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NEUROPSYCHIATRIC AND VEGETATIVE CHANGES IN ADOLESCENT GIRLS AT RISK OF REPRODUCTIVE HEALTH DISORDERS.

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Conclusion. *In the context of the modern demographic crisis, the problems of reproductive health of the younger generation have become very relevant. According to many years of observations, the condition of the reproductive system of women of childbearing age worsens, and a retrospective analysis of its formation revealed a high percentage of various diseases in adulthood.*

Keywords: *neuropsychiatric changes, vegetative changes, teenage girls.*

Introduction. Adolescence and youth are certain stages of maturity and development of a person, lying between childhood and adults. But what are the chronological boundaries and meaningful signs of these periods? The transition from childhood to adulthood is usually divided into two stages: adolescence (adolescence) and youth (early and late).

However, the boundaries in these ages are often completely surprisingly defined. For example, in domestic Psychiatry, people between the ages of 14 and 18 are called adolescents, and in Psychology, people between the ages of 16 and 18 are considered young. Age terminology has never been clear. V. In Dahl's Explanatory Dictionary, the term" young "means" young"," small"," young man from 15 to 20 years old "and" teenager " – "child in a teenager", about 14-15 years old. L. N. Tolstoy sees the 15th anniversary as a chronological line between adolescence and youth [1-5].

The word" Youth " refers to the stage of transition from dependent childhood to independent and responsible maturity, which, on the one hand, means the end of physical, in particular, sexual maturity, on the other hand, the achievement of social maturity. But in recent times, very important social and psychological changes have occurred [6-9]. Physical, in particular, sexual maturity has significantly accelerated, which has led to a "decrease" in the boundaries of youth, and the complication of social and labor activity, in which a person must participate, has led to an increase in the length of study periods [10-13].

New generations of young people begin an independent working life much later than their past counterparts, sitting longer at school desks. Thus, the young man "tried" various adult roles, but with them the prolongation of the period, which has not yet been clearly identified, and the change in the corresponding socio-psychological stereotypes [14-17].

Moments of crisis in adolescence and adolescence all researchers agree that the entire adolescence is a difficult time for both the teenager himself and the people around him. considered development as an internal deterministic, purposeful process that proceeds in the opposite way rather than in the same way through the emergence and resolution of internal disputes. Therefore, it focuses

on transitional periods or critical periods, in which the child experiences changes that are perceived by those around him in a small period of time. In his opinion, the crisis or critical period is a period of qualitative positive changes, resulting in the transition of the individual to a new, higher stage of development [18-20].

A. N. Leontyev L. S. Unlike Vygotsky, it distinguishes the concepts of "critical period" and "crisis". If the critical period is an inevitable transition from one stage of mental development to another, then there may be no crises with sufficient control over the process of external development. At this age, a "feeling of maturity" is formed - the desire to be, appear and act like an adult. The main task of personal development in youth is to find its place and strengthen in the adult world, which is experienced by young people and has a crisis character. K. According to Jung, the crisis moment of this period is a collision of a person with real-life demands that do not always correspond to his ideas. The young man gradually begins to realize that the world is not only happiness and pleasure, but also the beginning of the decay of his childhood beliefs and optimism [21-23].

Unlike adolescents, young people not only enter adult life into their consciousness, but also participate in it. At this age, the issues of choosing your unique path are especially acute: "who am I? What do I want? What can I do?». These are the most important issues that can be solved at a young age. If a person did not ask such questions at a young age and did not find answers to them, then he risks staying in adolescence for a long time (or forever), and his self-esteem will be based on opposing the opinion of society or the whole world. Sometimes in young people there is a strong fear of growing up, the desire to be small again, to avoid problems, to load them on the shoulders of another person. Fear of adulthood can lead to psychosomatic manifestations [24-27].

The crux of the coming-of-age crisis is a personality crisis, just like in the teenage crisis.

E. Erickson claimed in his work that the forms of identity are plastic and have a young dynamic. Thus, the identity crisis is not a characteristic feature of adolescence (then it is the brightest), but manifests itself at all stages of age development, including youth [28].

A personality crisis is filled with or replaced by a crisis of intimacy. Interpersonal relationships can become stereotypes at the same time, and a person himself can be in a state of psychological isolation. During this period, the feeling of loneliness is of particular importance [27-29].

Often the feeling of loneliness is accompanied by an unnecessary feeling. It is during the acute sense of loneliness that the final design of the inner world of a person takes place [30].

Adolescence is one of the main stages in the process of forming an emotional-voluntary regulation of an individual. Experiences during this period deepen, constant emotions are manifested, emotional response to a number of life events becomes more constant and stable. A much wider range of social reality phenomena becomes indifferent to a teenager and causes various emotions in him. It is characterized by mild excitability, sudden changes in mood and experiences. In certain situations, it can hide anxiety, excitement, sadness under the guise of indifference, but it can show more impulsiveness in behavior [31-35].

The specific psychological characteristics of adolescence have been called the "adolescent complex". This includes mood swings, depression and backwardness from common entertainment, as well as alternating manifestations of a number of polar emotional reactions. Thus, sensitivity to the assessment of the appearance, abilities, skills of strangers is combined with excessive arrogance in adolescents and indifferent judgments towards others. Sentimentality is sometimes characterized by astonishing rudeness, painful shyness – careless, with a desire to be recognized and appreciated by others – with extraordinary independence, power, generally accepted rules, and a struggle against common ideals – with the deification of common idols, and emotional fantasy – with excessive wisdom [36-40].

The main difficulty in adolescence is the rapid pace of physiological and psychological changes. This condition is characterized by subjective tension, anxiety, dark preconceptions and activation of the autonomic nervous system in terms of Physiology. Anxiety arises as an emotional

reaction to a stressful situation and can vary in intensity and dynamics over time. Often, anxiety is associated with the expectation of failures in social interaction and the inability to identify the source of danger. It can manifest itself as a feeling of helplessness, insecurity, weakness. Constant personal anxiety appears in adolescents with high levels of anxiety: weakness, irritability, doubt. In adolescence, when compared to adolescence, emotional reactions become more stable and conscious. At this age, the formation of a general emotional orientation of the individual occurs, that is, the strengthening of the hierarchy of values of various experiences. I. G. As Malkina-pix points out in her work, youth is an important age, because at this time the foundations of a person's emotional life are laid, which will be the basis of his emotion in his mature years [41-46].

The emotional life of youth is characterized not only by experiencing objective emotions (focused on a specific event, Face, event), but also by the formation of generalized emotions (beauty, tragic, sense of humor, etc.). These emotions represent the overall, more or less stable worldview of the individual. The formation of a sense of maturity is one of the important aspects, not adults at all, but men and women [47-51].

Thus, gynecological pathology in adolescence was reported in 1/3 of women with infertility, in 40% of women with pregnancy and pregnancy pathologies, in 50-60% of girls belonging to health groups 2 and 3. In girls under 18 years of age," functional " disorders in the structure of gynecological pathology (menstrual irregularities – 18.38% and dysmenorrhea – 16.33%) are second only to inflammatory diseases (44.37%). However, these dysfunctions are often overlooked by experts, with referral sometimes occurring a few years after the initial manifestation of the disease and with significant secondary organic changes (e.g. polycystic ovary) [52-55].

Obviously, these problems are rooted in developmental disorders in the earlier stages of ontogenesis. The leading importance of neuro-endocrine regulation in the formation and implementation of reproductive function pays great attention to the study of the characteristics of the neuromuscular development of girls at high risk of disruption, which is the goal of this study.

The purpose of the study: A study of neuropsychiatric and vegetative changes in adolescent girls at risk of reproductive health disorders

Research materials and methods: 150 teenage girls aged 12-18 who were observed by the gynecologist due to menstrual irregularities were examined: 3 girls had menorrhagia, the rest had oligo or amenorrhea (20% last more than a year). The study did not involve girls with genital abnormalities and disorders of sexual development due to dysgenesis of the gonads of various origins (the selection of patients in the group was carried out after a complete clinical gynecological examination with the necessary instrumental, endocrinological and genetic diagnostics). With diabetes mellitus, there were no disorders of water-salt metabolism and physical development, an enlargement of the thyroid gland was observed in 1/5 of patients. All girls were from prosperous families; most of those observed are characterized by strict regulation of life, overloading of education, and high levels of social claims.

The main methods of research are Neurological, Clinical-Psychological and electroencephalographic (EEG), if necessary, ophthalmological examinations, according to the instructions – magnetic resonance imaging of the brain (MRI).

Results and their discussion. Analysis of anamnestic data revealed the pathology of pregnancy and the frequent occurrence of intranatal damage in mothers of the group of girls examined in almost half of the observations (more than 1/3 of cases – pathology of Childbirth Using obstetric care, asphyxia and damage to the nervous system of the fetus). It should be noted that in 12% of mothers, pregnancy occurred after long-term treatment of infertility and was preserved with the help of hormonal drugs (dexamethasone, turinal, etc.). Most of the girls were fully born (42% premature, 16% premature), showed good morphometric indicators at birth, a high body mass index (BMI), and showed very successful development in the first year of life (table. 1). The whole group is characterized by improper adaptation when visiting kindergarten and especially at the beginning of school, which was

manifested by somatic discomfort, the appearance of headaches, pathological weather sensitivity, sleep disorders, in some cases tics, enuresis, stuttering, changes in appetite and weight gain. 88% of girls were observed by various specialists (cardiologist, gastroenterologist, endocrinologist, neurologist, etc.

Table 1.

Clinical anamnestic indicators of patients examined

Specification	Values and frequency of indicators, %
Anamnesis	
Pathology of pregnancy in the mother	48%
Birth pathology	36%
Gestation period at birth	38.9±1.2 weeks
Morphometric indicators at birth:	
body weight	3396,7± 433,4 g
grow	51,3±2,5 cm
body mass index	13±0,9 kg / m^2
Somatic discomfort	88%
Infectious and allergic diseases	78%
Brain damage	30%
Menarche age	11,8±1,4 years
Complaints	
Sleep disorders	60%
Headache	70%
Overweight	90%
Hirsutism, striae and problem skin	96%
Difficulties in emotional regulation	92%
Clinical manifestations	
Neurological symptoms:	
main right dysfunction	
cerebral hemispheres	
main dysfunction of the left hemisphere of the brain	86%
Vegetodiston	14%
anjiodistan	76%
cardioarrhythmia	26%
thermoregulation disorder	18%
Neurosis-like manifestations	100%

With age, the "bouquet" of painful conditions increased, infectious allergic diseases were frequent; in 1/3 cases, head contusions with mild commotional events were recorded, often repeated in connection with sports and associated with the onset of puberty.

With age, it is customary to change the characteristics of the character of girls: calm, balanced, slightly "lazy" in infants and preschool children, who by puberty were impulsive, nervous, stubborn, striving for leadership among their peers, uncompromising and categorical, while remaining calm and purposeful.activity. Psychotravmas were recorded in 44% of cases, and often girls perceived very simple situations in such a way.

In addition to menstrual irregularities, patients have been reported overweight, skin problems (hirsutism, acne, neurodermatitis, striae), frequent headaches of spasmodic and migraine character (mainly related to stress), sleep disorders, weather dependence, difficulties in emotional regulation

(tears, "explosion", mood swings without motivation, stubbornness), pronounced astheno-depressive reactions in 1/3 of cases.

In the clinical picture, 84% of girls reported dysplastic features and posture disorders (often scoliotic) with osteochondrosis events in the cervical spine, accompanied by vertebrobasis circulatory disorders (usually negrubo). In the neurological case, micro-focal signs of subcortical root level, often localization of the right hemisphere, occurred.

Table 2

Indications of girls before EEG treatment and against the background of complex therapy

EEG indicators	Frequency, %	
	before treatment	against the background of treatment
Cortical electrogenesis:		
simple	14	72
broken	50	22
formation delay	36	6
Functional brain activity:		
simple	6	44
unsustainable	44	36
reduced	50	20
Dysregulation:		
no	28	58
medial	22	8
pronounced	50	34
Dysfunction of diencephalic subcortical structures:		
lost	–	22
medial	78	64
pronounced	22	14
Irritation of the root sections:		
lost	28	58
medial	64	42
pronounced	8	–
Epileptic activity in background writing	8	8
Convulsive preparedness limit (answer hyperventilation).:		
simple		
average decline	14	44
sharp decline	36	42
	50	14

Narrowing of the volume of direct and delayed repetition with frequent errors of an associative nature(the latter also appeared in the repetition of the story); in speech-insufficient expressiveness, compactness and difficulty in drawing up extended statements, slight ambiguity of pronunciation, difficulties of articulatory keys and acoustic-Gnostic errors in the context of distribution of attention; impulsivity in posture Praxis, head tests, left-hand touch in theuber tests, Premature girls were characterized by increased sensitivity, increased fatigue and more serious disorders of regulation.

The reborn discovered a wide range of emotional features: sluggishness and lack of expression of emotions, dysphoria, demonstrativeness, protest reactions; they faced a violation of their ability to work due to a high level of satiety and a formal attitude to tasks, failures in regulation were rarely noted, good speech development is characteristic.

Thus, the development of girls with impaired menstrual function in adolescence is characterized by pronounced features. Risk factors in the Perinatal period are the pathology of pregnancy in mothers and especially the significant frequency of childbirth, the birth and delivery of a large fetus. Biological bases include the structures of the right hemisphere and the main damage to the diencephalic region of the brain, which is mainly responsible for the normal development of adaptive processes [2, 3]. In clinical manifestations, from an early age, there are changes in conditions and loads, neurosis-like reactions, increased exacerbations and dysfunction of various body systems with severity, which allows them to be classified mainly as psychosomatic diseases.

Long-term psychophysical overloads (especially significant for premature births) reduce the energy resources of the brain and prevent the normal formation of cortical regulatory processes (more often in the left hemisphere) [3]. The overload of education, high demands and life regulation are additional malfunctioning exogeneities. As a result, a detailed clinical picture of diencephalic dysfunction in adolescence is formed by its many metabolic, regulatory and Psychovegetative diseases, which are considered as a separate nosological form, which is called puberty hypothalamus Syndrome (E 23 on ICD x). Often, various specialists deal with its individual manifestations, while at the same time not fully realizing the dysontogenetic nature of the problem.

From the data obtained, it follows that the prevention, correction and treatment of diseases in question should begin at an early age, support development in accordance with the tasks of the ontogenetic stage and ensure the physiological orientation of neuropsychic processes. This applies to both psychophysical loads and drug treatment.

In our opinion, the use of drugs that affect the "interested" structures of the brain is the most optimal, and the choice of specific means is determined by their maximum safety and the pathogenetic nature of the action.

Of particular importance and preference are drugs with neuromodulatory and metabolic properties that have a complex harmonizing effect on the brain and the body as a whole.

Depending on the loads, the stage of treatment, the drugs and their dosage may vary. In particular, in the treatment of a group of girls with menstrual disorders, we used a complex of drugs that contain carbamazepine in small doses (up to 100 mg / day), nootropic (preferably with mild effects such as glycine, pantogam) and metabolic (Elcar, angiotropes).vinpocetine and Ginkgo from the biloba groups) drugs. All patients recorded positive changes: in the first month of treatment, 30% had menstruation, in 66% – 3 months, everyone reduced dysmenorrhea (with many stopping complaints); 96% of girls lost the need to use hormonal regulators of the menstrual cycle [6]. Improvements in the energy and neurodynamic processes of the brain manifested as optimization of EEG indicators (table. 2) and significant changes in the condition of patients: vegetative period, meteopathic phenomena decreased and gradually decreased, sleep normalized, working capacity and academic performance increased, emotional regulatory capabilities, cold resistance. Throughout the year, during supportive therapy, especially when it coincides with the period of overload, all girls have a tendency to normalize weight, hormonal indicators and skin condition. All those who were examined noted the reduction of diseases similar to neurosis, facilitating the tolerance of loads. After 3 years of observation, no symptoms of pituitary adenoma were detected in 14 MRI patients, the size of training in 3 girls remained the same or decreased.

Conclusion. Thus, the risk group for reproductive health problems includes girls with a history of perinatal damage (especially excessive reproduction and birth of a large fetus), frequent and varied somatic and infectious-allergic diseases, traumatic brain injury, psychophysical overload. In the case of neuropsychiatric, they are mainly characterized by symptoms of dysfunction of the

stemodiencephalic structures of the right hemisphere of the brain, neurosis-like reactions, regulatory disorders in the form of various vegetative, endocrine and psycho-emotional disorders that grow with age. Prevention and treatment of these diseases should be timely, pathogenetically justified and complex. Adequate conditions of development and load should be combined with drug treatment aimed at improving neurodynamic and energy processes, the interaction of the cortical and root systems of the brain. The duration of therapy, in addition to clinical features, patient development and living conditions, can last for several years, if necessary, until the achieved possibilities of independent neuropsychic and hormonal regulation stabilize.

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