

Features of psycho-emotional disorders in idiopathic neuropathy of the facial nerve in men and women.

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ABSTRACT

84 patients (36 men, 48 women) were examined with severe NFN. Clinical neurological and psycho-emotional analysis (anxiety and depression) were investigated. The correlation between the severity of emotional disorders and a protracted recovery period in a group of women has been established. At the same time, anxiety in the dynamics increased despite the positive clinical dynamics. In males, however there was significant lower severity of anxiety, as well as that there was a regression as the restoration of the function of the facial nerve (FN). The obtained data is recommended to use when choosing the preferable treatment methods.

Key words: neuropathy of the facial nerve, gender, anxiety, depression.

Neuropathy of the facial nerve (NFN) is one of the most common diseases of the peripheral nervous system. Facial nerve lesions account for 11.8% of all diseases of the peripheral nervous system and 38% of mononeuropathy [13]; in neurological hospitals, NFN patients can be accounted for up to 28–33% of all hospitalized ones[2,18,19].

One in third patient, a lesion of the facial nerve leads to the development of complications such as contracture of the facial muscles in 25-30% of cases [7,21,22] and pathological synkinesis, and every seventh of the recovered patients can have relapse of the disease [14,23].

Despite the progress made in recent years in establishing the pathogenesis and development of methods for treating facial nerve neuropathy, there are currently a large number of patients suffering from residual effects and complications of the disease. These include patients with moderate to severe lesions of the facial nerve, in which the number of complications varies from 7.5 to 46.7% [1,2,4,5,13,14]. For example: artists, teachers, speakers, etc. contracture of facial muscles can cause partial or complete disability [7,8,12,15]

The problem of determining the severity of the facial nerve (FN) in the acute stage of the disease is currently relevant and not resolved, since the clinical manifestations and the applied instrumental methods of research may not always allow to obtain a reliable prognosis. The complexity of the pathogenesis of neuropathy of the facial nerve with the involvement of

suprasegmental and segmental mechanisms largely determines its therapeutic resistance [7,8,15].

The idea of a disfigured face, involuntary increased attention of others to the patient adversely affect the general psycho-emotional background with an unfavorable outcome. In this case, the search for the most adequate methods of predicting outcome and treatment of NFN in terms of gender, which allows to decline the incidence of adverse consequences remains relevant in men and women today.

The purpose of the study is study the features of psycho-emotional disorders in severe idiopathic neuropathy of the facial nerve in men and women.

MATERIALS AND METHODS

The psycho-emotional disorders accompanying many diseases are no less important and require correction. In this connection, we conducted a detailed and prospective analysis of anxiety and depressive disorders in 84 patients with NFN (36 men and 48 women), with severe NFN. Anxiety and depressive disorders were analyzed using the Hamilton Scale for Anxiety Assessment (Hamilton Anxiety Rating Scale (by M. Hamilton, 1959; I.A.Bevz)) and the Hamilton Scale for Depression Rating (Hamilton Depression Rating Scale (by M. Hamilton, 1959; I.A.Bevz, 1999)) in the acute period

(AP), the early recovery period (ERP), the late recovery period (LRP) and in the period of complications (CO).

The Hamilton Anxiety Assessment Questionnaire aims to identify constitutional anxiety and situational anxiety. Contains a list of 14 groups of symptoms related to the mental and somatic aspects of anxiety. Includes symptoms of anxiety, phobic, emotional tension, sleep disturbances, depressive mood, from somatic symptoms - muscle (pain, cramps, etc.), sensory (eg, tinnitus), cardiovascular, respiratory, gastrointestinal, urogenital, neuro-vegetative symptoms.

The results were compared with the results of the study of anxiety in healthy individuals (n = 25), according to sex and age.

The Hamilton Depression Rating Scale (HDRS), consisting of 21 items, is completed during a clinical interview. When filling the Hamilton scale, a structured clinical interview specially designed for this scale can be used. Scale items should reflect the patient's condition in the past few days or the previous weeks.

RESULTS AND DISCUSSION

The features of anxiety disorders in NFN patients on the manifestation of anxiety, the Hamilton scale had the following grades: no anxiety (NA), the

presence of anxiety symptoms (PA) and anxiety states (AS).

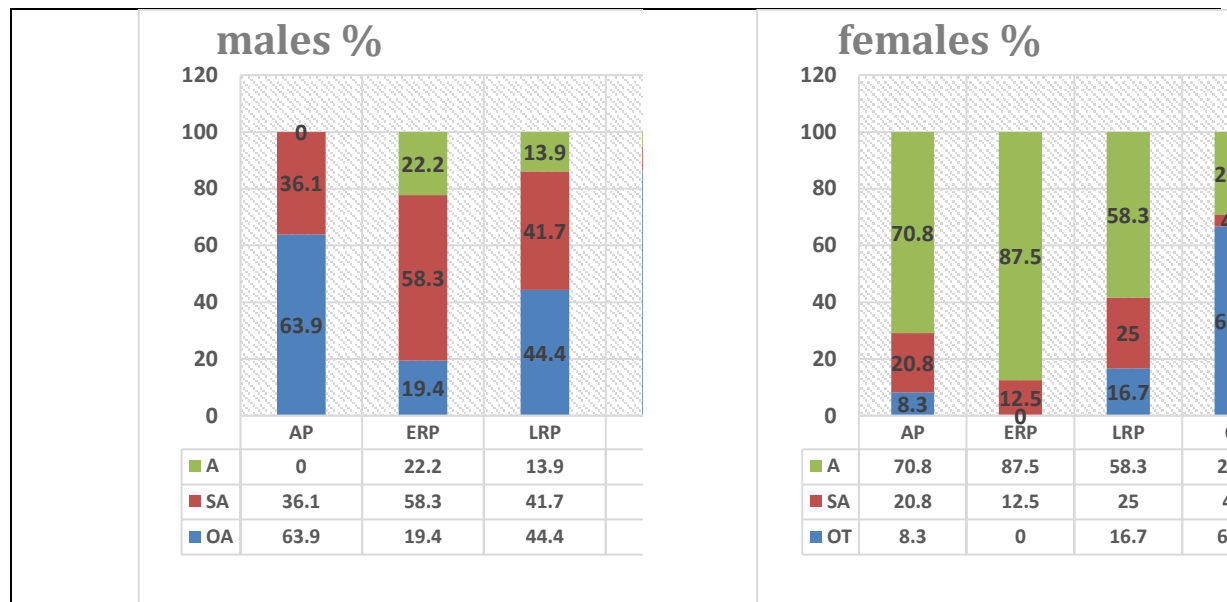


Fig.1. The dynamics of anxiety in severe NFN in men and women

As can be seen from Fig.1. In the AP of the disease, there are differences between the male and female patients in terms of anxiety patterns. So, for the females, anxiety 34 (70.8%) ($p < 0.001$) and anxiety symptoms - 10 (20.8%) were characteristic of anxiety compared with men. The main number of men (63.9%), compared with women (8.3%), had no anxiety ($p < 0.001$). We found SA in 13 (36.1%) male patients. ERP disease anxiety disorders in females have had an upward trend. In particular, Anxiety was detected in the overwhelming number of women (42 patients, 87.5%), in contrast to

men (8 patients, 22.2%) ($p < 0.001$). SA decreased in women (6 observations) due to an increase in the A (42 observations), which was not typical for males ($p < 0.001$). Among men, to ERP, diseases of A patients were detected in 8 (22%) patients, SA in 21 (58.3%). And in 7 patients (19.4%), At the positive dynamics of NFN, there was no anxiety. LRP in the female A was 5 times more detected than males ($p < 0.001$), while SA was almost twice as common in males. In ERP NFN, anxiety was absent in 16 (44.4%) men and 8 (16.7%) women ($p < 0.05$). A feature of CP, in terms of anxiety, can be noted that the

majority of men had no anxiety, compared to women (86.1% and 66.7%, respectively). Whereas as Thus, anxiety disorders in severe NFV tend to have a long-term persistence and positive dynamics as patients recover. At the same time in the AP of the disease for men was not characteristic of the presence of A. Whereas in women both in the AP and in the ERP, the SA and A diseases had a stronger manifestation. In the dynamics of men, compared with women, there is a more rapid regression of the A and SA.

According to the existing definitions, to make a diagnosis of

depression, symptoms of depression are required for 3 months or more. But, as shown by our clinical observations, in patients with severe manifestations of NFN, depression may occur even earlier. Fig.2. In this regard, the Hamilton scale definitions “minor depressive episode” and “major depressive episode” look more appropriate for somatogenic depressive disorders. A feature of the AP of the disease is that, among both males and females, we have not identified symptoms or complaints characteristic of depressive disorders.

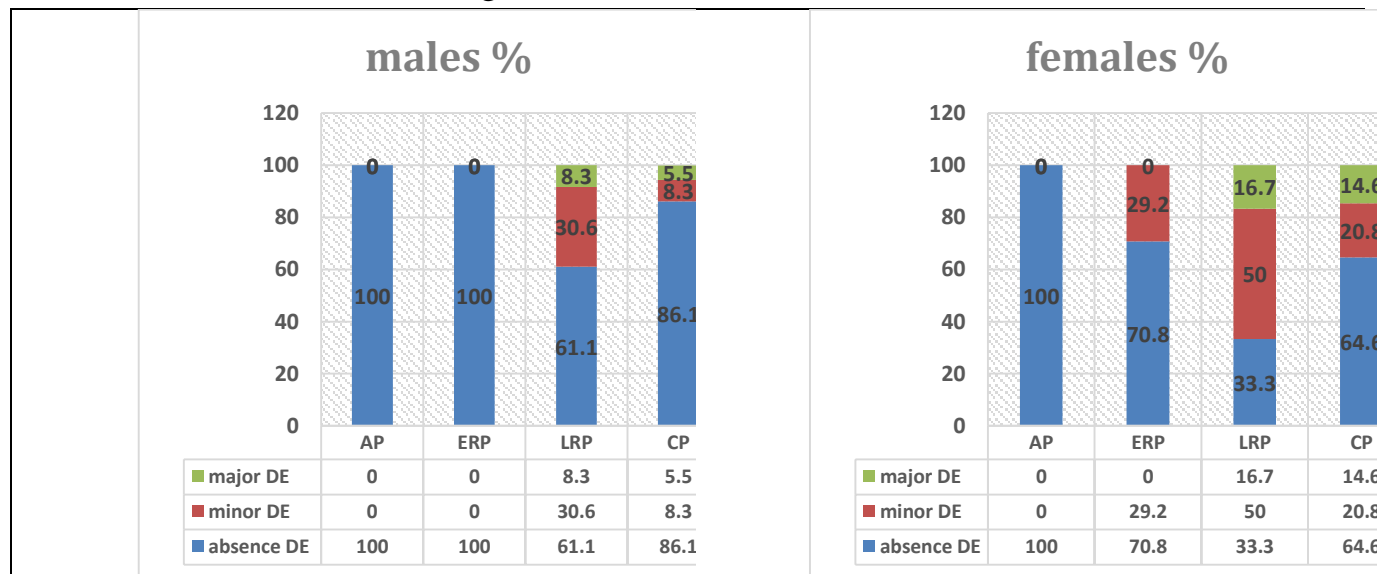


Fig.2. Depression dynamics in severe NFN in men and women

Coming the onset of ERP, in 14 (29.2%) female patients there were complaints of a depressive mood: a sense of deprivation, hopelessness, fears, and tearfulness. During this period, among

men, unlike women, we did not observe depressive disorders ($p < 0.001$). In the beginning of ERP, depressive disorders had a dynamic towards increasing and clinical weighting, especially in females.

For example, women were twice as likely to have symptoms of a major depressive episode (8 cases, 16.7%), compared with men (3 cases, 8.3%). In addition, minor depressive episodes also prevailed in females. At that time, more than half of the male patients (61.1%) compared with women (33.3%) had no depression in the ERP disease. In CP, depressive disorders tended to regress, first of all it was due to the positive dynamics during NFN. For example, in 31 (86.1%) male patients and 31 (64.6%) female patients, no symptoms of depression were detected. But in the disease software, “minor depressive episodes” and “major depressive episodes” were three times more common in women than in men ($p < 0.01$). In all these cases, patients had complications of NLN of varying degrees.

Thus, depressive disorders are characterized by the occurrence of the disease with ERP, with a wave-like increase of them to LRP. In the beginning of CP, a decrease in the frequency and severity of depressive disorders occurs. In addition, depressive disorders were prone to females, compared with men.

CONCLUSION

Anxiety disorders in severe NFN tend to have a long-term persistence and positive dynamics as patients recover. In female

patients, both in the acute period and in the early recovery period of the disease, the anxiety and symptoms of anxiety were more pronounced. In the dynamics of men, compared with women, there is a more rapid regression of anxiety and anxiety symptoms.

Depressive disorders are characterized by the occurrence of the disease from the early recovery period, with a wave-like increase to the late recovery period. Since the period of complications, there is a decrease in the frequency and severity of depressive disorders. In addition, depressive disorders were prone to females, compared with men.

The presence of obvious psycho-emotional disorders in patients with NFN, indicates the need for correction of psycho-emotional disorders.

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