

# БИОМЕДИЦИНА ВА АМАЛИЁТ ЖУРНАЛИ

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# БИОМЕДИЦИНА ВА АМАЛИЁТ ЖУРНАЛИ

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## **CORRECTION OF DEPRESSIVE DISORDERS AND EVALUATION OF THE EFFECTIVENESS OF COMPREHENSIVE REHABILITATION IN PATIENTS WITH CHEMICAL ADDICTIVE DISORDERS**

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### **ANNOTATION**

**Purpose:** Identification of depressive disorders in patients with chemical addictive disorders and enhancement of the effectiveness of the rehabilitation process through their management.

**Material and methods:** The study was conducted in 2024–2025 at the Samarkand branch of the Republican Specialized Scientific-Practical Medical Center for Mental Health. Based on clinical and psychometric assessments, 200 patients diagnosed with psychoactive substance dependence and having chemical addictive disorders were studied. Among them, 61% had alcohol dependence, 24% opioid dependence, 9% synthetic cannabinoid use, and 6% psychostimulant dependence. Patients with depressive symptoms were randomly divided into two groups: the main group (n=100) received a combined approach (SSRI + Cognitive Behavioral Therapy (CBT) + Motivational Interviewing (MI)), while the comparison group (n=100) received only SSRI treatment. Depressive symptoms were assessed using HDRS, BDI, and HADS scales. Evaluation was conducted at three stages: before rehabilitation, after 3 months, and at a 6-month follow-up.

**Results:** The main group showed a significant reduction in depressive symptoms across all scales: BDI scores decreased from  $25,1 \pm 3,0$  to  $8,4 \pm 1,9$ , HDRS from  $27,8 \pm 4,3$  to  $7,9 \pm 2,2$ , and HADS depression subscale from  $13,8 \pm 2,0$  to  $4,4 \pm 1,1$  ( $p < 0,001$ ). While improvement was also observed in the comparison group, the changes were significantly less pronounced ( $p < 0,005$ ).

**Conclusion:** In patients with chemical addictive disorders, a comprehensive (pharmacological and psychotherapeutic) approach is more effective in correcting depressive disorders and ensures a higher-quality and more stable rehabilitation process.

**Key words:** chemical addictive disorder, psychoactive substance, dependence, depression, rehabilitation, cognitive behavioral therapy, motivational interviewing, SSRI.

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## KIMYOVIY ADDIKTIV BUZILISHLARI MAVJUD BEMORLARDA DEPRESSIV BUZILISHLARNI KORREKSIYALASH VA KOMPLEKS REABILITATSIYA SAMARADORLIGINI BAHOLASH

### ANNOTATSIYA

**Maqsad:** Kimyoviy addiktiv buzilishlari mavjud bemorlarda depressiv buzilishlarni aniqlash va ularni bartaraf etish orqali rehabilitatsiya jarayonining samaradorligini oshirish.

**Materiallar va usullar:** Tadqiqot 2024–2025-yillarda Respublika ixtisoslashtirilgan ruhiy salomatlik ilmiy-amaliy tibbiyot markazining Samarqand viloyati filialida olib borildi. Klinik va psixometrik baholash asosida “psixoaktiv moddalarga qaramlik” tashxisi qo‘yilgan kimyoviy addiktiv buzilishlari mavjud bo‘lgan 200 nafar bemor o‘rganildi. Ulardan 61%da alkogolga, 24%da opioidlarga, 9%da sintetik kannabinoidlarga va 6%da psixostimulyatorlarga qaramlik aniqlandi. Depressiv buzilishlar aniqlangan bemorlar tasodifiy tanlanma asosida ikkita guruhga ajratildi: asosiy guruh (n=100) kompleks yondashuv (SSRI + KHT + MI) asosida, taqqoslash guruhi (n=100) esa faqat SSRI preparatlari bilan davolandi. Depressiv simptomatikani baholashda HDRS, BDI va HADS shkalalari qo‘llanildi. Baholash rehabilitatsiyadan oldin, 3 oylik oraliq va 6 oylik kech monitoring bosqichlarida o‘tkazildi.

**Natijalar:** Asosiy guruhda barcha shkalalar bo‘yicha depressiv simptomlar keskin pasaygani kuzatildi. BDI bo‘yicha ballar  $25,1 \pm 3,0$  dan  $8,4 \pm 1,9$  gacha, HDRS bo‘yicha  $27,8 \pm 4,3$  dan  $7,9 \pm 2,2$  gacha, HADS depressiya subshkalasi bo‘yicha esa  $13,8 \pm 2,0$  dan  $4,4 \pm 1,1$  gacha pasaydi ( $p < 0,001$ ). Taqqoslash guruhida esa kamayish mavjud bo‘lsa-da, sezilarli darajada past ( $p < 0,005$ ) bo‘ldi.

**Xulosa:** Kimyoviy addiktiv buzilishlari mavjud bemorlarda kompleks (farmako va psixoterapevtik) yondashuv depressiv buzilishlarni bartaraf etishda samaraliroq bo‘lib, rehabilitatsiya jarayonining sifatli va barqaror kechishini ta‘minlaydi.

**Kalit so‘zlar:** kimyoviy addiktiv buzilish, psixoaktiv modda, qaramlik, depressiya, rehabilitatsiya, kognitiv xulq-atvor terapiyasi, motivatsion intervyu, SSRI.

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## КОРРЕКЦИЯ ДЕПРЕССИВНЫХ РАССТРОЙСТВ И ОЦЕНКА ЭФФЕКТИВНОСТИ КОМПЛЕКСНОЙ РЕАБИЛИТАЦИИ У ПАЦИЕНТОВ С ХИМИЧЕСКИМИ АДДИКТИВНЫМИ РАССТРОЙСТВАМИ

## АННОТАЦИЯ

**Цель исследования:** Выявление депрессивных расстройств у пациентов с химическими аддиктивными расстройствами и повышение эффективности реабилитационного процесса за счёт их коррекции.

**Материалы и методы:** Исследование проведено в 2024-2025 годах на базе Самаркандского филиала Республиканского специализированного научно-практического медицинского центра психического здоровья. На основании клинико-психометрической оценки были обследованы 200 пациентов с химическими аддиктивными расстройствами, у которых был установлен диагноз “зависимость от психоактивных веществ”. У 61% была выявлена алкогольная зависимость, у 24% - опиоидная, у 9% - от синтетических каннабиноидов и у 6% - от психостимуляторов. Пациенты с депрессивными расстройствами были случайным образом разделены на две группы: основная группа (n=100) получала комплексное лечение (ингибиторы обратного захвата серотонина - ИОЗС + когнитивно-поведенческая терапия – КПТ + мотивационное интервьюирование - МИ), группа сравнения (n=100) - только ИОЗС. Оценка депрессивной симптоматики проводилась с использованием шкал HDRS, BDI и HADS. Обследование проводилось на трех этапах: до начала реабилитации, через 3 месяца и через 6 месяцев (отсроченный мониторинг).

**Результаты:** В основной группе отмечено значительное снижение депрессивной симптоматики по всем шкалам: баллы по BDI снизились с  $25,1 \pm 3,0$  до  $8,4 \pm 1,9$ , по HDRS – с  $27,8 \pm 4,3$  до  $7,9 \pm 2,2$ , по депрессивной субшкале HADS – с  $13,8 \pm 2,0$  до  $4,4 \pm 1,1$  ( $p < 0,001$ ). В группе сравнения снижение также наблюдалось, но было статистически менее выраженным ( $p < 0,005$ ).

**Вывод:** У пациентов с химическими аддиктивными расстройствами комплексный (фармакологический и психотерапевтический) подход оказывается более эффективным в коррекции депрессивных расстройств и обеспечивает качественное и стабильное течение реабилитационного процесса.

**Ключевые слова:** химическое аддиктивное расстройство, психоактивные вещества, зависимость, депрессия, реабилитация, когнитивно-поведенческая терапия, мотивационное интервьюирование, ИОЗС.

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**Kirish.** Bugungi kunda kimyoviy addiktiv buzilish yani psixoaktiv moddalarga qaramlik sog‘liqni saqlash tizimining eng dolzarb va murakkab muammolaridan biri sifatida e’tirof etilmoqda. Bu turdagi qaramlik nafaqat insonning jismoniy sog‘lig‘ini izdan chiqaradi, balki ruhiy salomatligiga ham chuqur salbiy ta’sir ko’rsatadi. Xususan, ushbu muammoga duch kelgan bemorlar orasida depressiv holatlarning keng tarqalganligi ularning jamiyatga moslashishida jiddiy qiyinchiliklar tug‘diradi, reabilitatsiya jarayonini sekinlashtiradi va kasallikning qaytalanish xavfini oshiradi [1,2].

Oxirgi yillarda o’tkazilgan ilmiy tadqiqotlar shuni ko’rsatmoqdaki, psixoaktiv moddalarga qaram bemorlarning kamida 60–80 foizida turli darajadagi depressiv buzilishlar aniqlanmoqda. Bu holatlar ko‘pincha ijtimoiy ajralganlik, oilaviy qo‘llab-quvvatlovning yo‘qligi, ishsizlik, ma’naviy bo‘shliq, o‘zini jamiyatdan begonalashgan his qilish, shuningdek, psixoaktiv moddalarning markaziy asab tizimiga to‘g‘ridan-to‘g‘ri ta’siri bilan bog‘liqdir. Natijada bunday bemorlar odatiy hayot tarziga qaytishda qiyinchiliklarga duch keladilar va ruhiy-ijtimoiy jihatdan zaif qatlamga aylanadilar [3].

An’anaviy usullarda qo‘llaniladigan farmakologik davolash, ayniqsa, ruhiy tushkunlikni kamaytirishga qaratilgan dorilar (masalan, antidepressantlar) qisqa muddatli ijobiy ta’sir ko’rsatishi mumkin. Biroq, bu yondashuv bemorning kasallikka nisbatan ongli munosabatini shakllantirish, ichki motivatsiyasini kuchaytirish va sog‘lom hayot tarziga qaytish istagini mustahkamlashda yetarli darajada samarali emas [4,5].

Shu munosabat bilan, zamonaviy davolash tizimida kompleks yondashuvlar – ya’ni psixoterapevtik usullarni farmakoterapiya bilan birlashtirish orqali bemorga ko‘proq individual va holatga moslashtirilgan yordam ko’rsatish yo‘nalishi keng ommalashmoqda. Xususan, fikrlash uslubini o‘zgartirishga, salbiy hissiyotlarni boshqarishga o‘rgatuvchi ruhiy davolash usullari va

bemorning o'zgarishga tayyorlik darajasini oshiruvchi motivatsion suhbat texnikasi katta ijobiy natijalar bermoqda [6].

Mazkur yondashuvlar nafaqat depressiv buzilishlarning asosiy sabablarini aniqlash va ularni yo'qotishga xizmat qiladi, balki bemorda o'z salomatligi uchun mas'uliyat hissini shakllantirish, hayotga bo'lgan qiziqishni tiklash, ijtimoiy aloqalarni yaxshilash va jamiyatga moslashuvchanlikni oshirishga xizmat qiladi [7]. Shu sababli, kompleks ruhiy-psixologik yondashuvlarning qo'llanilishi psixoaktiv moddalarga qaramlikka chalingan shaxslar uchun zamonaviy reabilitatsiya strategiyalarining ajralmas qismi hisoblanadi.

**Tadqiqot maqsadi:** Kimyoviy addiktiv buzilishlar mavjud bemorlarda depressiv buzilishlarni aniqlash va ularni bartaraf etish orqali reabilitatsiya jarayonining samaradorligini oshirish.

**Materiallar va tadqiqot usullari.** 2024-2025-yillar davomida Respublika ixtisoslashtirilgan ruhiy salomatlik ilmiy-amaliy tibbiyot markazining narkologiya xizmati bo'yicha Samarqand viloyati filiali shifoxonasi bazasida o'tkazilgan bo'lib buning uchun "psixoaktiv moddalarga qaramlik" tashxisi qo'yilgan 200 nafar bemor klinik tahlil va psixometrik baholash asosida o'rganildi. Qaramlik shakllari bo'yicha tadqiqotda ishtirok etgan bemorlar orasida alkogolga qaramlik 122 nafar holatda (61%) aniqlanib, bu eng ko'p uchraydigan qaramlik shakli sifatida qayd etildi. Bu guruhda uzoq yillik iste'mol, vegetativ-xavotirli buzilishlar va ijtimoiy izolyatsiya holatlari bilan tavsiflangan klinik manzara mavjud edi. Opioid moddalarga (heroin, tramadol va boshqalar) qaramlik 48 bemorda (24%) aniqlangan bo'lib, ularda og'ir abstinensiya sindromi, somatik asoratlar va yuqori retsidiv xavfi kuzatildi. Sintetik kannabinoidlarga qaramlik 18 nafar (9%) bemorda aniqlangan. Bu bemorlarning ko'pchiligi yoshlardan iborat bo'lib, ularning asosiy simptomlari psixotik epizodlar, motivatsion buzilishlar va ijtimoiy passivlik bo'lgan. Psixostimulyatorlarga qaramlik esa 12 bemorda (6%) aniqlanib, kuchli xavotirli-paranoid holatlar, affektiv buzilishlar va doimiy depressiv epizodlar bilan namoyon bo'lgan.

Depressiv buzilishlarning mavjudligi aniqlangach, bemorlar tasodifiy tanlanma asosida ikki guruhga ajratildi.

Asosiy guruh ( $n = 100$ ) zamonaviy kompleks yondashuv asosida davolandi: selektiv serotoninini qaytarib olish ingibitorlari (SSRI) bilan birga kognitiv-harakat terapiyasi (KHT) hamda motivatsion intervyu (MI) usullari qo'llanildi.

Taqqoslash guruhi ( $n = 100$ ) esa faqat farmakoterapiya - selektiv serotoninini qaytarib olish ingibitorlari (SSRI) preparatlari bilan davolandi.

Depressiv simptomatikani baholash natijalari: Tadqiqotda ishtirok etgan bemorlarning ruhiy holatini aniqlash maqsadida Gamilton depressiya shkalasi (HDRS), Beck depressiya inventori (BDI) va HADS (kasalxonadagi xavotir va depressiya shkalasi) vositalaridan foydalanildi.

Bemorlarning ruhiy holatini ob'ektiv tahlil qilish maqsadida psixometrik yani depressiv simptomatikani baholash jarayoni uch asosiy bosqichda olib borildi:

Reabilitatsiya oldi davri (boshlang'ich baholash) - bu bosqichda bemorlarning dastlabki psixologik va emotsional holati, xususan, depressiv simptomlarning darajasi aniqlanib, keyingi davolash strategiyasiga asos bo'ldi.

Reabilitatsiya davri 3 oyi yakunida (oraliq baholash) - bu davrda farmakologik va psixoterapevtik aralashuvlardan keyingi o'zgarishlar dinamikasi baholandi. Depressiv simptomlarning kamayish darajasi va bemorlarning reabilitatsiyaga nisbatan motivatsiyasi o'rganildi.

Reabilitatsiyadan keyingi davri 6 oydan keyin (kechikkan monitoring) - uzoq muddatli terapevtik samaraning barqarorligi va depressiv holatlarning qaytalanish darajasi (retsidiv xavfi) tahlil qilindi. Bu bosqichda reabilitatsiya natijalari va bemorlarning jamiyatga qayta moslashuvi bo'yicha yakuniy xulosalar chiqarildi.

#### **Tadqiqotning natijalari.**

Tadqiqot davomida depressiv simptomatikani baholash uchun Beck depressiya inventori (BDI) testidan foydalanildi. Baholash uch bosqichda amalga oshirildi: reabilitatsiyaga qadar (boshlang'ich), davolanishning 3 oylik oraliq natijalarida va 6 oydan so'ng (monitoring).

**1-jadval.**

**Beck depressiya shkalasi bo'yicha bemorlarning reabilitatsiya samaradorligi baholash (ballarda, ±SD).**

Guruh	Reabilitatsiya oldi (±SD)	3 oydan so'ng (±SD)	6 oydan so'ng (±SD)	p-qiyamat
Asosiy guruh (SSRI + CBT + MI)	25,1 ± 3,0	12,1 ± 2,4	8,4 ± 1,9	p < 0,001
Taqqoslash guruhi (SSRI)	24,7 ± 3,2	18,4 ± 2,9	15,2 ± 2,5	p < 0,005

Natijalar shuni ko'rsatdiki, asosiy guruh (selektiv serotonin qayta qabul inhibitörlari – SSRI + kognitiv xulq-atvor terapiyasi – CBT + motivatsion intervyu – MI) ishtirokchilarida depressiv simptomlar darajasida keskin pasayish kuzatildi: reabilitatsiyaga qadar o'rtacha ball 25,1 ± 3,0 bo'lgan bo'lsa, 3 oydan so'ng 12,1 ± 2,4, 6 oydan so'ng esa 8,4 ± 1,9 gacha kamaydi. Bu o'zgarishlar statistik jihatdan yuqori darajada ahamiyatli bo'lib, p < 0,001 ko'rsatkich bilan tasdiqlandi.

Taqqoslash guruhi (faqat SSRI bilan davolangan) ishtirokchilarida ham ijobiy dinamika kuzatildi, biroq u asosiy guruhnikiga qaraganda sezilarli darajada past bo'ldi. Reabilitatsiyaga qadar bu guruhda depressiya darajasi 24,7 ± 3,2 ballni tashkil qilgan bo'lsa, 3 oydan so'ng 18,4 ± 2,9, 6 oydan so'ng esa 15,2 ± 2,5 ballga tushgan. Bu o'zgarishlar ham statistik ahamiyatga ega bo'lib, p < 0,005 darajasida qayd etildi.

Depressiv simptomlarning dinamikasini baholashda Gamilton depressiya shkalasi (HDRS) qo'llanildi. Baholash uch bosqichda o'tkazildi: reabilitatsiya oldidan, davolashning 3 oyi yakunida va 6 oylik monitoringda.

**Gamilton depressiya shkalasi (HDRS) bo'yicha reabilitatsiya samaradorligi natijalari (ballarda, ±SD)**

**2-jadval.**

Guruh	Reabilitatsiya oldi (±SD)	3 oydan so'ng (±SD)	6 oydan so'ng (±SD)	p-qiyamat
Asosiy guruh (SSRI + CBT + MI)	27,8 ± 4,3	12,9 ± 2,8	7,9 ± 2,2	p < 0,001
Taqqoslash guruhi (SSRI)	28,3 ± 4,1	19,7 ± 3,5	15,5 ± 3,0	p < 0,005

Asosiy guruh (SSRI + CBT + MI)da depressiv holat darajasi reabilitatsiya oldidan 27,8 ± 4,3 ball bo'lgan bo'lsa, 3 oydan keyin bu ko'rsatkich 12,9 ± 2,8 gacha, 6 oyda esa 7,9 ± 2,2 gacha kamaydi (p < 0,001). Bu kompleks yondashuvning yuqori samaradorligini tasdiqlaydi.

Taqqoslash guruhida (faqat SSRI) esa bosqichma-bosqich pasayish nisbatan sust bo'lib, boshlang'ich ko'rsatkich 28,3 ± 4,1 dan 3 oyda 19,7 ± 3,5 va 6 oyda 15,5 ± 3,0 ballgacha pasaydi (p < 0,005).

Depressiv simptomlarning chuqurligini aniqlashda HADS (Hospital Anxiety and Depression Scale) shkalasining depressiya subshkalasi qo'llanildi. Baholash uch bosqichda: reabilitatsiya oldidan, 3 oy va 6 oydan so'ng amalga oshirildi.

**HADS depressiya shkalasi bo'yicha reabilitatsiya samaradorligi natijalari (ballarda, ±SD)**

**3-jadval.**

Guruh	Reabilitatsiya oldi (±SD)	3 oydan so'ng (±SD)	6 oydan so'ng (±SD)	p-qiyamat
Asosiy guruh (SSRI + CBT + MI)	13,8 ± 2,0	6,1 ± 1,3	4,4 ± 1,1	p < 0,001
Taqqoslash guruhi (SSRI)	13,6 ± 2,2	9,4 ± 1,7	7,3 ± 1,6	p < 0,005

Asosiy guruhda (SSRI + CBT + MI) dastlabki ko'rsatkich  $13,8 \pm 2,0$  ballni tashkil etgan bo'lsa, 3 oylik davolashdan so'ng bu qiymat  $6,1 \pm 1,3$  ga, 6 oylik kuzatuv natijalariga ko'ra esa  $4,4 \pm 1,1$  ballga tushdi ( $p < 0,001$ ). Bu natijalar kompleks yondashuvning (antidepressant, kognitiv-behavioral terapiya va motivatsion intervyu) samaradorligini yaqqol ko'rsatadi.

Taqqoslash guruhida (faqat SSRI) esa ko'rsatkichlar mos ravishda  $13,6 \pm 2,2$ ,  $9,4 \pm 1,7$  va  $7,3 \pm 1,6$  ni tashkil etdi ( $p < 0,005$ ), bu esa faqat farmakoterapiya qo'llanilgan holatda depressiv belgilar asta-sekin susayishini anglatadi.

Umuman olganda, kompleks yondashuv yordamida reabilitatsiya qilingan bemorlarda depressiv simptomlar ancha barqaror va chuqur pasaygani kuzatildi.

**Xulosa.** Olib borilgan tadqiqot natijalari shuni ko'rsatdiki, kimyoviy addiktiv buzilishlar mavjud bemorlarda depressiv buzilishlarni aniqlash va ularni kompleks yondashuv (Serotoninini qayta qabul qilishning selektiv ingibitorlari, kognitiv-harakat terapiyasi va motivatsion intervyu) asosida korreksiyalash reabilitatsiya jarayonining samaradorligini sezilarli darajada oshiradi. Bunday integratsiyalashgan yondashuv faqat farmakoterapiyaga asoslangan usullarga qaraganda depressiv simptomlarni chuqurroq va barqarorroq kamaytirishga xizmat qiladi hamda bemorlarning ijtimoiy moslashuvini yaxshilaydi. Shuningdek, uzoq muddatli kuzatuvlar asosida retsidiv xavfining kamaygani va ruhiy barqarorlikning mustahkamlangani aniqlangan bo'lib, bu usulni psixoaktiv moddalarga qaramlikni reabilitatsiya qilishda samarali ekanligini ko'rsatdi.

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