after 6 weeks - in 1/3 of women. Of the 326 patients who were followed up and delivered at the Helsingborg Central Hospital in Sweden during the year, 96 had normal spontaneous births (NSR), instrumental (forceps and vacuum extraction) - in 89 patients. 70 women underwent elective cesarean section (PCS), 71 - emergency, complicated by increased blood loss. One month after giving birth, 5.6% of women who underwent an emergency caesarean section had PTSD, after instrumental spontaneous childbirth - 2.2%. According to the same researchers, in all types of delivery (1640 women surveyed), PTSD developed in 1.7% of patients, and more than twice as often in primiparas. V. Koo et al. [10] also note that women after an emergency caesarean section experienced stress almost twice as often as after a normal birth. A.Rohde [9] when examining German women who gave birth during 2000-2001. PTSD symptoms at 6-8 weeks after childbirth were detected in 13% of patients (11% - subsyndromic, 2% - complete PTSD). Of the 11% of women with subclinical PTSD, 69% were delivered by caesarean section. L.I. MaClean et al. [4] examined women after spontaneous, induced and instrumental birth through the vaginal birth canal and emergency caesarean section within 6 weeks after birth. According to the authors, the most pronounced emotional disorders were in women after instrumental birth through the vaginal birth canal. In a survey of 1550 people J. Soderquist et al. [3] have shown that in early puerperia, a small number of women may develop PTSD after normal spontaneous childbirth. According to the authors, this is due to the lack of adequate pain relief during labor. The opposite opinion is shared by P. Hiltunen et al. [eight]. According to researchers, epidural analgesia in spontaneous labor reduces stress manifestations only during the first week and does not affect its frequency 4 months after birth. Significant difference in the incidence of postpartum

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stress in women after spontaneous childbirth, planned and emergency caesarean the section has not been established by the authors. Other researchers do not associate the occurrence of postpartum stress with the method of delivery. Thus, A. Pantlen and A. Rohde [8] during a retrospective examination of those giving birth in 1997/1998 revealed PTSD symptoms in 18.5% of women. Of the surveyed, complete PTSD was noted in 1% of cases, while the rest had a subclinical form of the disorder. With the subclinical form of PTSD, 12% of women experienced psychological trauma during childbirth anew in the first week after childbirth, 3.8% did not get rid of these experiences until the moment they filled out the questionnaire. In the first week after childbirth, 3.1% of puerperas suffered from nightmares. Sleep disturbances, difficulty falling asleep, hypertension, painfully increased reactions to information about the child, a feeling of fear for their own life and the life of a newborn, lack of desire to have more children occurred in 2.4% of women. The occurrence of stress disorders, according to the authors, did not depend on the method of delivery. S. Regmi et al. [2] in 2002 revealed symptoms of anxiety and depression after childbirth in 12% of patients. However, it was noted that the frequency of such disorders in women after childbirth did not exceed their frequency in the female population of Kathmandu (12.5%). The incidence of stress disorders after childbirth according to various authors [11] among Canadian women ranges from 10 to 20%. Symptoms of stress can appear from the first week to two years after childbirth. M. Steiner [24] notes that in 78.3% of cases of postnatal stress in the life of a woman herself before childbirth or in her family (relatives), various mental disorders, including stress and alcoholism, took place. According to M.G. Killien [10], the development of stress after childbirth was detected in 19-34% of women, sometimes reaching 66%. Most often and most severely stress disorder manifests itself from 1 to 8 months after childbirth, gradually decreasing only by the 1st year. C.P. Durnwalda and B.M. Mercera [5] revealed symptoms of stress in 67% of patients by 4 months after childbirth, in 75% - by 8. The results of the study coincide with the data of M.G. Killien [10]. Studies by O. Rosenblum [2] showed that the frequency of symptoms of postpartum stress and its severity were maximal at 9 months after childbirth in 18% of women. By the 15th month after childbirth, 9.5% of people had symptoms. If stress arose 3 months after childbirth, then in every fourth woman it lasted up to 18 months.

According to the WHO, postpartum stress, one of the main symptoms of which was depression, was detected in 6% of women. It most often developed between 8 and 20 weeks of puerperia. The incidence of postpartum stress disorder among women in India was 2.3%, in the UK - 12.2% [4]. These disorders predominated among older primiparous women. In the English Specialized Clinic for Parents and Children, we retrospectively studied the outcomes of postpartum stress in patients diagnosed with postpartum depression in the next 5 years (2002-2003) K. Chandiramani [11] it was found that 79% of women did not had contact with specialists of the perinatal service and did not apply to psychological support centers, 12% had episodes of severe depression and other psychological disturbances within five years. In 0.7% of women, a prolonged episode of psychological disturbances lasting 2.5 years after childbirth was noted, and 8.3% of patients did not stop suffering from various psychological deviations during all 5 years after childbirth. M. Thome [6] in a survey of 1,053 Icelandic women noted the presence of stress in 5% of cases. C-H. Chung et al. [3] found signs of stress in 29% of women in Taiwan in the first week after giving birth, and in 41% - in the third and fifth weeks of puerperia. In a survey of 1000 Finnish women after childbirth, 39% of cases had symptoms of postpartum maladjustment. The same authors examined married couples - 373 mothers and 314 fathers. Of those surveyed, 13% of married women had stress disorders. C. McMahon, B. Barnett et al. [5] assessed the presence of anxiety symptoms, the usefulness of sexual life and the development of the newborn. In 62% of patients, researchers found postpartum maladjustment. C. Zlotnic et al. [7] showed that among Northeastern American women, about half of whom are poor, the incidence of postpartum stress reaches 33% of cases. In the UK, J.C. Ingram et al. [9] found subclinical symptoms of stress in 18.5% of 54 nursing mothers 6 months after childbirth. The researchers believe that the development of postpartum stress in the subjects has a positive correlation with blood levels of prolactin during pregnancy, and after childbirth - progesterone. L.L. Gorman, M. W. O'Hara et.al. [7] in a survey of 293 women in the Netherlands showed that in the first week after childbirth, dysphoria can be determined in mothers, exceeding the level in nulliparous women by 4 times. The authors attribute this to a sharp change in the first week after childbirth in the level of estradiol, progesterone, cortisol, and β-endorphin, which subsequently leads to the onset of postpartum stress, in which the leading symptom is a depressive state. Such conditions are more common in primiparous women.

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Thus, according to various researchers, the frequency of postpartum stress disorders ranges from 5 to 75%. Such a large spread in numbers is associated with the following. Many studies include a small number of subjects, which has little statistical value. In some works, the study of the psychological status of a woman was carried out in a few days, in others - in a few months and even years after childbirth [1]. The authors assess the psychological status of women in different ways: in some cases, it was proposed to answer simple unambiguous questions, in others, a number of questionnaires were proposed using various scales [5]. In some studies, the psychological state of a woman was assessed, in others - of a mother and a newborn [3]. It should be borne in mind that research has been carried out in different countries, social and cultural factors which can influence a woman's reaction. Childbirth and childcare are associated with a sense of increased physical threat and danger. However, to date, no clear criteria have been developed specifically for postpartum stress disorder. Basically, researchers pay attention to postpartum depression, which, according to H. Akiskal [2], N. Gavin [6], S.H. McDaniel [5], S. Meltzer-Brody [7] and O. Rosenblum et al. [2] is the result of confusion in terminology. When describing puerperal disorders, the authors use different terms ("postpartum depression", "postpartum distress", "maladjustment after childbirth", "perinatal depressive illness", etc.). Quite often, this terminology does not fully reflect the picture of heterogeneous psychovegetative disorders specific to the postpartum period. All of these disorders in both ICD-10 and DSM-IV (DSM-IV - classification of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders) are considered together with mental disorders of the puerperal period. A significantly smaller number of researchers consider such disorders from the standpoint of disruption of adaptive mechanisms and the development of acute or chronic emotional stress.

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