

Research Article

# Diseases of the mental sphere revealed by the psychiatrist at contingent of patients of the consultative outpatient admission

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## More Information

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**Keywords:** Outpatient admission; Psychiatrist; Advisory department; Regional diagnostic center; Subarctic territory



## Abstract

**Introduction:** The problem of protecting and strengthening the mental health of the population is the most important task of ensuring the socio-economic well-being of the Komi Republic (RK) as an integral part of the Russian Federation (RF), since it is a key resource for the development of a subarctic region.

**The aim of the work:** was to characterize diseases of the mental sphere revealed by the psychiatrist at contingent of patients of the consultative outpatient admission at the 1State Autonomous Health Agency of the Republic of Komi "Consultative and Diagnostic Center of the Republic of Komi" (SAHA RK "CDC") of the subarctic territory.

**Materials and methods:** The analysis of a continuous sample of 6255 patients of the psychiatrist of the consultative department in 2015-2017 was carried out. on the basis of medical records. Analysis methods included: analytical and statistical. The control group consisted of a continuous sample of 5,356 psychiatric patients in 2010–2012. The depth of the study was 8 years.

**Discussion:** Trends in changes in demographic indicators, including gender and age, in the structure of patients of a psychiatrist in an outpatient consultative procedure are considered. Indicators of the identified pathology of the mental sphere, including the first identified and pathology in patients suffering from epilepsy in comparison with the control group are given. Attention is paid to the organizational and methodological work of an outpatient counseling psychiatrist on the targeted identification by internists of signs of mental pathology in patients referred to a diagnostic center with somatic diseases. Priorities for the improvement of specialized advisory (including psychiatric) assistance to the population of the RK and ensuring its quality were identified.

### Conclusions:

1. The psychiatrist of the advisory department in 2015-2017. 6255 people were accepted (889 more than in the control group of 2010-2012). The increase was 16.78%. Primary patients account for 64.38% of the total number of people who applied to a psychiatrist (4027 people).
2. In the structure of the psychiatric pathology of the outpatient psychiatric appointment, the proportion of organic, including symptomatic, mental disorders (F00-F09) is 47.9±0.6%; neurotic, stress-related and somatoform disorders (F40-F49) - 39.6±0.6%; mental and behavioral disorders associated with the use of psychoactive substances (F10-F19) - 3.5±0.2%; mood disorders (affective disorders) (F30-F39) - 2.8±0.2%.
3. The most frequently detected pathologies in patients with epilepsy are: 1) Mild cognitive impairment; 2) Personality disorders; 3) Organic emotionally labile (asthenic) disorders. Their share annually accounts for 71.5%-75.8% of all types of nosological forms. The fourth and fifth ranking places are taken by: 4) Organic anxiety disorders; 5) Non-psychotic depressive disorders. Rarely diagnoses are established: "Organic Amnesia Syndrome" and "Dementia".
4. Organic, including symptomatic, mental disorders prevail in the structure of newly discovered mental disorders; neurotic, stress-related and somatoform disorders (up to 87.7%). Mental and behavioral disorders associated with the use of psychoactive substances and mood disorders (affective disorders) do not exceed 8.4%.

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## Introduction

The problem of protecting and enhancing the health of the population is the most important task of ensuring the socio-economic well-being of the Komi Republic (RK) as an integral part of the Russian Federation (RF), since it is a key resource for the development of a subarctic region. The main goal of the health care industry of RK is to preserve health by creating an organizational system that is maximally focused on improving the quality and accessibility of medical care for the population. Over the past five years, the number of inhabitants in the RK continued to decline due to migration and natural loss. The main role in population dynamics is played by external migration. At the same time, an increase in the birth rate and a decrease in mortality were observed. As a result, the natural losses of the population decreased, and in urban areas the natural decrease was replaced by an increase. The aim of the work was to epidemiological characteristics of the identified pathology of the mental sphere in the patient population of a psychiatrist of the State Autonomous Health Agency of the Republic of Komi "Consultative and Diagnostic Center of the Republic of Komi" (SAHA RK "CDC RK") aimed at consulting internist doctors with various somatic pathologies in whom during the examination, symptoms were identified that required consultation with a psychiatrist.

## Material and Methods

Analysis of a continuous sample of 6255 patients to a psychiatrist of the consultative department of the SAHA RK "CDC RK" in 2015-2017 was carried out on the basis of medical records. More than 51% of the first-time referrals were sent by specialist doctors (internists) of the SAHA RK "CDC RK" for between cabinets consultations on the subject of possible pathology of the mental sphere, 12% - health facilities of urban entities and districts of the RK, the rest - independently consulted a psychiatrist. When working on the material used methodological approaches: systemic, integrated, integration, functional, dynamic, process, regulatory, quantitative, administrative and situational. Analysis methods included: analytical and comparison. For the analysis, the following techniques were used: grouping, absolute and relative values, average values, detailing and generalization. The reliability of the results obtained was estimated by calculating the student coefficients. Methodical approaches were used: system, integrated, integration, functional, dynamic, process, regulatory, quantitative, administrative and situational, as well as methods: historical, analytical and comparison. The following techniques were used: grouping, absolute and relative values, average values, detailing and generalization. The results were processed statistically on a personal computer. The arithmetic mean and standard deviation with the normal type of distribution of variables were used as the main characteristics of descriptive statistics. Qualitative features were presented in the form of relative frequencies with the definition of a confidence interval. The significance of differences in quantitative

traits between groups with a normal distribution of quantitative variables was calculated using t-criteria for independent samples. The error threshold for statistically significant differences was set at 0.05. The control group was made up of a total of 5,356 calls for a psychiatric consultation in 2010-2012. The depth of the study was 8 years [1-4].

## The study

The study was conducted on the basis of the SAHA RK "CDC RK", which provides highly qualified consultative and diagnostic, specialized medical assistance to the population of the RK and the organizational and methodological guidance of the diagnostic services of health institutions within regional administrative entities. The RK is located in the Extreme North-East of the European part of the RF and belongs to the subarctic territories. The main task of the SAHA RK "CDC RK" is to provide high-quality comprehensive diagnosis of diseases and provide highly qualified advice with the use of high-performance medical technologies on an outpatient basis, accessible to the general population. It serves patients of 20 administrative territories of the RK and part of the Arkhangelsk region. For this purpose, modern diagnostic and technical equipment is concentrated in the SAHA RK "CDC RK" a team of qualified specialists is formed.

## Results

Psychiatric admission in the advisory department of the SAHA RK "CDC RK" is carried out by one specialist. The versatility of psychiatry is well known, and the division of doctors into psychiatrists and internists only underlines the importance of medical psychology and psychiatry in clinical specialties. Consultation of a psychiatrist not only complements, but also reveals the features of somatic pathology to internist physicians. He was approached in 2015-2017. 6255 people, 889 more compared to the control group. The increase was 16.78%. Among them, there were 4027 primary patients (64.38% of the total number of patients taken). The number of initial complaints increased not only in absolute terms by 1263 patients, but also by specific weight by 12.77%. (In the control group of primary patients it was 51.61%). By branch, this indicator was slightly lower and amounted to 62.25%. In the control group of 2010-2012 years the proportion of visits to the psychiatrist in relation to the entire advisory department ranged from 2.91% to 2.43%, averaging 2.42%. But already in 2016, its growth amounted to 28.70%, and in 2017-41.42% compared to 2015 and rose to 3.60% (on average for 3 years, 2.99%). At the same time, the advisory department experienced a consistent decrease in the total number of visits. Compared with the benchmark results of 2010-2012 years the number of visits in the advisory department decreased by 11,962 visits, and in 2017 compared to 2015, by 9,509. That is, against the background of declining visits to interns, the demand for a psychiatrist increased by 14.3%.



The age group of children under 17 years of age has practically disappeared in the structure of psychiatric patients. In 2015-2017 years were taken only 17 people. Compared with the control group (99 people), the decline occurred 5.82 times. This tendency is typical in general for the advisory department of the SAHA RK "CDC RK", focused mainly on the reception of the adult population. The decrease in adopted children occurred in total from 2874 (2010-2012) to 519 (2015-2017) in all medical specialties (5.54 times). This is due to the development, strengthening and specialization of the pediatric service not only in the city of Syktyvkar, but also in other urban settlements and rural areas of the RK. At the same time, the proportion of children admitted by a psychiatrist from the total number of those who went to the doctors of the consultative department remained stable and even slightly increased - up to 3.27% (2.99% in 2010-2012) [5,6]. There was an increase in the number of people accepted by a psychiatrist in Syktyvkar by 528 people (from 3.14% to 3.89% in the structure of the advisory department). The number of residents of a remote area of Syktyvkar Ezhva increased by only 28 people, but with their decline in the advisory department from 11,691 people in 2010-2012 years to 10692 in 2015-2017 their share in the psychiatrist's appointment increased from 2.46% to 3.89%. The proportion of residents of Vorkuta, taken by a psychiatrist, increased both in absolute terms from 32 to 47, and in terms of proportion, from 4.14% to 5.18%. A significant decrease in production in the city of Inta, where there is a sharp outflow of the population from it due to a decline in production outside the RK, affected both the absolute figures decline from 134 to 97 and the proportion of the work of the psychiatrist in the structure of patients admitted to the consultative department (with 3.38% to 2.72%). The stable situation of employment and the minimum migration from the city of Ukhta is reflected in the growth trend of the role of the consultative reception of the psychiatrist of the SAHA RK "CDC RK". With a decrease in the absolute number of patients from 220 to 142, their share in the structure of the advisory department increased from 3.25% to 3.34%. But the increase in the number of rural residents admitted by a psychiatrist compared to the control group was 1.76 times from 714 (1.61%) in 2015 to 1,259 patients in 2017 (3.09%).

If in the control structure of patients admitted by a psychiatrist in 2010-2012 years the proportion of primary patients over the three years increased by almost 14.0%, then in the department it was only 3.8%. In 2015-2017 growth continued. As a result, it was 64.38%, that is, every two out of three patients at a psychiatric counseling appointment are primary. There is an increase in the number of patients who receive medical advisory assistance and a significant decrease in the number of patients undergoing follow-up care, which is associated with progressive changes in Russian society and the desire of the psychiatric health service to reduce the stigmatization of mental disorders, more widely

use rehabilitation negative social consequences for patients. In the control group for three years, despite the absolute decrease in the accepted number of women from 1,428 people in 2010 to 1302 in 2012 (by 8.8%), their share increased from 66.4% to 76.8% of total number of patients. And the number of men decreased both in absolute terms by 1.84 times, and relative by 10.43%. Thus during 2010-2012 years formed a pronounced tendency to reduce the negotiability of men. When analyzing the sex composition of patients in 2015-2017 years this trend repeated, and the final structure remained at the same level of  $\pm 1.0\%$ . At the same time, the absolute number of women who applied to a psychiatrist increased by 615 people, and men - 411. Among the patients of the psychiatrist during 2015-2017 years the number of men aged 15-17 years has sharply decreased from 42 to 9, which reduced their share in the general structure from 2.76% to 0.47%. Significant redistribution of male patients by age groups (in the group of 18-44 years +235 people) did not affect fundamentally the structure as a whole. Dynamics compared with the control group did not exceed 0.5-1.0%. The number of women aged 15-17 at the psychiatrist's visit decreased to a total of 8 people, which led to a decrease in their proportion to 0.18% in the overall structure of the patients who applied. At the same time, there was a significant increase in the group of 45-49 years from 438 to 1280 people (2.92 times) and, accordingly, an increase in their share by 18.78% to a significant 29.59%. That is, every third woman who applied to a psychiatrist was at this age.

Thus, men were turning predominantly in the active working age of 18 - 44 years (58.20% in 2010-2012, 57.97% - 2015-2017). While women - were aged 45-49 years and 50 years and older (65.01% and 67.38%). A significantly higher negotiability of women compared to men can be explained by the peculiarities of the physiological, psycho-emotional state in certain age periods, as well as the general predominance of the female population in the RK. In the control group, the proportion of visits to the urban population prevailed in 2010 (52.4%) and especially in 2011 (54.8%). However, in 2012, the figures changed in the opposite way. 53.9% of the rural population and 46.1% of the urban population. As a result, for three years the urban population slightly prevailed over the rural (51.0% and 49.0%, respectively). However, since 2015, the situation began to change, and in 2017, the negotiability to the psychiatrist of rural residents reached 1,259 people and was 5.36% higher than in urban patients. In 2015-2017 there was an increase in the proportion of psychiatric intake by 2.0-2.5 times in 5 urban settlements and 12 districts, except for Prizuzsky, Sysolsky, Troitsko-Pechora and Ust-Vymsky. It is necessary to take into account poor transport links, especially during the thaw period of the spring-autumn season, when many FAPs and district hospitals are cut off from regional centers for 2-3 months.

In the structure of the pathology of the mental sphere, the proportion of neurotic, stress-related and somatoform



disorders F40-F49 increased +3.1%; organic, including symptomatic, mental disorders F00-F09 +2.2%; mental disorders and behavioral disorders associated with the use of psychoactive substances F10-F19 +1.2%; mood disorders (affective disorders) F30-F39 +0.9% and personality and behavioral disorders in adulthood F60-F69 +0.6% (Table 1). Complaints in patients may be different dizziness, instability, feeling of lack of air, difficulty breathing, heart pain, palpitations, chills, heat or cold, numbness in the arms and legs, fear of death, feeling of internal tension, nausea, diarrhea, pain in stomach, dry mouth, tremor, muscle twitching, frequent urination, decreased libido, impotence, inability to relax, irritability and impatience, feeling of being wound up and staying on the verge of collapse, inability to concentrate, deterioration of memory, difficulty falling asleep, and sleep at night, fatigue, weight loss, etc.

Especially responsible for the psychiatrist is the differential diagnosis of cardiac syndrome with angina (in particular with its atypical variants) and arrhythmias. The patient in such cases should undergo a specialized cardiological examination. This is a necessary stage of negative diagnosis of vegetative dystonia syndrome. At the same time, when examining this category of patients, it is necessary to avoid uninformative numerous instrumental studies, since their conduct and the

inevitable findings can support the patient's catastrophic ideas about his illness and increase the manifestations of anxiety and depression [7]. The course of many somatic diseases depends on the patient's mental state, because as a result of an internal personal conflict, emotions such as depression, depression, fear, hopelessness, anxiety develop gastric ulcer, duodenal ulcer, bronchial asthma, coronary heart disease, hypertensive disease, cancer pathology, skin diseases, etc [8]. Stress not only provokes the onset of the disease, but also contributes to the emergence of various complications, even with adequate treatment of somatic illness and apparent well-being in health.

A psychiatrist consulted 1915 patients suffering from epilepsy (603 people more than in the control group, an increase of 1.45 times) [9]. Most frequently detected pathologies of the mental sphere due to epilepsy were: 1) Mild cognitive disorders - 24.9% -43.7%; 2) Personality disorders 21.5% -18.7%; 3) Organic emotionally labile (asthenic) disorders 22.8% -13.4%. Their share annually accounts for 71.5% -75.8% of all types of nosological forms. The fourth and fifth ranking places are occupied by: 4) Organic anxiety disorders - 13.6% -8.8%; 5) Non-psychotic depressive disorders - 10.7% -6.65%. Rarely diagnoses are established: "Organic Amnesia Syndrome" and "Dementia" (Table 2).

**Table 1:** The structure of the pathology of the mental sphere in the nosological forms identified by the psychiatrist of the advisory department of the SAHA RK "CDC RK" in 2015-2017 (in absolute numbers and % (P±m)).

Nosology Code ICD-10 / Year	2015		2016		2017		2015-2017	
	Abs. number	%	Abs. number	%	Abs. number	%	Abs. number	%
Organic, including symptomatic, mental disorders F00-F09	839	49,6±1,2	1012	46,5±1,1	1150	48,1±1,0	3001	47,9±0,6
Mental and behavioral disorders associated with the use of psychoactive substances F10-F19	63	3,7±0,5	74	3,4±0,4	81	3,4±0,4	218	3,5±0,2
Schizophrenia, schizotypal and delusional disorders F20-F29	17	1,0±0,2	15	0,7±0,2	11	0,5±0,1	43	0,7±0,1
Mood disorders (affective disorders) F30-F39	45	2,7±0,4	51	2,3±0,3	76	3,1±0,4	172	2,8±0,2
Neurotic, stress-related and somatoform disorders F40-F49	670	39,6±1,2	899	41,3±1,1	908	38,0±1,0	2477	39,6±0,6
Behavioral syndromes with impaired physiological functions F50-F59	21	1,3±0,3	30	1,4±0,3	42	1,8±0,3	93	1,4±0,1
Disorders of personality and adult behavior F60-F69	18	1,1±0,3	25	1,2±0,2	34	1,4±0,2	77	1,2±0,1
Mental retardation F70-F79	10	0,6±0,2	13	0,6±0,2	18	0,8±0,2	41	0,7±0,1
Behavioral and emotional disorders of children and adolescents F90-F99	5	0,3±0,1	5	0,2±0,1	0	--	10	0,2±0,1
Factors affecting health Z	2	0,1±0,1	8	0,4±0,2	12	0,5±0,1	22	0,4±0,1
Other	0	--	43	2,0±0,3	58	2,4±0,3	101	1,6±0,2
Total	1690	100,0	2175	100,0	2390	100,0	6255	100,0

**Table 2:** The structure of the pathology of the mental sphere in connection with epilepsy identified by a psychiatrist of the advisory department of the SAHA RK "CDC RK" in 2015-2017 (in absolute numbers and % (P±m)).

Nosology Code number ICD-10 F00-F09 / Year	2015		2016		2017		2015-2017	
	Abs. number	%	Abs. number	%	Abs. number	%	Abs. number	%
Dementia	18	3,9±0,9	20	3,5±0,8	39	4,4±0,7	77	4,0±0,4
Organic amnesia syndrome	12	2,6±0,7	21	3,7±0,8	39	4,4±0,7	72	3,8±0,4
Non-psychotic depressive disorder	49	10,7±1,4	51	8,9±1,2	58	6,6±0,8	158	8,3±0,6
Organic anxiety disorder	62	13,6±1,6	71	12,4±1,4	78	8,8±1,0	211	11,0±0,5
Organic emotionally labile (asthenic) disorder	104	22,8±2,0	78	13,6±1,4	118	13,4±1,1	300	15,7±0,8
Mild cognitive impairment	114	24,9±2,0	209	36,3±2,0	387	43,7±1,7	710	37,0±1,1
Personality disorder	98	21,5±1,9	124	21,6±1,7	165	18,7±1,3	387	20,2±0,9
Total	457	100,0	574	100,0	884	100,0	1915	100,0



Epilepsy is a global problem; in the structure of general morbidity, it ranks third (after diabetes mellitus), as well as in the structure of neurological morbidity (19.0% of all diseases of the nervous system). The percentage of various forms of epilepsy indicates the prevalence of symptomatic (52%) over idiopathic (25%). However, this is not only a neurological problem. Pediatricians, psychiatrists, and neurosurgeons are also dealing with epilepsy. Only this aspect of the multiplicity of the disease increases the clinical significance of the problem of epilepsy.

Not only the frequency of epilepsy (about 1.0% of the entire population) determines its importance, but also a number of other significant factors: the predominant onset in childhood, the progression of most of its forms, the adverse effect of seizures on the brain, the frequency of mental changes, the potential danger of seizures for sick and others, etc. Another no less significant aspect of epilepsy should be considered social. The life of a patient with seizures is divided into two periods: before and after the diagnosis of epilepsy, because the diagnosis of epilepsy has a pronounced negative social significance. Epilepsy patients have many problems related to work, driving a car, family climate, offspring, etc. Epilepsy in women is particularly acute: the problem of pregnancy, the risk of having a sick child, the effect of anti-epileptic drugs on the mother's and the fetus's organism, etc. Epileptic discharges, even subclinical, have a negative effect on attention, cognitive functions, pace of work, etc. Chronic reception of antiepileptic drugs (AEP), in turn, adversely affects the liver, blood, gastrointestinal tract, metabolism, and especially the nervous system, causing sedation or, conversely, arousal (the latter is more common in children) memory, etc. Thus, the second aspect of the problem of epilepsy, the social one, is obvious and equally important. This makes clear the participation of sociologists, psychologists, rehabilitologists in the development of the problem of epilepsy.

Finally, there is a third aspect - neurophysiological. Epilep-

tic excitation is labeled, it has a pathognomonic electrographic correlate, and therefore can be well traced when recording an electroencephalogram. Patients are treated according to the most advanced protocols for treating patients with epilepsy in accordance with the recommendations of the International League against Epilepsy. In the structure of newly diagnosed diseases of the mental sphere, organic, including symptomatic, mental disorders F00-F09 accounted for more than half (51.1%) of the total pathology, increasing their share by 14.1%. [10] Neurotic, stress-related and somatoform disorders F40-F49 decreased by 16.2% to 36.6%. The proportion of mental and behavioral disorders associated with the use of psychoactive substances F10-F19 rose up to 6.3%. (Table 3) Mood disorders (affective disorders) F30-F39 reached 2.1% in the overall structure and took the fourth rank place. Next come the personality and behavior disorders in adulthood F60-F69 1.5%; schizophrenia, schizotypal and delusional disorders F20-F29 0.6%; behavioral syndromes with impaired physiological functions F50-F59 0.5%; mental retardation F70-F79 0.5% and behavioral and emotional disorders in children and adolescents F90-F99 0.3%.

All patients received professional advice, a comprehensive examination, including modern methods: computed EEG, USDG ultrasound, computed tomography, magnetic resonance imaging of the brain. Discussion Analysis of the incidence of mental disorders in the Republic of Kazakhstan and the Russian Federation over 5 years shows an increase in the incidence of mental disorders by 1.5% from 2,869.1 per 100 thousand population in 2012 to 2,913.1 - in 2016. Indicated at the end of 2015 in RK was 6.1% higher than the average RF level. The nosological structure of registered diseases in 2016 is distributed as follows: the largest part is occupied by "non-psychotic disorders" (the proportion in the structure of morbidity is 49.9%), in second place is "mental retardation" (25.6%), in third place - "psychotic disorders and dementia" (24.4%). Compared to 2015, the share of "non-psychotic disorders" slightly decreased (in 2015, the share of morbidity

**Table 3:** Diseases of the mental sphere (in terms of nosological forms), first identified by a psychiatrist at the advisory department of the of the SAHA RK "CDC RK" in 2015-2017 (in absolute numbers and % (P±m).

Нозология Шифр МКБ-10 / Год	2015		2016		2017		2015-2017	
	Abs. number	%	Abs. number	%	Abs. number	%	Abs. number	%
Organic, including symptomatic, mental disorders F00-F09	524	49,9±1,6	703	51,6±1,4	716	51,6±1,3	1943	51,1±0,8
Mental and behavioral disorders associated with the use of psychoactive substances F10-F19	60	5,7±0,7	89	6,5±0,7	92	6,6±0,7	241	6,3±0,4
Schizophrenia, schizotypal and delusional disorders F20-F29	7	0,6±0,2	9	0,7±0,2	5	0,4±0,2	21	0,6±0,1
Mood disorders (affective disorders) F30-F39	22	2,1±0,4	27	2,0±0,4	30	2,2±0,4	79	2,1±0,2
Neurotic, stress-related and somatoform disorders F40-F49	401	38,2±1,5	489	35,9±1,3	501	36,1±1,3	1391	36,6±0,8
Behavioral syndromes with impaired physiological functions F50-F59	11	1,1±0,3	13	0,9±0,3	15	1,1±0,3	39	1,0±0,2
Disorders of personality and adult behavior F60-F69	15	1,4±0,4	19	1,4±0,3	21	1,5±0,3	55	1,5±0,2
Mental retardation F70-F79	5	0,5±0,2	7	0,6±0,2	7	0,5±0,2	19	0,5±0,1
Behavioral and emotional disorders of children and adolescents F90-F99	5	0,5±0,2	6	0,4±0,2	0	--	11	0,3±0,1
Total	1050	100,0	1362	100,0	1387	100,0	3799	100,0



in the structure was 50.8%) and the share of “mental retardation” slightly increased (in 2015 - 24.4%). The share of “psychotic disorders and dementia” remained the same (in 2015 - 24.8%).

In the dynamics over the past five years (from 2012 to 2016) the following is noted: 1) Decrease in the incidence of mental disorders in 5 districts (Vuktylsky (by 13.0%), Koygorodosky (by 24.3%), Syktyvdinsky (2.2 times), Troitsko-Pechorasky (by 13.5%), Ust-Tsilemsky (by 17.7%) and in the cities of Usinsk (by 4.8%) and Pechora (by 10.5%); 2) An increase in the incidence of mental disorders in 13 districts (the highest growth dynamics are found in Sysolsky (by 34.2%), Kortkerossky (by 32.8%), Priluzsky (by 20.7%), Udoorsky (by 18.2%), Knyazhpogostsky (by 13.2%) and Ust-Vymsky (by 12.5%) districts and the city of Inta (by 22.5%).

In the RK, there is a tendency towards an increase in the number of newly registered diseases (an increase of 12.8% from 395.4 per 100 thousand of the population in 2012 to 446.1 in 2016). When this occurs, changes in the primary incidence in the context of individual nosological subgroups that make up the group of mental disorders. There is an increase in primary morbidity in all components of the group of mental disorders of the subgroups: “psychosis and states of dementia” in 5 years by 30.1% from 60.3 per 100 thousand population in 2012 to 78.4 in 2016; “non-psychotic forms” - by 7.0% from 308.1 per 100 thousand of the population in 2012 to 329.6 in 2016; “mental retardation” (by 41.4% from 26.9 per 100 thousand population in 2012 to 38.0 in 2016. The primary incidence of schizophrenia, included in the “psychosis and dementia” subgroup, decreased over 5 years by 8.3% from 9.8 per 100 thousand population in 2012 to 9.0 in 2016 year.

In the nosological structure of newly registered patients in 2016, “non-psychotic disorders” prevail (their share in the structure of primary morbidity is 73.9%), in second place is “psychotic disorders and dementia” (17.6%), in third place - “mental retardation” (8.5%). Compared to 2015, the share of the subgroups “psychotic disorders and dementia” (from 15.6% in 2015 to 17.6% in 2016) and mental retardation (from 6.7% to 8.5%) and a decrease in the share of the “non-psychotic disorders” subgroup (from 77.7% to 73.9%).

Comparative analysis with indicators of the pathology of the mental sphere identified in the population of the RK emphasizes the specifics of the work of the outpatient psychiatrist at the consultative reception of the SAHA RK “CDC RK”. Every second patient is referred for between cabinets’ consultations by specialists of the advisory department, if signs of psychology are revealed. That is, internists, examining the patient, see the need to connect to the process of treating a psychiatrist. And this is a big plus in their activities and a positive assessment of the professional diagnostic outlook. There is also a certain merit of the psychiatrist, who conducts

organizational and methodical work with colleagues, introduces the features of his work and reveals the potential of the specialty. Namely, in connection with the need for the right referral of patients to the psychiatrist for doctors, SAHA RK “CDC RK”, city polyclinics and psychiatrist of the advisory department developed informational letters:

- 1) Indications for consultation with a psychiatrist (according to ICD-10)
- 2) Differential diagnostic criteria for neuralgia and latent depression analgic syndrome
- 3) Differential diagnostic criteria for cephalgic syndrome of latent depression and migraine
- 4) Differential diagnostic criteria of cardialgic syndrome of latent depression and cardialgia in ischemic heart disease
- 5) Differential diagnostic criteria for gastric ulcer, duodenal ulcer and latent depression abdominal syndrome

For doctors and nursing staff of the center, lectures on the following topics were given:

- 1) What you need to know about depression. Depression and somatic diseases
- 2) Anxiety in general practice
- 3) Mental disorders in traumatic brain injury
- 4) Cognitive impairment in old age
- 5) Gerontology. Accelerated population aging. The main factors of mortality and morbidity in Russia
- 6) Somatoform disorders, psychosomatic diseases, somamental disorders
- 7) Features of the psyche of an elderly person
- 8) Ethics of relationships in the medical team
- 9) A killer named Stress
- 10) What is oncopsychology? Cancer is a disease of sadness

Prepared reminders for doctors of the SAHA RK “CDC RK”

- 1) Anxiety. Physical symptoms. Emotional symptoms
- 2) Depression. Clinical signs
- 3) Ten methods to reduce anxiety

Since March 2012, the psychiatrist has been conducting weekly classes in the “School of Diabetes”, which works in the Diabetes Center of the Center for Health and Social Development of the Republic of Kazakhstan “CDC”. In a sense, diabetes mellitus, especially type I, becomes stress lasting



for life, and requires focused self-control and continuous resistance to the influence of the disease. The patient needs psychological mobilization, constant tension of mental strength to overcome the disease. This cannot affect the personality of the patient. Therefore, a psychiatrist in the classroom: 1) Teaches patients to adequately relate to active and competent participation in the treatment of diabetes; 2) Helps to activate psychological defense, self-regulation, self-help; 3) Performs correction of nosogenic reactions, behavioral disorders: eating disorders, bad habits: smoking and drinking, etc.; 4) Teaches technologies to prevent the development of depression, anxiety and other adverse effects. And although the situation in the field of public health continues to be difficult, in recent years there has been a clear tendency to improve a number of medical and demographic indicators, reflecting the general positive trends in the socio-economic development of RK and the country as a whole, as well as structural changes in recent years functional transformations in health care [11-13]. Increasing rates of life, expressed migration trends of the population, urbanization inevitably place great demands on adaptation mechanisms to overcome conflicts and stresses. It is proved that, depending on the peculiarities of the nervous system, genetically determined, some people behave actively, seek a rational way out of an unfavorable situation, while others - passively, stress paralyzing them morally. Among the priority areas for improving specialized advisory (including psychiatric) assistance to the population of the RK and ensuring its quality are:

- 1) Systematic professional development of specialists of the advisory department on the mental health of the population in the framework of continuous postgraduate education;
- 2) Providing modern and high-quality counseling to patients seeking psychotherapeutic and psychiatric care;
- 3) Improving the internal and external examinations of the quality of medical care to the population;
- 4) Regularly conducting a population survey of the degree of social satisfaction with the provision of medical services and medical care under the program of state guarantees;
- 5) The need for the participation of physicians from the of the SAHA RK "CDC RK" in the work of Russian and international scientific congresses, congresses, symposia;
- 6) Assist in the introduction of new methods of diagnosis, testing and treatment of patients into practice;
- 7) Improving the efficiency of sanitary-educational work among the population of the RK, promoting healthy lifestyles, introducing electronic forms of education

for both the entire population and individual age, professional and nosological groups on the official website of the SAHA RK "CDC RK" [14-17].

## Conclusion

1. The psychiatrist of the advisory department in 2015-2017. 6255 people were accepted (889 more than in the control group of 2010-2012). The increase was 16.78%. Primary patients account for 64.38% of the total number of people who applied to a psychiatrist (4027 people).
2. In the structure of the psychiatric pathology of the outpatient psychiatric appointment, the proportion of organic, including symptomatic, mental disorders (F00-F09) is  $47.9 \pm 0.6\%$ ; neurotic, stress-related and somatoform disorders (F40-F49) -  $39.6 \pm 0.6\%$ ; mental and behavioral disorders associated with the use of psychoactive substances (F10-F19) -  $3.5 \pm 0.2\%$ ; mood disorders (affective disorders) (F30-F39) -  $2.8 \pm 0.2\%$ .
3. The most frequently detected pathologies in patients with epilepsy are: 1) Mild cognitive impairment; 2) Personality disorders; 3) Organic emotionally labile (asthenic) disorders. Their share annually accounts for 71.5% - 75.8% of all types of nosological forms. The fourth and fifth ranking places are taken by: 4) Organic anxiety disorders; 5) Non-psychotic depressive disorders. Rarely diagnoses are established: "Organic Amnesia Syndrome" and "Dementia".
4. Organic, including symptomatic, mental disorders prevail in the structure of newly discovered mental disorders; neurotic, stress-related and somatoform disorders (up to 87.7%). Mental and behavioral disorders associated with the use of psychoactive substances and mood disorders (affective disorders) do not exceed 8.4%.

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