

COMPARATIVE AGE FEATURES OF CLINIC AND PATHOGENETIC ASPECTS OF SCHOOL DISADAPTATION

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Annotation. 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. We additionally used psychopathological, paraclinic, and catamnesis methods. Observation of children with impaired adaptation was carried out in conditions of children's clinics and psycho-neurological clinics (7-11 years, n=950) and (12-17 years, and n=550). The clinical manifestations and the main factors of the 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 the micro-social sphere of family and school), are genetic and cerebral organic. Results and discussion/ The feature found by children and teenagers disadaptation is its massive somatization, which is characterized by polymorph vegetative and visceral disorders in different organs and systems (digestive, skin, respiratory, moving, heart-vessel, secretory, endocrine) and painful manifestation.

Keywords: school disadaptation, factors of risk, somatization.

Most authors consider the school period of life to be an extraordinary, critical period of human life and significantly influences the formation of the body [1–5]. Intensive processes of maturation of specific biological systems of the body, in conjunction with an increase in the level of socio-psychological requirements for students, increase the possibility of psihotrauvmatik personality. These physical and psychological characteristics have a specific effect on the prevalence and clinical manifestations of 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[2,6,7]. «School maladjustment» - a violation of the individual student's 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 (N.V.Vostroknutov,1995).

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. We additionally used psychopathological, paraclinical, and catamnesis methods. We observed children with impaired adaptation in conditions of children's clinics and psycho-neurological clinics (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 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 three parameters.

Thus, much more often than in children (15,7 ± 1,18%), 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 in the 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 input-

Native «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 extrapontine 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 that there is a significant increase in extrapontine «E» self-protective reactions of the type ($58,25 \pm 3,5$; $P < 0,05$) when compared with children of 7-11 years and compared to children 12-17 years of a healthy population. It is also a marked trend of increasing demand indicator reaction continued, «1-R» ($21,75 \pm 2,98$; $P < 0,001$). Reactions on the «O-D» type ($21,95 \pm 2,99$; $P < 0,01$) - domination of the obstacle is reduced in comparison with the healthy population. The findings suggest that a stressful situation with students' maladjustment is likely to respond to the aggression of others and excessive self-defense, and their emotional reactions differ inadequately. Low «On-D» in both age groups ($19,2 \pm 5,0$ and $21,95 \pm 2,99$; $P < 0,001$) 7-11 and 12-17 years show a decline in severity and self-esteem. Obstacles are caused by frustration, children being assessed as having significant value, or children looking for a source of conflict outside of themselves. Significantly less than usual, the answers were punitive-oriented and slightly more intransitive ($23,8 \pm 3,08$; $P < 0,05$).

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 are characterized by symptoms of «irritable weakness» in combination with mood fluctuations and vascular disorders: nervousness, anxiety, irritability, etc. These few students participated in public affairs classes. As a rule, their performance was low, which led to conflicts with the teachers. Hysteria and 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 caused by systematic conflicts with teachers and classmates and sharp fluctuations in performance indicators. Obsessive-phobic disorders encountered on the ground are rated as an 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 ($28,0 \pm 3,61$ and $44,6 \pm 4,0\%$), disinhibition ($31,5 \pm 3,7$ and $29,3 \pm 3,66\%$), lack of focus.

And impulsive action ($39,7 \pm 3,94$ and $27,5 \pm 3,59\%$), violation of concentration ($17,6 \pm 3,06$ and $15,5 \pm 2,91\%$), restlessness ($27,5 \pm 3,59$ and $39,3 \pm 3,93\%$ respectively for girls and boys). Adolescents 12-17 years manifestations syndrome, primarily motor excitability ($21,0 \pm 3,20$ and $27,0 \pm 3,48\%$) and motor disinhibition ($12,4 \pm 2,58$ and $18,5 \pm 3,05\%$), restlessness ($13,5 \pm 2,68$ and $22,0 \pm 3,25\%$ respectively for girls and boys) are gradually smoothed out.

It was found that premature birth with the birth of a premature baby was observed in 11 (12.08%) women, children with congenital malnutrition - in 15 (16.5%), and post-term babies - 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 ($3372 \pm 33,4$ g, $P < 0,01$).

It should be noted that children with impaired adaptation-dominated children at birth have both reduced (< 2.5 kg) 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, a higher 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 in health, manifested in violation of pace, the inertia of mental processes, exhaustion, and breach of the affective-personal sphere (reduction of cognitive activity, indecision in action, disruption of activities at difficulties). A significant part of the intellectual functions seemed intact; however, the weakening of mnemonic processes reduced the storage material and the strength of its hold.

A special place among the neurotic symptoms of the surveyed children and

adolescents with SE occupies 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 ($36,0 \pm 3,77$ and $44,0 \pm 3,89\%$ against $14,0 \pm 2,79$ and $12,7 \pm 2,68\%$; $P < 0.001$), respectively, in girls and boys. The study of personality characteristics of children and adolescents with SM shows that the overall detection of types of character accentuations is significantly different from the population ($B < 0.001$). Large group of gipertimnye and gipertim-but-mixed ($24,5 \pm 4,72$ and $13,7 \pm 3,34\%$; $P < 0.05$, respectively, for boys and girls), hysteroid ($4,1 \pm 2,20$ and $4,7 \pm 2,35\%$), astenonevrotic ($4,5 \pm 2,30$ and $5,5 \pm 2,53\%$, $P < 0.05$) 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 single-parent families (37% , $P < 0.001$) - the 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. Standard 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 are gip-open (35.7%) and neglect (36.0%). The situation of «idol» family is more common (18.9%) than «Cinderella.» Quite often, mixed variants of improper upbringing were revealed. It is characteristic that in most households surveyed (86.8%), 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 hostile 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 and 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, characterized by polymorphic vegetative-visceral disorders in various organs and systems (digestive, skin, respiratory, locomotor, cardiovascular, excretory, endocrine) and allergic manifestations. Neurotic disorders occur among children and adolescents in a relatively large percentage of cases and usually lead 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 based on minimum functional deviations, forecasting 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 an entire school maladjustment.

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