

Causes, Symptoms, Classification and Treatment of Neurosis

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Abstract--According to statistics, about 70% of the population in Russia suffers from neurosis. This disease has four forms, each of which proceeds differently: neurasthenia, anxiety and phobic disorders, obsessive-compulsive neurosis, and hysterical neurosis.

The neurosis itself can be described as a stagnant disorder that cannot let go of a person for years and decades due to the fixation of the psyche on some point in the patient's life, internal or intrapsychic conflict or not fully processed psychotrauma (and not rarely it is not even remembered by the patient because it becomes driven into the dark depths of the unconscious). The most difficult task in the diagnosis of neuroses is its classification and especially differentiation from symptomatically similar conditions of a different nature (schizophrenia, psychopathy, etc.). Experimental psychological examinations become very informative, and instrumental methods of examination (MRI, CT, etc.) are prescribed to exclude a tumor or infection of the Central nervous system.

This article is a study of a patient with a neurosis of the type of anxiety and phobic disorders. During the examination, the patient was recommended a certain treatment regimen, the results of which are also presented in this article.

Key words--neurosis, insomnia, panic attack, treatment of neurosis, psychotherapy, forms of neurosis.

I. INTRODUCTION

Neurosis is a sum of psychogenic and functionally reversible disorders, most often prone to a long course. The clinical image of neurosis includes asthenic, obsessive or hysterical manifestations or temporary weakening of mental and physical performance. Neurosis has another name-neurotic disorder (psychoneurosis).

The Central causes of such a disease in adults can be considered: stress, internal / external conflicts, adverse circumstances that cause psychological trauma, long-term overstrain of the intellectual or emotional sphere.

D. A. Avdeev characterizes neurosis as a prolonged , chronic violation of the central nervous system, provoked in the cortex of the cerebral hemispheres due to overstrain of nervous processes and the action of external stimuli that are inadequate in strength and duration. [1]

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There has been much debate among twentieth-century scientists about the use of the clinical term “neurosis” – both in relation to animals and humans. K. V. Bunkova in her theory represents neurosis as the result of psychologically hidden conflict – the same applies to the symptoms of neurosis. [2]

II. CAUSES OF NEUROSIS

The appearance of such a condition depends on most psychological and physical factors, but the most common experts in clinical practice include effects of an etiopathogenetic nature:

1. Absent-mindedness, the result of which was a negative consequence. For example, the eternal rush, during which a person forgets something and later begins to feel nervous and stressed about it.
2. Emotional long-term experiences or mental overload. For example, in children, a long and high educational load can lead to neurosis; in people of mature/young age can lead to a loss of work, dissatisfaction with their own life.
3. Intoxication or diseases that lead to cachexia of the body. For example, the result of a long-term infectious disease (tuberculosis or flu). It is not uncommon to see a similar picture among addicted of alcohol or tobacco;
4. Inability to solve a personal problem. For example, an overdue loan. Prolonged psychological pressure from the bank may eventually lead to a neurotic disorder;
5. Pathology of the Central nervous system, causing an inability for prolonged mental or physical work (congenital asthenia);

For no apparent reason, neurotic disorders can develop – they are the result of a painful inner world and self-suggestion of the patient. More often, this picture is observed in women with a hysteroid type of character.

Symptoms of neurosis

The symptoms of neurosis include two Central groups:

- 1) Mental character;
- 2) Somatic symptoms.

Both occur in any of the varieties of neuropathic disorder, but each has its own special characteristics, thanks to which it is possible to differentiate one type of neurosis from another.

Bunkova K. V. highlights among the symptoms of psychopathic character [3]:

Lack of desire to do anything as a result of constant fatigue and self-doubt. In this case, the patient does not have any goals, he is not sure of his own success, does not believe in himself. Inferiority complexes, lack of desire to communicate with others, and dissatisfaction with your own appearance often come out of this;

A sharp decline in performance and unwillingness to move further in work or learn appear in people. Not infrequently there are sleep disorders (drowsiness/insomnia).

In addition to these signs, you can note inadequate self-esteem (overstated/understated).

Gazhev B. N. in his work of neuroses identifies a group of somatic neuroses:

- The symptoms of vegetative dystonia, tremor of the extremities, sweating, anxiety, accompanied by hypo-/hypertonic syndrome;

- Heart pain (episodic). It can appear both at rest and when moving.

Fainting occurs with a critical decrease in blood pressure.

In adults, neurosis can manifest as psychalgia, the appearance of pain symptoms without organic changes in this system.

In this case, pain is a panic reaction of the patient's psyche to the patient's expectation of this. It often happens to him that subconsciously he can not get out of his thoughts and what he is afraid of.

Table 1. Physical and psychological symptoms of neurosis

Physical	Psychological
Tachycardia	Anxiety
Shortage of air	Tension
Excessive sweating	Fatigability
Chills/fever	Sleep disturbance

Signs of neurosis

If the patient has signs of this disease, they may have symptoms:

- Indecision;
- Emotional distress for no apparent reason;
- Symptoms of VSD;
- Headaches and heart pain;
- Communication problems;
- Tearfulness;
- Irritability;
- Obsession with a traumatic situation;
- Frequent feelings of fear, anxiety, or expectation;
- Inadequate self-esteem;
- Sleep disorder;
- Psychological fear of physical pain;
- Panic attacks, phobias;
- Anxiety, resentment;
- Warming of the eyes during pressure drops, dizziness;
- Mood instability;
- Increased sensitivity to bright light and temperature changes;
- Reduced performance due to chronic fatigue;
- When working fast, fatigue occurs faster and ends in fatigue;
- Increased sensitivity to stress;
- The dilemma of life values.

Table 2. Frequency of various forms of neurosis among men and women

Form	Gender	
	Men, %	Women, %
Neurasthenia	15	20
Hysterical neurosis	4	42
Obsessive-compulsive disorder	7	11

Forms of neurosis

Danikov N. I. in his research identifies several forms of neurosis:

Hysterical neurosis. It consists of hysterical and convulsive seizures, paralysis and cuts. It is not excluded and pain in different parts of the body, hysterical arthralgia, “lump” in the throat, vomiting, etc. These patients may exhibit irritation even in a quiet environment. Often their reaction is unpredictable and accompanied by inappropriate behavior. Among the somatic manifestations, there are symptoms of VSD, hypotension and obsessive movements. Attacks of hysteria are accompanied by an affective mental attack – the patient screams and rolls on the floor, may either try to commit suicide or harm others. It is not uncommon for these manifestations to become hidden symptoms of another form of the disease.

Neurasthenia, which is characterized by the following symptoms - constant headaches, increased fatigue, increased vulnerability, difficulty concentrating. There are three stages of this form of neurosis.

The first stage of the development of the disorder is marked by pronounced irritability without somatic signs, while physical and mental performance is preserved.

At the second stage, the patient feels a decrease in working, which worsens his condition. The final stage of the disease is marked by pronounced lethargy, weakness, apathy and developing asthenic syndrome.

There are also: depressive neurosis. This condition is the result of both neurotic and psychogenic depression. This disorder is characterized by a violation of sleep, bad mood, painful sensations, loss of the ability to enjoy. There may also be heart palpitations, dizziness, hypersensitivity, gastrointestinal dysfunction, tearfulness. Often, the patient has only a slight decrease in performance. In the presence of psychogenic depressive neurosis, a person feels unwanted, abandoned, complains of despondency, melancholy, he has inferiority complexes. Somatically, there is hypotension, sexual dysfunction, and inhibition.[5, 7]

obsessive-compulsive disorder. This disorder is characterized by actions and thoughts that are perceived as alien, but do not disappear and cannot be controlled;

hypochondriac neurosis. This disorder is the result of a painful fear of finding yourself in a situation that seems hopeless to a person, or manifests itself as a worrying possibility of getting sick with some serious illness.[10]

This form of disorder is very often manifested in the form of hysteria or in the form of obsessive-compulsive disorder. As a rule, the patient has most of the mental symptoms from the above list. At the same time, the patient regularly passes medical examinations, reads medical literature, but continues to suspect an incurable disease. Such phenomena are often observed among medical students or people working in a hospice. [3, 6]

These manifestations and symptoms of mental disorders may be, as it seems at first glance, not so obvious.

All diagnostics and treatment of neurasthenia, obsessive neurosis, hysterical neurosis and other diseases should be carried out only under the supervision of a specialist. [8, 9]

III. METHODS OF RESEARCH

The examination was conducted in Moscow in the Psychoneurological dispensary No. 10. The object of the examination was a 27-year-old patient diagnosed with neurosis. According to anamnesis, the patient had symptoms such as: panic attacks, obsessive thoughts, weakness, headache, decreased ability to work, drowsiness, jumps in blood pressure. In this case, both mental disorders and disorders of the nervous system (somatic), occurring in the type of VSD, were noted.

For the first time, signs of neurosis in the patient appeared after a number of hypertensive crises. The doctor diagnosed the patient with a neurosis of the type of anxiety and phobic disorders.

The patient was recommended:

1. Spitomin according to the scheme:
 - the first 3 days - ½ of a tablet in the evening;
 - ½ tablet in the morning 3 more days;
 - 1 tablet in the evening 3 days;
 - ½ tablet in the morning and evening for 3 months.
2. Cognitive psychotherapy.
3. Re-appointment in a month.
4. Visit to a neurologist 1 time per 3 months.

It is worth saying that the drug Spitomin must be taken for at least six months. The drug is prescribed by a doctor and taken until the patient is completely cured. Sometimes this treatment can take several years.

IV. RESULTS

A month later, the patient arrived for a second appointment. According to him, the panic attacks have decreased, but they haven't completely gone away yet. The pressure is kept within the normal range to a greater extent, activity has appeared, obsessive thoughts associated with the cause of the neurosis have also weakened and appear less frequently. This treatment regimen can be considered effective.

V. DISCUSSION

According to the research, in the treatment of neurosis, it is very important to determine its form and choose the appropriate treatment because each form of neurosis has its own characteristics and treating one form with drugs for the form of the other will be useless and incorrect.

In our examination the doctor was able to make the correct diagnosis, correctly determine the form of neurosis, as a result of which an effective treatment was prescribed in this case.

VI. CONCLUSION

Based on the research, it should be concluded that the modern drug–tranquilizer Spitomin (prescription) is effective in the treatment of neurosis that occurs as a type of anxiety and phobic disorders. An additional method includes cognitive psychotherapy. If you follow the treatment according to this scheme, the results will be effective. The examination showed that when using this scheme, the patient's well-being has improved significantly during the month of treatment. This scheme is recommended for the treatment of neurosis, which has the form of anxiety and phobic disorders.

REFERENCES

1. D. A. Avdeev Advice of an Orthodox doctor. Neuroses, depressions, and addictions. – M: Moscow, 2016 – 424 p.
2. A. A. Bobrov February with frosts and neuroses. – M: Moscow, 2011 – p. 759
3. D. V. Leikin, V. K. Depression and anxiety. A guide for physicians. – M: GEOTAR–Media, 2011, 180 p.
4. B. N. Gazhev Treatment of patients with neurosis. – M: MIM, 2018 – 256 p.
5. N. I. Danikov Insomnia. Depression. Neuroses. Fears. Stresses. – M: ETERNA, 2017 – 800 p.
6. P. I. Zagorodny Violation of sexual function in neurosis and nervous states in men. – M: Moscow, 2016 – 184p.
7. A. I. Zakharov Neuroses of Childhood. Psychological assistance to parents of children. – M: Respects, 2015-192p
8. A. Kreindler Asthenic neurosis. – M: Academy of the Rumanian people's Republic, 2014 – 412 p.
9. N. Maznev Insomnia and neurosis. – M: the House, 2011 –585 p.
10. E.I. Teleshevskaya Psychotherapy for neurosis. - Moscow: Medicine, 2012-168 p.
11. Zhang, N. The role of endogenous aryl hydrocarbon receptor signaling in cardiovascular physiology(2011) Journal of Cardiovascular Disease Research, 2 (2), pp. 91-95.
DOI: 10.4103/0975-3583.83033
12. Majeed, A.S. Eco-friendly design of flow injection system for the determination of bismarck brown R dye (2018) International Journal of Pharmaceutical Research, 10 (3), pp. 399-408.
13. Susi Ari Kristina, Ni Putu Ayu Linda Permitasari. "Association of Secondhand Smoke (SHS) Exposure with Health-Related Quality of Life (HRQOL): A Systematic Review." Systematic Reviews in Pharmacy 10.1 (2019), 61-66. Print. doi:10.5530/srp.2019.1.10