

THERAPEUTIC AND TACTICAL ASPECTS IN THE DEVELOPMENT OF PSYCHOEMOTIONAL DISORDERS IN PERINATAL WOMEN AGAINST THE BACKGROUND OF COVID-19 INFECTION

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The purpose of the study

To develop therapeutic and tactical aspects in the development of psychoemotional disorders in pregnant women and young mothers against the background of COVID-19 infection.

Material and methods

The study was based on the results of examination and treatment of 3080 pregnant women and young mothers infected with SARS-CoV-2 during the COVID-19 pandemic in the maternity ward of the Republican Specialized Infectious Diseases Hospital Zangiota-1 from December 2020 to January 01, 2022. The identification and assessment of the severity of psychoemotional disorders were carried out according to the GTR-7 anxiety disorders assessment scale, the IES-6 post-traumatic stress disorder (PTSD) assessment scale, and the PHQ-9 depressive syndrome assessment scale. The combined psychoemotional pathology was detected according to a special combined PHQ-ADS scale, which is the sum of the scores from the PHQ-9 and GTR-7 questionnaires (the maximum score is 48, a combination of PTSD, anxiety and depression manifests itself at 20 or more points). Depressive syndrome was characterized by tearfulness, a sense of hopelessness, mild excitability or psychomotor retardation, recurring thoughts about death. Anxiety disorders were manifested by fear of illness, fussiness, constant nervousness, trembling and muscle tension. Patients complained of a bad feeling, difficulty concentrating, headaches and inability to relax. PTSD was associated with experiencing the fact of the negative impact of the COVID-19 pandemic on one's health, the death of a loved one from COVID-19. Women with PTSD noted insomnia and a high level of anxiety, experienced a feeling of mild excitability, became irritable, agitated with a feeling of physical discomfort. To construct therapeutic and tactical aspects, it was necessary to identify the most sensitive and specific scales and/or questionnaires, based on which it was possible to differentiate one or another type of psycho-emotional disorders, as well as to identify mixed forms of psycho-pathology in pregnant women and childbirth with COVID-19 pneumonia during hospitalization and after recovery from the underlying disease. We have

made an optimal calculation of the criteria taking into account the prevalence of the disease and indicators of false and true positive and negative results.

Results

An analysis of the survey results obtained on the IES-6 scale in our sample of patients showed that the sensitivity of IES-6 associated with an index of 2 or more was 83.14%, and the specificity of the technique was 98.04% (95% CI was 96.6-99.0; $p < 0.001$). It follows from the literature data that the optimal criterion for the diagnosis of anxiety disorders in COVID-19 is the result of an assessment on the GTR-7 scale with an indicator of 5 or more points. According to our data, the sensitivity associated with this criterion is 77.79%, specificity is 95.92% (95% CI was 76.1-79.4, $p < 0.001$). The PHQ-9 scale was used to identify and track the dynamics of progression or disappearance of clinical signs of depressive states. At the same time, the optimal criterion for detecting depression in COVID-19 was 10 or more points. According to our data, the sensitivity associated with this criterion is 94.33%, specificity is 89.4% (95% CI was 86.7-91.7, $p < 0.001$).

Therapeutic and tactical aspects in the development of psychoemotional disorders in perinatal women were focused on ensuring a favorable effect on the course of pregnancy and childbirth, reducing the frequency of threats of termination, gestosis, weakness of labor, untimely discharge of amniotic fluid, etc.

Psychotherapy was supplemented with medications.

- metabolic therapy (the first complex is thiamine pyrophosphate, riboflavin mononucleotide, calcium pantothenate, lipoic acid, alpha-tocopherol; the second complex is pyridoxal phosphate, folic acid, cyanobolamine, calcium glycerophosphate, potassium orotate, glutamic acid, calcium pangamate), which has a beneficial effect on the psycho-emotional state of pregnant women and leads to a decrease in the number of pathological course of labor;

- differentiated psychotherapy with the inclusion of sedative and antioxidant therapy, “metabolic drugs, permanent tocolytic therapy, physiotherapy courses, as well as delivery in a specialized center.

For the correction of psychoemotional disorders, herbal preparations that do not have side effects are considered. One of these drugs is valerian vulgaris – an anti-anxiety complex phytopreparation, has a mild hypnotic effect, relieves insomniac disorders caused by anxiety, has a vegetotropic effect with a uniform effect on both mental and somatic symptoms of anxiety. A sedative of plant origin that helps relieve stress symptoms (anxiety, irritability and emotional tension).

The use of cognitive behavioral group therapy gives good results for relieving perinatal anxiety by targeting intolerance to uncertainty and adapting existing strategies to eliminate anxiety and psychological impact associated with COVID 19. This intervention in pregnant women

during the COVID-19 pandemic makes it possible to increase the level of stress resistance of this population group.

Eight consecutive weekly classes lasting from 1.5 to 2 hours with trained psychologists with a master's degree in psychological treatment.

The program consists of 8 classes of the following content:

- (1) psychoeducation: what is stress, its characteristics, how to identify stressors, how to respond to them and what are their consequences;
- (2) decontamination strategies (thematic imagination and diaphragmatic breathing);
- (3) cognitive restructuring: cognitive distortions;
- (4) cognitive restructuring: irrational beliefs;
- (5) alternative ways to control your thoughts: self-study and time management;
- (6) social skills training: self-confidence, basic rights to self-confidence, the ability to say "no" and demand behavior change;
- (7) the relationship between anger and stress: emotional self-control;
- (8) optimism and a sense of humor.

Each intervention had the same structure and guidelines for standardizing content.

At the beginning of the session, participants received an email with a link to connect to the virtual session, documents to work on during the session, a behavioral self-report and tasks to work on at home this week related to the topic. session.

In addition, all pregnant women and women in labor are invited to participate in sessions with various actions, such as: telling about their experiences, expressing difficulties about tasks between sessions, role-playing games, etc. Those who complete the study demonstrate clinically significant improvements in anxiety and depression, as well as a significant increase in mindfulness.

The most vulnerable to mental health during the pandemic were women in the postpartum period with a miscarriage or facing violence from an intimate partner.

The program to reduce the level of stress, anxiety and fear of childbirth in pregnant women diagnosed with COVID-19 includes:

- integration of psychiatric care and e-health
- the observed social and cognitive mechanisms in this study are amenable to change, and they can be used in the development of evidence-based measures to strengthen the mental health of pregnant women
- early social support and identification of difficulties of pregnant women during the pandemic is recommended to protect their mental health.
- Pregnant women should have unhindered access to psychosocial support, and they should also be provided with obstetric counseling in a pandemic

Conclusion

Based on our own data on the sensitivity and specificity of the most commonly used questionnaire scales, in the process of identifying and assessing the dynamics of PTSD, anxiety and depression, it is necessary to use the IES-6, GTR-7 and PHQ-9 scales. Diagnostic and therapeutic and tactical aspects of the management of pregnant women and women in labor with COVID-19 and psychoemotional disorders include the use of specialized questionnaire scales and a program of cognitive behavioral therapy in combination with sedative and metabolic medications, and can reduce the frequency of perinatal complications and shorten the rehabilitation period.