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Typeset in Times LT Std by Aptara, Inc.

- Erkin Ya. Ermetov, Rustam. E. Yakhshiboyev*
- 72 PATHOGEN DYNAMICS IN PURULENT INFLAMMATION OF DIABETIC FOOT SYNDROME AND THEIR SUSCEPTIBILITY TO ANTIBIOTICS 218-220**
Zilolakhon N. Ergasheva, Zukhra A. Nuruzova, Maryam V. Zalyaliyeva, Fazliddin A. Dustov
- 73 EARLY DIAGNOSIS OF NASAL AND PARANASAL SINUS DISEASES IN PATIENTS WITH COMMUNITY-ACQUIRED PNEUMONIA 221-223**
Shakhlo Kh. Bakieva, Daulet A. Jumanov
- 74 EVALUATION OF BIPHOSPHONATES' EFFECTIVENESS IN TREATING OSTEOPOROSIS DURING THE CLIMACTERIC PERIOD: A CLINICAL STUDY 224-226**
Abror A. Khamraev, Masuda B. Kasimova, Nigora A. Akhmedova, Kristina K. Alieva
- 75 FREQUENCY OF NEONATAL ATELECTASIS OF THE LUNG AND MORPHOLOGICAL CHANGES 227-230**
Zebo I. Ruzieva, Ra'no K. Dadabaeva, Oybek F. Eshmamatov
- 76 ANXIETY-PHOBIC DISORDERS IN IRRITABLE BOWEL SYNDROME: EVALUATION OF PSYCHOTHERAPY AND PSYCHOPHARMACOTHERAPY EFFECTIVENESS 231-234**
Sabokhat Sh. Gafurova, Surayyo T. Yusupkhodjaeva
- 77 ANALYSIS OF EARLY ATHEROSCLEROSIS RISK FACTORS AND INFLAMMATORY MEDIATORS IN SYSTEMIC SCLERODERMA PATIENTS 235-237**
Nafisa A. Ganieva¹, Elnora R. Djuraeva², Maxsuma X. Sultonova³, Feruza K. Ziyaeva⁴, Gulchehra T. Bekenova
- 78 GENETIC INSIGHTS INTO SCN1A GENE VARIANTS AND MONOGENIC EPILEPSY IN INDIVIDUALS OF UZBEK ETHNICITY 238-240**
Nodira M. Tuychibaeva, Farogat R. Alimkhodzhaeva, Kamila R. Gubaydulina
- 79 HEMOSTASIS AND ENDOTHELIAL DYSFUNCTION IN AUTOIMMUNE THYROIDITIS: INSIGHTS FROM HYPOTHYROID PATIENTS 241-243**
Nazokat I. Bekchanova, Shaira A. Babadjanova, Dilafruz L. Zaynutdinova, Nodira F. Nuriddinova
- 80 ADVANCES IN DIAGNOSIS, TREATMENT, AND MANAGEMENT OF COMPLICATIONS IN COMBINED FACIAL SKELETON TRAUMA: A REVIEW 244-245**
Shukhrat A. Boymuradov, Davron D. Ibragimov, Shokhrukh Sh. Yusupov
- 81 DETECTION OF ASSOCIATED DISEASES IN PATIENTS WITH CHRONIC DISEASE OF KIDNEYS 246-248**
Ilkhom O. Otajonov, Guli Shaykhova
- 82 ASSESSING THE RISK OF COVID-19 COMPLICATIONS IN EPILEPSY PATIENTS: NEUROLOGICAL OUTCOMES AND SEIZURE MANAGEMENT 249-251**
Khanifa Khalimova, Nilufar Rashidova, Saykha Ilkhomova

Anxiety-Phobic Disorders in Irritable Bowel Syndrome: Evaluation of Psychotherapy and Psychopharmacotherapy Effectiveness

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Abstract

The study examines anxiety-phobic disorders in patients with irritable bowel syndrome (IBS) and evaluates the effectiveness of psychotherapeutic and psychopharmacological interventions. A total of 96 patients aged 25-40 were divided into two groups: Group 1 received psychopharmacotherapy with Sulpiride and psychotherapy based on Wolpe's systematic desensitisation method; Group 2 received basic treatment and rational psychotherapy. Results indicated that phobic anxiety syndrome was more prevalent in women (59%) than men (41%), with severe phobia being more common in both groups. Psychotherapy led to significant improvements in anxiety and phobia levels, with Group 1 showing greater functional recovery than Group 2. The introduction of an algorithm based on Wolpe's method into the treatment regimen enhanced the quality of psychocorrection, improving social adaptation and quality of life. The study concludes that combined psychopharmacological and psychotherapeutic treatment is highly effective in managing psycho-emotional disorders in IBS patients.

Keywords: irritable bowel syndrome, anxiety-phobic disorders, psychotherapy, psychopharmacotherapy, HARS scale.

Introduction

Irritable bowel syndrome (IBS) is one of the most prevalent psychosomatic disorders, significantly affecting the quality of life due to its strong association with psycho-emotional stress. The core problem lies in the high prevalence of anxiety-phobic disorders in IBS patients, which complicates treatment outcomes. Previous studies have highlighted the psychosomatic nature of IBS, emphasising the role of early-life stress in the development of gastrointestinal disorders like IBS and GERD [1,2]. Research by Van Oudenhove et al. has demonstrated that 50-90% of IBS patients suffer from comorbid mental health conditions, including anxiety and depression [3]. Sulpiride has been shown to be effective in treating IBS through its dual action on the gastrointestinal and nervous systems, improving motility and reducing anxiety [4]. Cognitive-behavioural therapy (CBT) is another established intervention for reducing anxiety and phobia in IBS patients [5,6]. This study proposes a combined psychopharmacological and psychotherapeutic approach, integrating Sulpiride treatment with Wolpe's systematic desensitisation, to address both the psychological and physiological symptoms of IBS. This combined approach can enhance treatment efficacy, providing significant advancements in the management of IBS-related mental health disorders in the field of medical sciences. The goal of this research is to improve diagnostic criteria and optimise therapeutic outcomes for patients with anxiety-phobic syndromes in IBS.

Materials and methodology

The study was conducted on 96 patients diagnosed with irritable bowel syndrome (IBS) in the gastroenterology department of the Tashkent Medical Academy from 2019 to 2023. Participants, aged 25-40, were evaluated for anxiety-phobic disorders using medical-psychological questionnaires and

psychometric tests, including the Hamilton Anxiety Rating Scale (HARS) and an express diagnostic questionnaire for phobic anxiety disorders. Standard laboratory tests, including blood, urine, stool analysis, and colonoscopy, were performed to exclude organic gastrointestinal diseases.

Patients were divided into two groups: Group 1 received psychopharmacotherapy with Sulpiride (50 mg, 3 times daily for 1 month) and psychotherapy based on Wolpe's systematic desensitisation. Group 2 received basic psychopharmacotherapy with Sulpiride and rational psychotherapy. Both interventions were administered over 30 days, with psychotherapy sessions lasting 45-60 minutes, 6-8 times. The control group consisted of 33 healthy individuals.

Inclusion criteria encompassed patients without significant somatic or neurological disorders, preserved consciousness, and no psychotic disorders. Exclusion criteria included pregnancy, breastfeeding, and substance abuse, ensuring a controlled and focused assessment of anxiety-phobic syndromes related to IBS.

Results

This study assessed the effectiveness of psychopharmacotherapy and psychotherapeutic interventions in treating anxiety-phobic disorders in patients with irritable bowel syndrome (IBS). The participants were divided into two groups: Group I, which received Sulpiride and systematic desensitisation based on Wolpe's method, and Group II, which received basic treatment and rational psychotherapy. The control group consisted of healthy individuals, allowing for a comparative analysis of results.

Patient Demographics

The study involved 96 patients, aged 25 to 40, with a mean age of 34.5 ± 2.3 years. Table 1 outlines the distribution of patients by gender in each group. Group

I had 18 men (36%) and 32 women (64%), while Group II comprised 18 men (39%) and 28 women (61%). The control group consisted of 15 men (45%) and 18 women (55%). Overall, the total number of patients was 129, with 46 men and 70 women, confirming that anxiety-phobic syndromes were more common in women than men.

Table 1: Distribution of Patients by Gender

Groups	Men (%)	Women (%)	Total Number
Group I	18 (36%)	32 (64%)	50 (100%)
Group II	18 (39%)	28 (61%)	46 (100%)
Control Group	15 (45%)	18 (55%)	33 (100%)
General	n=46	n=70	n=129

Note. In this and the following tables, percentages are given in brackets.

Anxiety and Phobia Levels Before and After Treatment

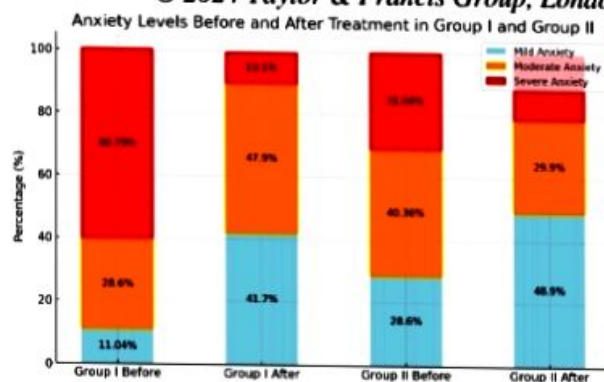
The Hamilton Anxiety Rating Scale (HARS) and an express diagnostic questionnaire were used to assess anxiety and phobia levels before and after treatment in both groups. Before treatment, Group I had a severe anxiety level of 60.79%, moderate anxiety of 28.6%, and mild anxiety of 11.04%. After systematic desensitisation, the anxiety levels in Group I shifted significantly: 41.7% had mild anxiety, 47.9% had moderate anxiety, and only 10.1% had severe anxiety. Group II showed less improvement compared to Group I, with 48.9% of patients having mild anxiety, 29.9% moderate anxiety, and 21.1% severe anxiety after treatment.

The phobia levels followed a similar pattern. In Group I, severe phobia dropped from 60.35% before treatment to 10.64% after treatment, while mild phobia increased from 15.06% to 40.18%. In Group II, severe phobia dropped from 43.88% to 21.84%, indicating that systematic desensitisation was more effective than rational psychotherapy.

Table 2: Anxiety Levels Before and After Treatment (HARS Scale)

Group	Mild (%)	Moderate (%)	Severe (%)
Group I Before Treatment	11.04	28.6	60.79
Group I After Treatment	41.7	47.9	10.1
Group II Before Treatment	28.6	40.36	31.04
Group II After Treatment	48.9	29.9	21.1

Figure 1 below illustrates the phobia levels in patients from Group I and Group II before and after treatment, based on the express diagnostic questionnaire. In Group I, severe phobia dropped significantly from 60.35% to 10.64% after treatment, while mild phobia increased from 15.06% to 40.18%. Group II, which



received rational psychotherapy, also experienced reductions in severe phobia (from 43.88% to 21.84%) and an increase in mild phobia (from 22.35% to 46.61%). This visualisation underscores the superior efficacy of the systematic desensitisation approach used in Group I for reducing severe phobia levels.

Figure 1. Anxiety Levels Before and After Treatment in Group I and Group II

Phobia Levels Before and After Treatment

Phobia levels were measured using the express diagnostic questionnaire, and results indicate a similar trend as seen with anxiety. In Group I, the percentage of patients with severe phobia decreased from 60.35% to 10.64%, while the percentage of patients with mild phobia increased from 15.06% to 40.18%. Group II also showed improvement, though to a lesser extent, with a reduction in severe phobia from 43.88% to 21.84%.

Table 3: Phobia Levels Before and After Treatment

Group	Mild (%)	Moderate (%)	Severe (%)
Group I Before Treatment	15.06	25.37	60.35
Group I After Treatment	40.18	49.37	10.64
Group II Before Treatment	22.35	33.62	43.88
Group II After Treatment	46.61	31.55	21.84

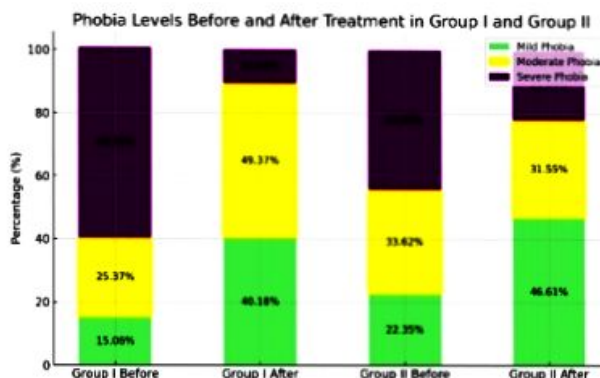


Figure 2. Phobia Levels Before and After Treatment in Group I and Group II

Figure 2 above illustrates the phobia levels in patients from Group I and Group II before and after treatment,

based on the express diagnostic questionnaire. In Group I, severe phobia dropped significantly from 60.35% to 10.64% after treatment, while mild phobia increased from 15.06% to 40.18%. Group II, which received rational psychotherapy, also experienced reductions in severe phobia (from 43.88% to 21.84%) and an increase in mild phobia (from 22.35% to 46.61%). This visualisation underscores the superior efficacy of the systematic desensitisation approach used in Group I for reducing severe phobia levels.

Analysis and Discussion

The results of this study indicate that both psychopharmacotherapy and psychotherapeutic interventions are effective in treating anxiety-phobic disorders in IBS patients. However, the combination of Sulpiride and systematic desensitisation (Group I) was significantly more effective than the basic treatment with rational psychotherapy (Group II). The marked reduction in severe anxiety and phobia levels in Group I demonstrates that addressing the psychological symptoms of IBS with a targeted psychotherapeutic approach leads to better outcomes. One possible explanation for this could be that systematic desensitisation, which is designed to reduce emotional sensitivity to anxiety-inducing stimuli, is more effective in alleviating the maladaptive cognitive-affective processes seen in IBS. This aligns with previous research showing that IBS-specific anxiety plays a central role in symptom severity and treatment outcomes [1,5]. Furthermore, Wolpe's systematic desensitisation directly targets phobia-inducing stimuli, allowing patients to gradually reduce their fears, which might be contributing to the stronger results seen in Group I.

The improvements observed in both groups highlight the importance of combining pharmacotherapy and psychotherapy in IBS treatment, but the superior results in Group I suggest that systematic desensitisation may be a key component in achieving optimal treatment outcomes. This combined approach not only enhances the efficacy of treatment but also provides a long-lasting reduction in both anxiety and phobia levels, contributing to the patient's overall well-being and quality of life.

The visual representations of the anxiety and phobia levels before and after treatment, as shown in the bar charts, illustrate the significant changes in both groups. Group I, treated with systematic desensitisation and Sulpiride, demonstrated a drastic drop in severe anxiety from 60.79% to 10.1%, with a corresponding increase in mild anxiety from 11.04% to 41.7%. Group II showed less dramatic changes, but still saw improvements, with severe anxiety decreasing from 31.04% to 21.1%. Similar patterns were observed for phobia levels. Severe phobia in Group I decreased from 60.35% to 10.64%, while mild phobia increased from 15.06% to 40.18%. Group II showed improvements as well, but the reduction in severe phobia from 43.88% to 21.84% was less significant compared to Group I.

These results demonstrate that a more targeted psychotherapeutic intervention, such as systematic desensitisation, is crucial in treating anxiety-phobic disorders in IBS patients. The integration of cognitive-behavioural techniques into treatment regimens, particularly in chronic conditions like IBS, can offer more sustainable improvements in patient mental health. Given that IBS symptoms often exacerbate under stress, addressing the psychological elements of the disorder appears essential in achieving long-term symptom relief.

Conclusion

This study evaluated the effectiveness of psychopharmacotherapy combined with psychotherapy in treating anxiety-phobic disorders in patients with irritable bowel syndrome (IBS). Two groups were compared: Group I, which received Sulpiride and systematic desensitisation, and Group II, which received Sulpiride with rational psychotherapy. The results demonstrated that Group I had significantly better outcomes, with severe anxiety dropping from 60.79% to 10.1% and severe phobia reducing from 60.35% to 10.64%. Group II showed moderate improvements, but Group I's treatment was notably more effective. These findings suggest that systematic desensitisation, when combined with pharmacotherapy, offers a more comprehensive approach to managing psychological disorders in IBS patients. The study recommends further investigation into this combined method to solidify its role in clinical practice. Future research should explore its application in other psychosomatic disorders to improve treatment outcomes and patient quality of life.

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