

Children with Bronchial Asthma, Psychoemotional Disorders

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Annotation

This article presents possible factors for the development of psychosomatic disorders in children with bronchial asthma.

Keywords: Allergy, atopy, bronchial asthma, psycho-emotional status, children, bronchial hyperreactivity, heredity, society.

Psychosomatism and - _ logical disorders (PSD). To date, there is no consensus regarding the definition of the concept of “psychosomatic disorder”, its classifications, single approach To diagnostics And treatment. [1, 2, 5, 6]. The pathogenesis is complex. The clinic is mosaic and is characterized by the fact that complaints do not correspond to objective data. PSD can be either a somatic manifestation of neurotic disorders and mental illnesses, conversion disorders, or a neurotic accompaniment of non-psychotic diseases. Therapy for this type of disorder requires an integrated approach from pediatricians, psychiatrists and psychotherapists.

At the core development of psychosomatic diseases with Long-term stress has a lasting influence on the hormones involved in the formation of stress reactions that cause disturbances in the metabolism of lipids, carbohydrates, and electrolytes [5].

Breathing is one of the important, if not the most important, functions of the body. The main function in the process of maintaining acid-base balance And saturation blood oxygen play lungs. Affective and situational conditions of a person's social life influence the performance of their functions by the lungs. Stress leads to impaired lung function and rapid breathing. When a child is in a balanced state, his breathing is even and calm, inhalation and exhalation harmoniously replace each other; such breathing is most often observed during sleep.

One of the main problems that worries parents is shortness of breath in the child. With neurotic respiratory syndrome, the main complaint of children is the need to breathe deeply, a feeling of

frequent lack of air and a feeling of tightness in the chest area cells, which accompanied feeling "fear of death". [3, 4]. The main symptoms of shortness of breath in children are one-sided change type breathing (chest no breathing is involved, and the diaphragmatic one predominates, or vice versa). The minute volume of breathing is approximately equal to 95% of the required amount; increased breathing leads to increased ventilation. Normal natural breathing begins to alternate between periods and - logical sighs, or change from normal level before hyperventilation. Rapid breath With hyperventilation is a sign of a psychosomatic disorder in children. Hyperventilation, which leads to anxiety disorders, is the cause of shortness of breath. Shortness of breath varies. It can imitate hiccups, attacks of bronchial asthma, and be accompanied by unpleasant bubbling, whistling and hissing sounds. Bronchial asthma is another problem that disrupts the natural functions of the respiratory system. Most often, chronic bronchitis is accompanied by depression And anxiety, A Also fear. At bronchial asthma at There is an increased readiness of the tracheobronchial system to respond to various stressful situations. In this case, there is a narrowing of the airways, which may well be eliminated spontaneously or as a result of treatment [6].

Today, genetic or acquired predisposition, abnormal metabolism, and frequent colds, which result in psychosomatic illness, are of particular importance. Psychosomatic illness is a defense against stress. Stress leads to emotions - local tension in combination with a stable change in vegetative nervous systems at children With bronchial asthma. However, when stress long And tense, can arise irreversible changes V vegetative nervous system at children, What leads to irreversible changes in organs.

For emergence psychosomatic diseases, must have certain features of individual character child. Among the characteristics of children with bronchial asthma, instability dominates , emotional lability, moodiness, egocentrism, decreased ability to communicate with others

Meaning stressful situations at children various age.

For young children: loss or decreased sense of security ness , cruel family, flaw supervision, overprotection , loss or illness of a loved one, inharmonious families, broken up or disintegrating, excessive demands, the appearance of a new family member, contradictory upbringing or a change in the type of upbringing, emigration, defenselessness after separation from the family.

For junior age greatest meaning It has separation from families, for schoolchildren - the impossibility of satisfying the aspirations of their parents;

For school-age children : failure to meet expectations families, experiences excessive responsibility behind other family members, rejection by the family, children's group, teachers, inability to cope with the workload, separation from the family, school team, change of place of residence.

For teenagers , it means rejection of the social group to which one wanted to belong.

It has meaning ability fit To new environmental factors , as well as whether others are trying to help the child.

Children with bronchial asthma are characterized by ambivalent relationships with mother (problem of intimacy and distance). WITH one sides They live V fear lose my individuality, on the other hand, to be rejected by the mother.

Long-term chronic diseases cause delayed emotional development and emotional immaturity.

with bronchial asthma are characterized by a higher level of negative emotions, poorer imagination, inability to ability to distinguish emotional problems from experienced physical problems [12]. Fear of suffocation creates anxiety, a feeling of rejection, reinforced by experiences of one's difference from peers. Psychopathological changes more often observed in children with severe asthma [10], significantly limiting the child's life and activity and his social development.

The clinical picture of bronchial asthma is accompanied by a violation secretion, bronchospasm And strong swelling mucous membranes membranes of the bronchi The occurrence of attacks of bronchial asthma occurs under the influence of many factors, which to a greater extent are the initial episode of emotional lability, leading To psychosomatic disorders. IN moment exacerbation of the disease child feels shortage oxygen, extended And exhalation becomes difficult and becomes very loud. Wherein he completely focuses his attention on the breathing processes. IN moment attack such children absolutely non-contact and capricious. This feature distinguishes children with bronchial asthma from others sick With shortness of breath [13]. Boys suffer from bronchial asthma is 3 times more common than girls, however, in older groups of patients, women are increasingly found among patients with asthma. Playback seizures connected With bronchial hyperactivity and incorrect respiratory motility. Most psychologists agree that bronchial asthma occurs in the form of conditioned reflex response to certain somatic and mental stimuli. These include: separation anxiety, fears, stress, odors, mood lability, hypothermia, or a certain type of allergen. Subjective symptoms of this disease: frequent fatigue, excessive irritability, panic-fear, bronchial obstruction, hyperventilation-hypercapnia. Mental disorders at bronchial asthma appear

V form reactive personal formations, which closely connected with neurosis-like disorders and the child's experience of illness. These mental disorders appear How peculiar reactions of children to an attack or in the peculiarities of the child's subjective experience of the disease. Mental disorders cause the child has negative attitudes towards treatment, feelings of painful anxiety, experiences and hypochondriacity . Asthenodepre with - severe disorders most often occur at the initial stage of asthma development. Children begin to have terrible thoughts about the hopelessness and futility of treatment, their mood drops almost before "zero" [3, 4]. Children start often lament and complain about life, telling everyone about the bleak future. Some children, on the contrary, may be constantly thoughtful and silent . Do you . Anxiety, fear and worry are constant companions of such patients. Treatment of bronchial asthma. In the early stages of the disease, psychogenic reactions predominate in many patients, which often on one's own pass And there are short-term. In these cases, children are recommended to consult a neuropsychiatrist. The psychotherapist must concentrate the attention of children with bronchial asthma on confidence V reversibility attack And special the importance of maintaining emotional balance. To achieve this goal, methods of family and individual psychotherapy are used. Should remember, What methods psychotherapy only effective started irreversible pathophysiological before changes, A That's why, how earlier will started treatment, those better For children with bronchial asthma.

Thus, behavior changes especially children requiring hospital treatment [7, 8], are important characteristics that must be taken into account in rehabilitation programs that require further improvement. Normalizing life in the family, school, eliminating stressful situations and excessive stress has a positive effect on the therapy of bronchial asthma.

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