



## PSYCHOEMOTIONAL STATE IN PATIENTS WITH DUODENAL ULCER DISEASE AFTER DRUG THERAPY

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### ABSTRACT

this study consists in a detailed analysis of the psycho-emotional disorder (level of anxiety and depression), quality of life (physical, social and psychological components) and clinical (objective data and scarring stages) indicators of patients with duodenal ulcer in dynamics after the use of three-component therapy, including drugs such as Quamatel and Sulpiride.

### KEYWORDS

Peptic ulcer, psycho-emotional disorder, hospital anxiety and depression scale, quality of life.

### INTRODUCTION

Duodenal ulcer (DU) is the most common pathology of the gastrointestinal tract (GIT), and in modern gastroenterology, the choice of adequate treatment regimens is one of the most urgent problems. [3] DU is a disease of multifactorial genesis, however, at present, in the etiopathogenesis of the disease, great importance is attached to the acid-peptic factor and the infectious agent in 100% of cases [4]. Everyone knows the postulate of K. Schwartz (1910) that “There is no ulcer without acid” and therefore the modern

strategy for the treatment of DU is aimed primarily at suppressing the secretion of hydrochloric acid, neutralizing it, and protecting the mucous membrane from the effects of aggressive factors.

Since in 1823 r. William Prout established the main component of gastric juice, various methods were proposed to neutralize hydrochloric acid. At the beginning, antacids were developed, later - anticholinergic drugs (non-selective), and in 1976 the

first histamine H<sub>2</sub>-receptor blocker cimetidine was used for the first time, which opened a new era in gastroenterology in the treatment of DU, gastroesophageal reflux disease, chronic pancreatitis. Since several generations of histamine H<sub>2</sub> receptor blockers have appeared, one of the latest is famotidine (Quamatel).

It is known that the life of a modern person is characterized by frequent and often constant nervous stress. Each human body adapts to emerging situations in its own way: in some cases, changing the attitude to emotionally significant events, in others - through a complex mental processing of emotions that directs the flow of excitations to visceral organs with the formation of functional deviations, true somatic diseases or emotionally affective states. (neurosis, depression). At the same time, the choice of the target organ is very wide [1,3,8], however, in this report, we will focus only on the pathology of the digestive organs, since in the pathogenesis of diseases such as DU, gastric ulcer (PU) [2] are involved in the greatest degree of psychosomatic and vegetative influences, since the motor function of the stomach and intestines is controlled primarily by the autonomic nervous system [2]. This is also evidenced by diagnostically significant changes in segmental autonomic tone in patients with PU [7].

In connection with the above, in the treatment of PUD, psychotropic therapy is used [1, 6, 8], most often with

tricyclic antidepressants (amitriptyline) [1, 8]. In recent years, among the drugs that have a psychopharmacological effect, the atypical antipsychotic sulpiride has been distinguished. Its main feature is the almost complete absence of extrapyramidal side effects. That is why it is recommended for the treatment of the entire spectrum of psychosomatic diseases, various forms of depressive syndrome, neurosis, including biopsychosocial diseases of the digestive system. The problem of studying the quality of life (QoL) of patients with PU is given little attention. WHO experts believe that it is especially important to study QoL in chronic diseases that require long-term treatment. It is in these situations that the patient needs to assess changes in his physical, mental and social status, so the study of QoL is relevant.

The aim of our research work was to improve the psycho-emotional disorder and quality of life in patients with duodenal ulcer by improving the quality of pathogenetic therapy of psychovegetative-dependent diseases of the digestive system.

Objective of the study: to evaluate the clinical efficacy of the use of the drug "Sulpiride" in the complex of three-component therapy for DU, the first component of which was the drug " Quamatel " .

Material and research methods . The study involved 65 patients with DU, aged 18 to 68 years, with a disease

duration of 1 to 10 years. Of these, 39 men and 26 women. Examination and treatment were carried out upon admission to the hospital in the stage of exacerbation of DU. Upon admission, all patients underwent anamnesis of life and disease, analysis of clinical symptoms of the disease, biochemical blood tests, coprogram and fecal occult blood analysis, chest X-ray, ECG, abdominal ultrasound. To assess the quality of life of patients, the "Short Questionnaire of WHO to assess the quality of life" was used. At the same time, the psycho-emotional state was assessed using the Hospital Anxiety and Depression Scale (HADS).

According to modern data [4] H. pylori is detected in more than 90% of patients with DU and therefore the definition in patients of the examined group did not seem appropriate. Verification of the diagnosis and the rate of scarring of the ulcer were determined according to the results of esophagogastroduodenoscopy (EGDFS) performed according to the usual method. Long-term DU was detected in 64% of patients, late-onset DU in 36% of patients. The largest sizes of ulcers (less than 0.5 cm) were registered in 16% of patients, medium sizes (0.5-1.0 cm) - in 64%, large (1.1 - 3 cm) - in 20% of patients.

All patients with PUD were divided into two into 2 groups. The 1st (main) group included 33 patients who,

along with standard antiulcer therapy, received proslipin at a dose of 200 mg per day for 2 weeks. The 2nd (control) group included 32 people who received only standard antiulcer therapy. All patients were prescribed a three-component therapy, the first component of which was the drug Quamatel at a dose of 20 mg 2 times a day and in group 2 in combination with the drug Sulpirid at a dose of 200 mg per day for 2 weeks. The effectiveness of treatment and symptoms were analyzed on days 1, 10, 20 after taking the drug.

Research results . The leading complaints when contacting the clinic in both groups of patients were pain in the epigastric region, heartburn, nausea, belching, and flatulence. In 75% of patients, pain was localized in the epigastric region. Irradiation of pain was noted in 46% of patients, of which 61% - in the back and lower back, 23% - in the right hypochondrium, 13% - in the region of the heart. 71% of patients characterized pain sensations as insignificant and average intensity. In 82% of patients, a combination of pain and dyspeptic syndromes was noted. In the study of the quality of life in all patients, deviations in physical and psychological well-being were found (Fig. No.1). As well as self-perception, micro-social support and social well-being are extremely unfavorable.

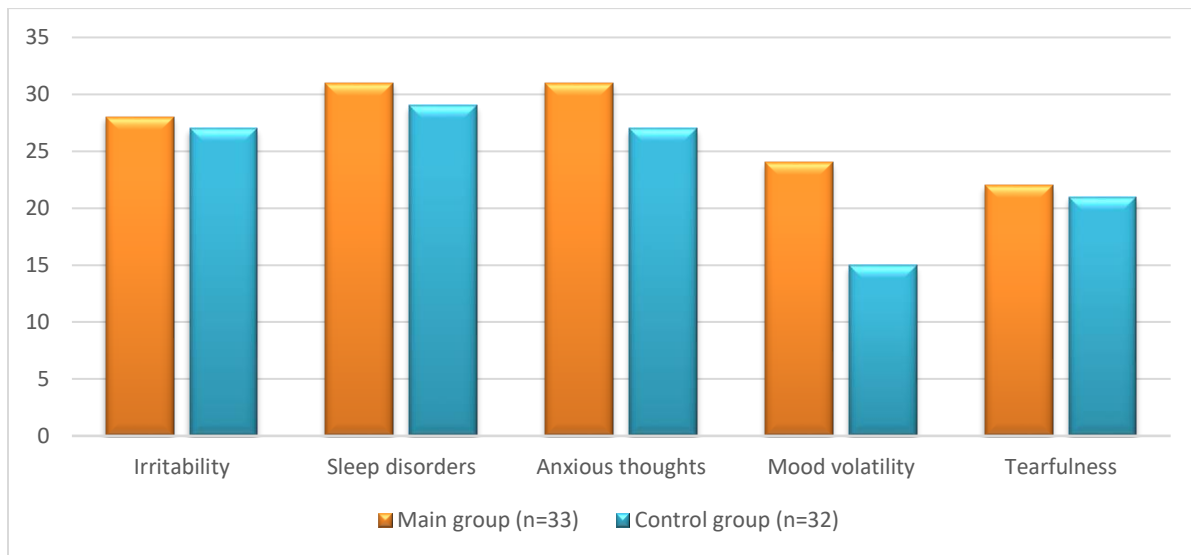


Figure #1

Index of subjective data of patients in both groups.

According to subjective complaints, the psycho-emotional state of the patients was relatively equal (1:1,5). At the same time, complaints such as irritability (84%), sleep disturbance (94%) and anxious thoughts (93%) were observed to a greater extent in both groups.

For a more detailed analysis of the psychological sphere, we used the HADS psychodiagnostic method (Fig. No.2,3), which also served as a criterion for evaluating the applied psychopharmacotherapy in the main group.

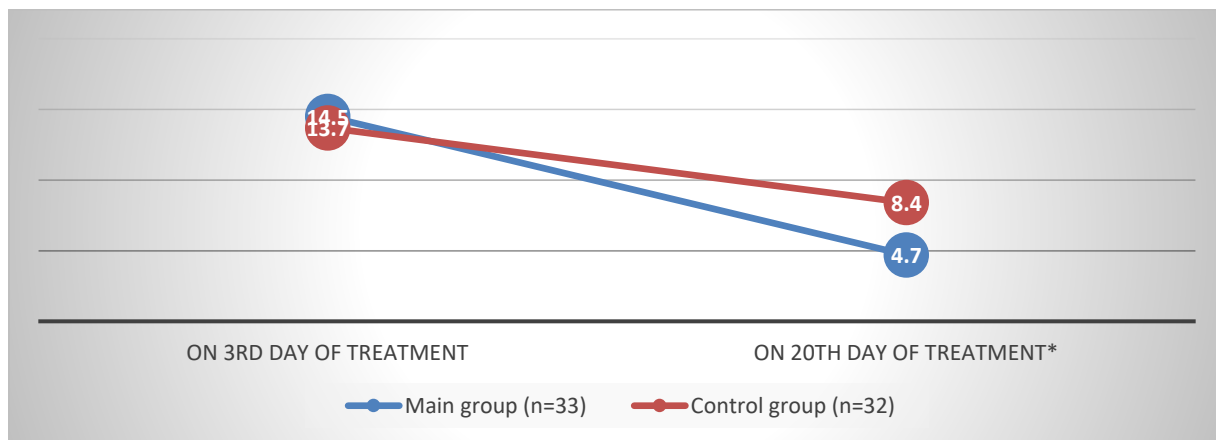
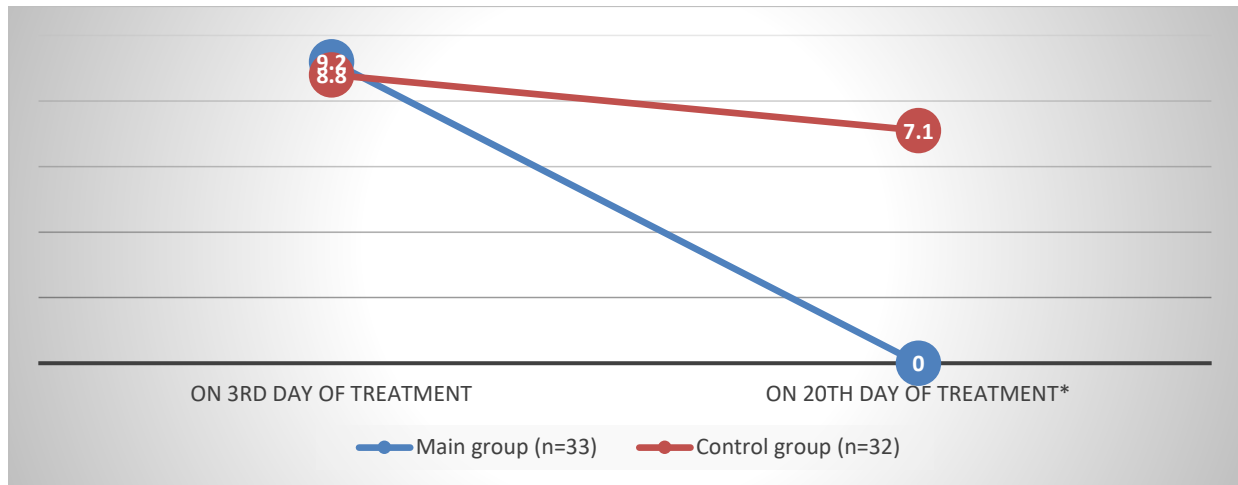


Figure No.2 Comparative analysis of the HADS anxiety score in both groups



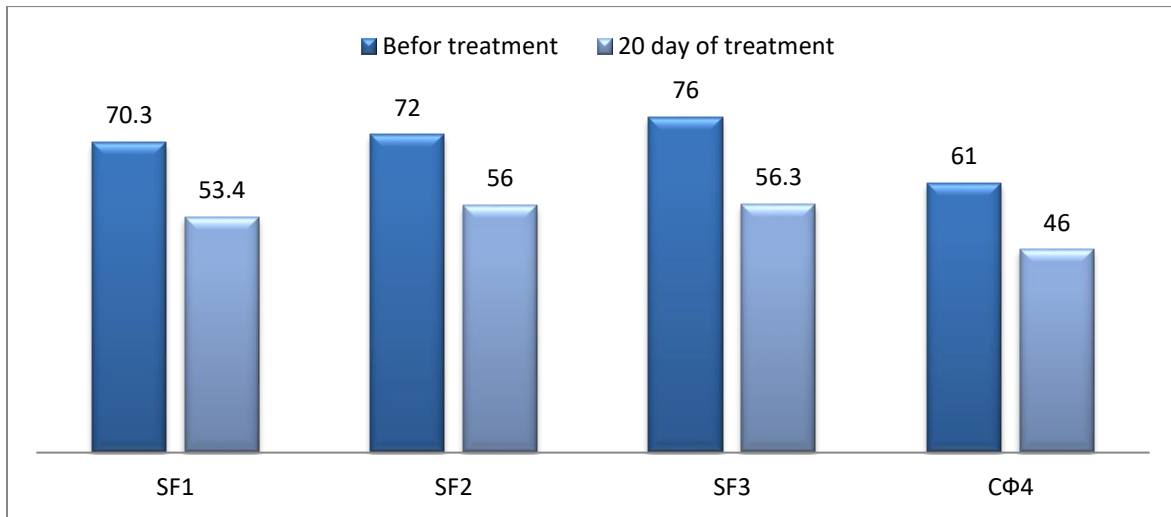
\*error rate  $\leq 0.03$

Figure No.3 Comparative analysis of the HADS depression score in both groups

According to the data obtained, it follows that in the main group, the indicators of anxiety and depression significantly decrease on the 20th day after treatment to 4.6, which is the norm. However, these indicators do not show a downward trend in the control group. In this connection, it can be concluded that the drug Sulpirid effectively improves the psycho-emotional state of patients with DU.

In dynamics, the analysis of subjective data showed that in 33 patients (67.7%) a decrease in pain was noted

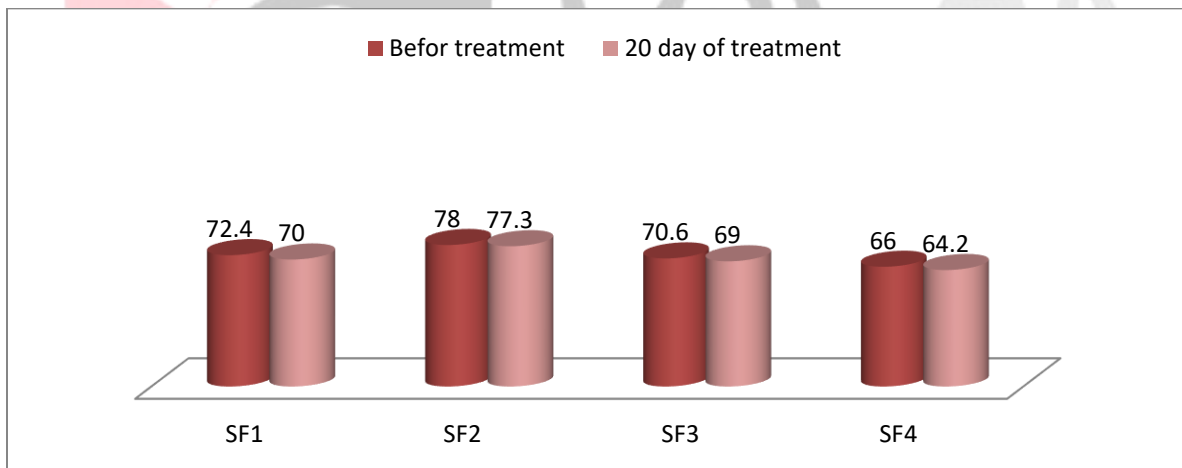
already on the 2nd day when using triple therapy, the first component of which was the drug quamatel, and in the remaining patients on the 4th and 5th -th day. Complete relief of pain on the 5th day was noted in 31 patients (88.6%) of DU and in 5 patients the pain syndrome disappeared on the 7th day of triple therapy in both groups. In the main group, who received triple therapy and sulpiride, there was a significant increase in the quality of life, compared with the control group, where the quality of life indicators remained unchanged (Fig. No.4, 5).



SF1 – physical sphere; SF2 - psychological sphere; SF3 - social sphere; SF4 - environment. (p≥0.05)

Figure #4

Quality of life indicator in dynamics in the main group



SF1 – physical sphere; SF2 - psychological sphere; SF3 - social sphere; SF4 - environment. (p≥0.05)

Figure #5

Quality of life indicator in dynamics in the control group

A slight increase in the quality of life in the control group was observed due to the use of three component therapy for DU.

In addition, the most informative in assessing the effectiveness of the ongoing complex treatment were the data of endoscopic examination, so the rate of scarring of the ulcer in patients with DU, who additionally received sulpiride, was  $0.0625 \pm 0.0018$  cm<sup>2</sup>/day, and in the control group - only  $0.0312 \pm 0.0035$  cm<sup>2</sup>/day (t=8). Thus, the rate of scarring of the ulcer in the main group increased twice as compared to the control group.

## CONCLUSION

Studies have shown that the use of Sulpiride at a dose of 200 mg / day in the complex therapy of DU, the first component of which is Quamatel at a dose of 40 mg per day, is advisable to use in all patients with DU with deviated self-perception, psycho-emotional disorder and social well-being.

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