

CLINICAL SIGNS OF PSYCHOVEGETATIVE MANIFESTATIONS OF VEGETATIVE DYSTONIA DEPENDING ON THE HARMONIOUS PHYSICAL DEVELOPMENT AND GENDER OF ADOLESCENTS

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Abstract

To reveal the main features of clinical-functional manifestations of vegetative dystonia at teenagers of 15-17 years due to their harmonic physical development.

Research is executed according to the results of complex observation of young men - up to call-up age and conscripts in Andijan city at the age of 15-17 years called-up for joining Armed forces in 2009-2011 (n=571 teenagers).

The following clinical and instrumental methods of research have been used: questionnaire, clinical observation, estimation of neuropsychiatric development, estimation of sexual development, somatometry, estimation of physical development level and fullness of harmony, somatoscopy .

Keywords: automatic regulation, age-related characteristics, fat mass, blood pressure, vegetalgia, medical examination.

Introduction

One of the priority directions of the Government and the healthcare system at present is the implementation of measures to improve the medical care of adolescents, which are specified in a number of Resolutions of the Cabinet of Ministers of the Republic of Uzbekistan: No. 333 of September 26, 2002 and No. 95 of February 21, 2003. The main task of healthcare, including the adolescent service, is to prepare healthy young men to join the Armed Forces of the Republic and girls for healthy motherhood.

Autonomic dystonia (VD) is a major social problem, as it can affect the psycho-emotional and mental development of adolescents and lead to limited opportunities for conscript youth to perform military service in the Armed Forces [1,2,7].

Purpose of the Study:

To identify the main patterns of clinical and functional manifestations of vegetative dystonia in adolescents aged 15-17 years, depending on the harmony of physical development and gender.



Material and Methods

The work was carried out based on the results of a comprehensive examination of pre-prescription youths and conscripts in Andijan aged 15 to 17 years, called up for registration in the Armed Forces for 5 years.

To assess disharmony of physical development (DHPD) and clinical features of VD, as well as autonomic regulation and determine gender differences, an in-depth examination of 571 adolescents was conducted. All children were divided into 4 groups: the main group and the control group, which in turn were divided by gender. The main group consisted of 384 adolescents with VD (192 boys and 192 girls). Control group - children without VD (healthy children I and II in the health group) - 187 children of the same age (94 boys and 93 girls). All examined children were examined by specialist doctors: a neurologist, an otorhinolaryngologist, a surgeon and an ophthalmologist to exclude organic pathology.

Taking into account the age characteristics of adolescents, we assessed sexual development in all examined children. Among 384 adolescents with VD, 333 (86.7%) of the examined adolescents had sexual development appropriate for their age, 37 (9.6%) children were advanced and only 14 (3.7%) had delayed sexual development, which did not have reliable differences with the control group. The following clinical and instrumental research methods were used: questionnaires, clinical examination, assessment of neuropsychic development, assessment of sexual development, somatometry, assessment of the level of physical development and the degree of its harmony, somatoscopy: a) assessment of the condition of the musculoskeletal system, b) assessment of fat mass, blood pressure measurement, electrocardiography, cardiointervalography, assessment of autonomic reactivity, clinoothostatic test, caliperometry, manual ergometry, VNS spectrogram, statistical method of data processing.

Results and Discussions

The data we obtained clearly showed not only the supposed clinical polymorphism characteristic of autonomic dysfunction, but - and this is the main thing - already formed systemic syndromes, somatoform and psychovegetative, indicating the permanence of autonomic imbalance and its significant severity. The fact of periodic manifestation of the process was established, dictating the need for treatment of a teenager in a hospital and at the outpatient stage of providing him with medical care and, finally, rehabilitation in a sanatorium [3,7].

Clinical signs of various somatomorphic manifestations of VD, identified in children with VD, depending on the harmoniousness of physical development, were very diverse. In children with VD and DHFR, significant gender differences ($p < 0.05$) were revealed in the frequency of clinical symptoms; in girls compared to boys, the following were more often noted: nausea - (by 41.6%), orthostatic syndrome - (by 27.5%). %, cephalgia - (by 24.7%), vegetalgia - (by 23.3%), abdominal pain - (by 23.1%), neurogenic bladder - (by 22.5%), constipation - (by 21.9%). In the group of children with VD and HFD, no significant gender differences in the frequency of clinical symptoms were identified. Significantly more often ($p < 0.05$) somatoform signs of VD were detected in boys with DHFR compared to boys with DHFR: ossealgia - (by 41.4%), dizziness - (by 27.3%); in girls with DHFR, in comparison with girls with HFRD, somatoform symptoms were noted significantly more often ($p < 0.05$): ossealgia - (by 63.9%), flatulence - (by 53.7%), constipation - (by 41.9%), nausea - (by 40.0%), orthostatic syndrome - (by 32.9%), dizziness - (by 25.5 %), abdominal pain - (by 24.5%), cephalgia - (by 23.5 %). As it turned out, the most frequent



(in more than 2/3 of all groups examined and in almost all girls with a disharmonious type of physical development) and varied clinical manifestations, at least of a subjective nature, in children were vegetalgia. It must be noted that vegetalgia, as well as other manifestations of vegetative imbalance, were more often and more intensely represented in girls than in boys. However, in girls with DHFR they were more pronounced.

Cephalgia in boys with harmonious physical development was observed in more than half (55.47%), while headaches were the leading symptom among children with VD and DFGR and girls with VD and HFGR. Almost equally (71.43%) were observed in girls with harmonious and in boys (70.31%) with disharmonious physical development. As for the girls with disharmonious physical development, cephalgia bothered almost every girl (95.00%). Children reported complaints of headaches.

Thus, adolescents with the vagotonic form noted the aching, migraine-like nature of cephalgia, the cause of which may be associated with vascular or liquorodynamic (hypertensive-hydrocephalic syndrome) disorders [8].

Dizziness was detected in a third of boys 39 (30.47%) and almost half of girls 54 (48.21%) with DHF. As for children with DHFR, this symptom was observed in almost 2/3 -37 (57.81%) boys and almost % 59 (73.75%) girls. In the vast majority of cases, dizziness was associated with autonomic instability.

Somatoform manifestations of VD had significant differences between boys and girls with VD with both HGF and DHFR. Significant differences were determined between boys with HFR and DHFR and between girls with HFR and DHFR. It was found that in girls with DHFR, clinical manifestations of VD were observed more often and had a more pronounced and intense color compared to girls with DHFR. A study of the frequency of psychovegetative symptoms showed that significant ($p < 0.05$) gender differences were found only in the group of children with DHFR, so girls are more likely than boys to experience: a feeling of weakness (by 35.0%), emotional lability - (by 23.12%). Significantly more often ($p < 0.05$) in girls with DHFR compared to girls with HFRD, a feeling of weakness was detected - (by 40.4%), emotional lability - (by 27.1%), fatigue - (by 24.3%).

It is important to note that fatigue as a psycho-vegetative response to emotional or physical stress in adolescents with VD was based on the low tolerance of these children to environmental factors in general and to the above-mentioned ones in particular [5,7].

Almost half of the boys 63 (49.22%) and 2/3 of the girls 64 (57.14%) with HGF and almost the girls -57 and half of the boys with HGF also had such a manifesting sign of autonomic failure as sleep disturbance, which manifested itself late falling asleep, restless sleep, disturbing dreams, sometimes insomnia, difficult and late awakening, a feeling of lack of sleep, accompanied by a feeling of weakness, lethargy, weakness [8]. It should be noted that in adolescents with VD, attacks of weakness just as often occurred, which we regarded as a manifestation of abortive vegetative paroxysm, along with sensations of heat, hot flashes, a feeling of lack of air, unmotivated shortness of breath, spasmodic pain in the abdomen and other signs [1,2]. In the group of adolescents with VD and DHFR, manifestations of VD from the skin had significant gender differences ($p < 0.05$) in girls more often than in boys: paresthesia - (by 36.9%), discoloration - (by 35.6 %), distal hyperhidrosis - (by 28.8%). In the group of children with HFD, no significant gender differences ($p < 0.05$) were obtained. In boys with DHFR, excess sweating and excess oiliness were detected significantly more often ($p < 0.05$) compared to boys with DHFR (by 40.6%). Girls with DHFR



were significantly more likely ($p < 0.05$) to have excessive sweating and excess oiliness (by 66.6%), distal hyperhidrosis (by 52.0%), and changes in skin coloration (by 52.0%) compared to girls with DHFR. by 36.1%).

Conclusion

The omatoform manifestations of VD had significant differences between boys and girls with VD with both HGF and DHFR. Significant differences were determined between boys with HFR and DHFR and between girls with HFR and DHFR. It was found that in girls with DHFR, clinical manifestations of VD were observed more often and were more pronounced and intense coloring compared to girls with HGF. Timely early diagnosis of vegetative dystonia and correction of vegetative imbalance in adolescents could completely save most of them from the need for VD treatment.

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