

PSYCHOLOGICAL REHABILITATION DURING THE CORONAVIRUS PANDEMIC

Sadullaev S.E.<sup>1</sup>, Bobajanov A.O.<sup>1</sup>, Khusinbayev I.D.<sup>1</sup>,

Durdiev E.S.<sup>2</sup>, Ismoilova A.R.<sup>3</sup>,

<sup>1</sup>Urgench branch of Tashkent Medical Academy, Urgench, Uzbekistan

<sup>2</sup>Khiva City Politechnic College, Khiva, Uzbekistan

<sup>3</sup>Urgench State University named after Abu Rayhon Beruniy, Urgench, Uzbekistan

Resume

Most scientific publications say that isolation can lead to various psychological consequences. These are increased levels of anxiety, insomnia and emotional instability, psychosomatic manifestations, post-traumatic syndrome, depression. Most people who have had COVID-19 recover after a few weeks. But some cannot return to normal life due to coughing, weakness and other symptoms for several months after the infection. This is a postcovid syndrome. Its development does not depend on the severity of COVID-19. You can get over it easily, but later face the unpleasant consequences of a coronavirus infection. People with postcovid syndrome often complain of depression and anxiety, as well as sleep disorders. On the one hand, these problems may have physiological causes due to an infection. On the other hand, they are related to the stress that we all experience during the pandemic. People who had severe COVID-19 and were in intensive care may develop post-traumatic stress disorder.

**Keywords:** coronavirus, cheerfulness, talkativeness, hypomanic state, atypical pneumonia, mental disorders, side effects, drug interactions.

**Introduction.** In January 2020, the World Health Organization (WHO) announced that the outbreak of a new coronavirus disease is an international public health emergency. WHO has stated that there is a high risk that the 2019 coronavirus (COVID-19) will spread worldwide. WHO subsequently characterized COVID-19 as a pandemic. WHO and health authorities around the world are working to contain the COVID-19 outbreak. However, this time of crisis generates stress among the population. These mental health considerations are addressed to various groups to support mental and psychosocial well-being during the COVID-19 outbreak. The pandemic situation has signs of an emergency as a disaster phenomenon that has caused human casualties, as well as damage to human health, significant material losses and disruption of human living conditions. In addition to the universal risks, for a medical worker, a pandemic situation is a situation of pronounced emotional stress in connection with professional activity. The psychological problems faced by medical workers around the world in connection with the pandemic, due to the high uncertainty of treatment methods, patient routing, as well as the difficulty of controlling the situation and the high risk of their own infection, exacerbate the already emotionally intense field of activity of medical workers.

The situation with the COVID-19 pandemic in the world is certainly a new and serious challenge for psychiatry in general. In 2020, the Government of Uzbekistan took unprecedented measures to prevent the spread of the COVID-19 epidemic in our country. However, the imposed system of self-isolation, the growing fear of society against the background of panic rumors and misinformation spread on social networks and the media, causes concern for the fate of our patients

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and calls for the need to make some comments and recommendations in order to provide additional information and training for mental health professionals in the event of patients with COVID-19 mental illness in medical institutions. According to a recent survey of the American population conducted by the American Psychiatric Association, almost half of the respondents experienced a strong level of anxiety. 40% feared that they or their loved ones might suffer from symptoms of depression, feelings of fear, frustration and despair, expectations of threats, loneliness, social isolation and alienation, negative experiences of restoring past lives, vivid imaginary manifestations of their own coronavirus infection, nightmares, sleep disorders, irritability and outbursts of anger, evasive behavior, mass the purchase of weapons and military ammunition, impulsive decisions to flee isolated settlements.

Domestic researchers have also repeatedly pointed out that the likelihood of such symptoms in situations of social stress and emergencies is high. In addition to stress reactions and adjustment disorders, more severe symptoms of mental disorders may occur, including depression, anxiety disorders, decompensation of personality traits, excessive and induced delusions, and even acute psychotic symptoms and suicide. Distress and depression weaken the immune system and complicate the course and prognosis of any somatic disease, including infectious diseases. In the age group, the elderly and children suffer the most severe social isolation due to the new coronavirus infection. It is known that social isolation is the most significant predictor of overall mortality among the elderly. SARS-CoV-2 is a new type of viral infection with many characteristics, such as rapid transmission, high mortality, and significant social and economic consequences for disrupting a normal lifestyle. This phenomenon is called a "pandemic" – the highest degree of development of the epidemic process, an exceptionally strong epidemic in which a contagious disease affects a significant part of the population of many countries in a relatively short time, sometimes on different continents and is the most dangerous form, that is, an epidemic covering the vast majority of the world. Most people affected by coronavirus will experience acute stress disorder, post-traumatic stress disorder, long-term anxiety disorders, depressive episodes, neurotic disorders and personality malformations. Clinical manifestations of post-traumatic stress disorder develop within 30 days to 6 months after the onset of the event and affect up to 10% of survivors. Post-traumatic stress disorder manifests itself as a psychological (psychobiological dysfunction) adaptation and is accompanied by various personal internal and interpersonal conflicts, rethinking or loss of the meaning of life, the collapse of established ideals and doubts about a successful future, in other words, an existential crisis of one degree or another. The clinical signs of post-traumatic stress disorder include: memory of repetitive stressful situations; exacerbation of personality traits; decreased social activity, distrust of others; thinking disorders, formation of pathological thoughts and attitudes; formation of obsessive thoughts and obsessive states; emotional symptoms associated with increased emotional excitability, aggression, irritability or depression, apathy and depression; rejection of reality; alcoholism, drug addiction, deviant behavior; difficulty concentrating, cognitive deficits; sleep disorders in the form of poor sleep quality, difficulty falling asleep, nightmares or excessive sleeping. The more severe the injury, the more likely it is to develop the disease, but this does not happen at all, even with severe psychological trauma. Therefore, there are many factors that determine a person's vulnerability and their ability to recover quickly. In addition, clinical manifestations of post-war post-traumatic stress disorder have been observed in many people who have never participated in combat. Studies aimed at identifying morphological and biochemical disorders of post-traumatic stress disorder have shown a decrease in the volume of the hippocampus in patients and specific neurotransmitter changes:

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dysfunction of the monoamine -ergot system and gamma aminobutyric acid receptors, as well as a decrease in plasma cortisol concentration due to induction of negative feedback from the hypothalamus. For its part, the mental and/or somatic reaction to stressful events seems completely natural. Not every manifestation of it should be considered a pathology. In addition, a certain degree of stress, on the contrary, in the future will expand the body's ability to adapt. According to the observations of psychologists, emotional outbursts, experiences and statements of their fears, anger, irritants, followed by a reflection of negative experiences, contribute to the integration of trauma into a mental state and faster compensation. A stress disorder that lasts for more than 3 months is considered chronic, but the normative parameters of this problem are always very personal, and, in turn, the doctor should pay attention to indicators of maladaptivity, performance and quality of life. "Coronavirus syndrome" is a mental disorder that represents the body's response to the COVID-19 pandemic. Now we can only assume how the situation will develop, because for a clearer definition of the "coronavirus syndrome", of course, time must pass – at least 6 months. Epidemiology "coronavirus syndrome" is expected to affect up to 10% of the world's population involved in the pandemic, similar to the frequency of post-traumatic stress disorder. One tenth of this population includes people who have been exposed to a combination of psychosocial and biological factors of stress vulnerability. The following persons belong to high-risk groups: medical workers, especially doctors, provide care to patients with COVID-19 in conditions of increased workload, lack of information about the disease, lack of vaccines and specific medicines, lack of personal protective equipment; patients who have suffered COVID-19, especially in the case of hospitalization with a severe course of the disease; people people who have lost their loved ones; people who have lost their jobs and suffered financial losses. In addition, there are biochemical stress vulnerability factors associated with post-traumatic stress disorder. The first biological factor is the genetic profile of a person, which is associated with the plasticity of his psyche. One of the most studied is the polymorphism of the gene encoding the enzyme catechol-Omethyltransferase (COMT). Its function is to destroy the adrenal hormones produced during stress. The rate of destruction of these hormones depends on the rate of recovery of the human mind. Among the personal and psychological characteristics, it should be noted that the following factors increase the risk of post-traumatic stress disorder: trauma in children, the presence of a family history of the patient and/or mental illness, low level of education, lack of support from relatives, high risk of post-traumatic stress disorder. The first stage of an acute stress reaction. This is a reaction that persists throughout the existence of the threat. There are several variants of the body's response to stress: in the current situation, one type of person experiences coma, narrowing of consciousness, lethargy, negative prediction, the other type – cheerfulness, talkativeness, hypomanic state and signs of arousal. The unity of the "coronavirus" is clearly visible on social networks rich in humor and humorous content, but at the same time, many people experience anxiety associated with the fear of infection and the fear of death. In some cases, people's critical thinking is reduced and events are explained in terms of mysticism and conspiracy theories. Many people notice changes in the sense of time (one day seems to last forever) and sleep disorders (difficulty falling asleep, intermittent sleep, nightmares), decreased motivation and a sense of loss. People with a history of mental illness may experience an exacerbation of mental illness. In the absence of strict regulation of life, the percentage of use of psychoactive substances and alcohol increases.

The second stage of the transition period. This will happen only after the real threat disappears and it will depend on the dynamic patterns of life, the degree of lifestyle change and the degree of

biological changes that occur at the first stage. Some people will experience it with internal emotional stress, changes in eating behavior, sleep disorders, and in many cases, the aforementioned adaptation disorders may persist or occur. Another part may develop "full-blown" depression or anxiety disorder. The third stage of post-traumatic stress disorder will develop after society and individuals realize the reality of the problem and its consequences. This is a delayed stress response that develops after 1 month. Or six months after the end of the pandemic. It can also occur in people who do not have any mental disorders in the first two stages. For doctors working with COVID, people who have lost loved ones and friends, their place of work or their business, clinical manifestations may be more severe. This group is more likely to view this condition as a direct trauma, and therefore there is a higher risk of forming a detailed picture of post-traumatic stress disorder, the severe symptoms of which are as follows: - obsessive and depressing memories of events, repeated experiences of bright moments associated with epidemics, and sometimes memories – sudden, vivid, repeated experiences; – the experience of loss of inevitability, one's own feeling of powerlessness; – heavy dreams can interfere with falling asleep with an influx of unpleasant memories, nocturnal excitement and early awakening in a state of anxiety. – fear of reliving nightmares, phobias, panic attacks; – significant decrease in performance and apathy or the development of high debilitating, up to destructive. All experts note that the treatment of post-traumatic stress disorder is a difficult and long-term task.

However, the most severe manifestations will be visible 6 months after the disaster, and their clinical manifestations are similar to post-traumatic stress disorder. The danger of the "coronavirus syndrome" is that it will reduce the working capacity of the population, which is vital for economic recovery.

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