COMPARATIVE AGE FEATURES OF CLINIC AND PATHOGENETIC ASPECTS OF SCHOOL DISADAPTATION

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Abstract. Intensive processes of maturation of certain biological systems of the body in conjunction with an increase in the level of socio-psychological requirements for students, increase the possibility of psihotraumatic personality. The clinic manifestations and the main factors of pathogenesis of school disadaptation in the comparative-age aspect (7-11 years old, n = 950) and (12-17 years old, n = 550). More significant factors of risk together with the psycho-social ones (conditions of micro social sphere of family and school) are genetic and cerebral organic. The feature of found out by children and teenagers disadaptation is its massive somatisation, which characterised by polymorph vegetative and visceral disorders in different organs and systems (digestive, skin, respiratory, moving, heart-vessel, secretory, endocrine) and painful manifestation.

Results. Thus, clinical and population-based studies conducted among healthy schoolchildren, revealed a greater incidence of children and adolescents with adjustment disorders (72%), among which is dominated by Grade III - a relative maladjustment. The most significant risk factors, along with psycho-social (micro social status of the family and school environment) are genetic and cerebro-organic. A feature of the identified children and adolescents maladjustment was its massive somatic, which was characterized by polymorphic vegetative-visceral disorders in various organs and systems (digestive, skin, respiratory, locomotor, cardiovascular, excretory, endocrine) and algic manifestations.

Key words. school disadaptation, factors of risk, somatisation.

School period of life is considered by most authors as a very special, very important period of human life, have a great influence on the formation of the body [1–4]. Intensive processes of maturation of certain biological systems of the body in conjunction with an increase in the level of socio-psychological requirements for students, increase the possibility of psihotraumatic personality. These biological and psychological characteristics of a certain effect on the prevalence and clinical manifestations disadaptation (crisis) disorders in this age group. All this creates conditions for a possible formation and manifestation of abnormally personal characteristics, which does not rule out further genesis clinic border states and increases the likelihood of neuropsychiatric and somatic diseases [5,6]. «School maladjustment» - a violation of the individual student adaptation to the school environment, which acts as a private phenomenon of disorder in the child's overall ability to adapt in connection with any pathological factors.

Purpose a comparative study of age-related clinical manifestations and pathogenesis of the main factors of school exclusion [SE].

Material and methods

The main methods of investigation were clinical-epidemiological and psychological. Additionally used psychopathological, paraclinic and catamnensis methods. Observation of children with impaired adaptation we carried out in conditions of children's clinics and psycho-neurological clinic (7-11 years, n=950) and (12-17 years, and n=550).

Results and discussion

Fully taped maladjustment in children 12-17 years of 29.6 ± 3.58%; P> 0.05 (22.4 and 36.0% of boys and girls) than in younger schoolboys 22 ± 3.38% (16.5 and 28.1% respectively in girls and boys). This ratio is celebrated and II degree maladjustment (14.5 and 25.6%, 10.4 and 19.4%, P> 0.05, respectively, in girls and boys) in the age periods 12-17 and 7-11 years. In 72.7% of girls and 52.5% of boys aged 7-11 years and 63.1% of girls and 38.4% of boys aged 12-17 with maladjustment infringements of only one of the 3 parameters.

Thus, much more often than in children (15.7 ± 1.18%), among school-age adolescents (29.4 ± 1.9%; P <0.001) found violations of adaptation.

The degree of response and the quality of mental and emotional changes Profile depend on the age of the subjects. So, boys and girls aged 7-11 years of mental and emotional changes in the background significantly marked decrease in impu-nitive «M» orientation reaction (20.4 ± 5.11; P <0.01). In general, the observed increase in reduction
of tolerance to frustration, which is manifested by increased ekstrapunitive indicator «E» reactions (48.65 ± 6.34) and the reaction needs to continue, «1-R» (44.45 ± 6.31; P <0, 05). In adolescents, students with maladjustment reaction ratio between the types of reactions and their direction abruptly broken.

It is stated significant increase ekstrapunitive «E» self-protective reactions of the type (58.25 ± 3.5; P <0,05) when compared with the children of 7-11 years and compared to children 12-17 years of healthy population. It is also a marked trend of increasing demand indicator reaction continued, «1-R» (21.75 ± 2.98; P <0.001). Reactions on the «O-D» type (21.95 ± 2.99; P <0.01) - domination of the obstacle is reduced in comparison with the healthy population. The findings suggest that a stressful situation with students maladjustment likely to respond to the aggression of others, excessive self-defense, and their emotional reactions differ inadequate. Low «On-D» in both age groups (19.2 ± 5.0 and 21.95 ± 2.99; P <0,001) 7-11 and 12-17 years shows a decline in severity and self-esteem. Obstacles caused by frustration, children assessed as having significant value or children looking for the source of conflict outside of yourself. Significantly less than normal, the answers impunitive-oriented and slightly more intrapunitive (23.8 ± 3.08; P <0.05).

Neurotic disorders were found in 20.1% of all surveyed and represented mainly asthenia, hysterical and obsession-but-phobic disorders. Asthenic disorders of psychogenic origin characterized by symptoms of «irritable weakness» in combination with mood fluctuations, vascular disorders: nervousness, anxiety, irritability, etc. These few students participated in public affairs classes. As a rule, they performance was low, which led to conflicts with the teachers. Hysteria, neurotic disorders presented acute affective demonstrative behavior problems, a variety of complaints, mainly of asthenic and hypochondriac nature; impulsivity, aggression, lack of physical feeling, unpleasant pain, etc. These teens were characterized by partial maladjustment in a team that was caused by systematic conflicts with teachers and classmates, sharp fluctuations in performance indicators. Obsessive-fobic disorders encountered in the ground rated as obsessive fear of hypochondriac nature, compulsive actions, fear of illness and death, Onychophagia three-hotillomanii etc. In this group, the relative maladjustment arose because of poor performance. The expressed disturbances of behavior and conflicts with his classmates have been noted. Analysis of the frequency of neurological disorders shows that children aged 7-11 years with impaired adaptation of the most common symptoms of motor disinhibition syndrome or hyperactivity or restlessness intensively manifested (28.0 ± 3.61 and 44.6 ± 4.0%), disinhibition (31.5 ± 3.7 and 29.3 ± 3.66%), lack of focus and impulsive action (39.7 ± 3.94 and 27.5 ± 3.59%), violation of concentration (17.6 ± 3.06 and 15.5 ± 2.91%), restlessness (27.5 ± 3.59 and 39.3 ± 3.93% respectively for girls and boys). Adolescents 12-17 years manifestations syndrome, primarily motor excitability (21.0 ± 3.20 and 27.0 ± 3.48%) and motor disinhibition (12.4 ± 2.58 and 18.5 ± 3.05 %), restlessness (13.5 ± 2.68 and 22.0 ± 3.25% respectively for girls and boys) are gradually smoothed out. It was found that premature birth with the birth of a premature baby were observed in 11 (12.08%) women, children with congenital malnutrition - in 15 (16.5%), post-term baby - in 7 (7.69%), which is significantly different from the proportion of children in the general population (2.99; 2.32%, P <0.001). The average weight of girls body with adjustment disorder at birth (3235 ± 8.9 g) did not differ from the mass of the girls in the control group (3320 ± 294 g, P <0.05), and the average body mass of boys with TTTD (3057 ± 84.9 g) was significantly lower than control group newborn males (3372±33.4 g, P<0,01).

It should be noted that in children with impaired adaptation dominated children at birth have both reduced (<2.5 kg) of body weight - 14 (15.4%, P <0.01) and increased (> 4.0 kg ) body weight - 15 (16.3%), which significantly reduces the percentage of children having an average body weight (3100-3500 g), respectively, in females (36.7% P <0.01) and 37.4 boys (P <0.01) as compared with the control group (55.5-54.9%). In the group of children with maladjustment high proportion of occurrence of pre- and perinatal (P <0.05 - 0.001) disease than in the control group, which were based on the microcirculatory disorders hypoxic and hypoxic-traumatic nature.

The results of experimental studies of psychological maladjustment in children with perinatal CNS, indicate mental disorders health, manifested in violation of pace, the inertia of mental processes, exhaustion and violation of affective-personal sphere (reduction of cognitive activity, indecision in action, disruption of activities at difficulties). A significant part of the intellectual functions they seemed intact, however, noted the weakening of
mnemonic processes, which led to a reduction of the storage material and the strength of its hold.

A special place among the neurotic symptoms of the surveyed children and adolescents with SE occupy the thoughts and concerns about their appearance and structure of the body. These symptoms are significantly higher in adolescents 12-17 years than in children 7-11 years old (36.0 ± 3.77 and 44.0 ± 3.89% against 14.0 ± 2.79 and 12.7 ± 2.68%; P <0.001), respectively, in girls and boys. The results of the study of personality characteristics of children and adolescents with SM show that overall detection of types of character accentuations significantly different from population (B <0.001). Large group of gipertimnye and gipertim-but-mixed (24.5 ± 4.72 and 13.7 ± 3.34%; P <0.05, respectively, for boys and girls), hysteroïd (4.1 ± 2.20 and 4.7 ± 2.35%), astenonevrotic (4.5 ± 2.30 and 5.5 ± 2.53%, P <0.05) the types of character accentuations. Indicators of the other types did not differ from those of the population. An analysis of the family situation in the group of children with SE showed in most cases the presence of frequent conflicts between the parents (87.7%, P <0.001). Almost half of the surveyed were raised in a single-parent families (37%, P <0.001), - absence of one or both parents, often the father, the presence in the family of his stepfather, stepmother, and others, as well as in the atmosphere of constant scandals and conflicts of family relationships.. Normal conditions of education are much rarer (7.7%, P <0.001) than in children and adolescents without behavioral disorders (control group). Among the forms of improper upbringing often detected gip-opék (35.7%), neglect (36.0%). The situation of «idol» family more common (18.9%) than «Cinderella.» Quite often revealed mixed variants of improper upbringing. It is characteristic that in the majority of households surveyed (86.8%) of the material and living conditions were favorable. Hence, the emergence of deviant behavior among adolescents depended not so much on material well-being, but on the negative climate.

**Conclusion.** Thus, clinical and population-based studies conducted among healthy schoolchildren, revealed a greater incidence of children and adolescents with adjustment disorders (72%), among which is dominated by Grade III - a relative maladjustment. The most significant risk factors, along with psycho-social (micro social status of the family and school environment) are genetic and cerebro-organic. A feature of the identified children and adolescents maladjustment was its massive somatic, which was characterized by polymorphic vegetative-visceral disorders in various organs and systems (digestive, skin, respiratory, locomotor, cardiovascular, excretory, endocrine) and algic manifestations. Neurotic disorders occur among children and adolescents in a relatively large percent of cases, and usually leads to severe violations of students to adapt to the team.

Neurological examination of school-age children with pre- and perinatal pathology identifies risk with SE, determined on the basis of minimum functional deviations forecast further psychomotor development of the child, to ensure the timely correction of these deviations. Situation and behavioral disorders due to occur more frequently on a background of accentuations nature, lead to a full school maladjustment.

**LIST OF REFERENCES**