

## CLINICAL AND DYNAMIC FEATURES OF BOUNDARY DISORDERS IN ADOLESCENTS

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### ABSTRACT

*When analyzing mental illness in people of different ages, borderline mental disorders in adolescents are distinguished by clinical signs. The onset of mental disorders in adolescence - leads to the rapid development of pathological symptoms of the disease. The following borderline mental illnesses are common in our clinical practice today: personality traits, neuroses (obsessive-compulsive disorder), and reactive depression. When these diseases become chronic, they reduce the ability to work and the standard of living. Modern approaches to the treatment of borderline mental diseases are based on the balanced use of psychotherapy, psychopharmacological agents.*

**KEYWORDS:** *Teenager, Neurosis, Premorbid, Anxiety, Depression, Hysterical Reaction.*

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### INTRODUCTION

Adolescence (10-19 years old, WHO) is a specific period of personality development. Various physical, emotional, and social changes, including negative family conditions, abuse, and violence, can increase adolescent mental health vulnerability. Improving the psychological health of adolescents and protecting them from major shocks and risk factors that can affect their chances of successful development is important for their adolescent well-being and adult physical and mental health [1].

In general practice, patients with borderline mental disorders are more likely to be diagnosed and treated, which requires appropriate training and deep professional knowledge from the physician. Modern rational treatment of borderline mental disorders requires deep knowledge in the field of psychotherapy and psychopharmacotherapy [1]. Ibn Sina in his work "The Laws of Medicine" provided valuable information about the structure of the human body, the physiological processes in it and the mental factors that are directly related to them, their influence on the human body. In the field of psychology, the mental characteristics of the child, his development

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and developmental delay have long been recognized by psychologists as one of the problems that make people worry, to observe correctly. A number of social and biological factors, such as a well-organized education, the nature of the family and its members, the social groups in which the child communicates, the profession he chooses, the improvement of the internal mental abilities of the child, the formation of personality, self-consciousness and attitude towards others, of course, affects on intellectual development [2]. Criteria for psychiatric consultation in patients with borderline mental disorder: fatigue from complaints, persistent mood swings for a long period of time, insomnia, low self-esteem, attention deficit, nervousness, anxiety, feelings of despair. Autonomic (somatization) disorders exacerbated by environmental stress include, for example, chest heaviness and pain, gastrointestinal dysfunction (constipation, diarrhea, dyspepsia), excessive sweating, dizziness, headache, erectile dysfunction, and similar autonomic disorders. Dissatisfaction with social and professional conflicts is manifested in a patient with impaired communication in the family and community. Good results are achieved with timely diagnosis and proper treatment. The prognosis of treatment for borderline mental illness is always positive, as is the readiness of a qualified psychiatrist and the patient to help [3].

Patients with borderline mental illness are characterized by emotional instability. Emotional changes happen quickly and easily. It is often difficult for patients to return to an emotionally stable state. These often include anger, panic, and despair. Borderline mental illness patients account for 10% of outpatient referrals and hospitalized psychiatric patients for 20% [5]. Although personality decompensation in developed countries is one of the most frequently discussed mental illnesses in the scientific literature, it is difficult for most psychiatrists to recognize it. This is due to the clinical polymorphism of the disease and the regressive dynamics of mental disorders [6,7]. The current understanding of mental illness emphasizes the importance of developing comprehensive treatment interventions to address the mental health problems of children and adolescents, taking into account their multifaceted clinical criteria. This, in turn, will be associated with the development of many professional areas. According to the World Health Organization, in order to further improve mental health indicators, the medical priority is monoprofessionalism, high-quality psychosocial therapy and psychosocial rehabilitation based on the model of personal orientation, and the widespread use and application of psychological methods [8]. Behavioral disorders include behavioral disorders, which are mild, disappeared forms of mental disorders, located near the conditional border between mental health and severe insufficiency. The scope of such violations is very wide. Among the cases of deviations from the norm in general, psychogenesis, acute traumatic disorders and deviations of psychosexual development without acute psychopathic disorders are distinguished. Psychogenesis is a mental disorder that occurs under the influence of a mental trauma that develops on the basis of the characteristics of the nervous system and personal qualities. According to its composition, it is divided into reactive states, neuroses and personality disorders. The most common forms of reactive states are mood disorders. Such people are prone to strong excitement or are unable to control themselves with indifference. Depression has been known for hundreds of years as a form of painful transition in the human psyche. The ancient Greeks explained the origin of depression as black bile poisoning. This is reflected in its old name - melancholy, "black bile". Neurotic depression is fundamentally different from endogenous depression with proportional causes and neurotic developmental symptoms, in which endogenous or biological depression is a deep primary painful depression of mood. Neurotic depression manifests itself affectively under the influence of one or another psychogenic event. It is rarely accompanied by vital grief and

depression, but more often by sadness or fear, various anxieties, pity for oneself and one's family, emotional instability, crying, decreased mental and physical activity [9]. According to statistics, psychasthenism, difficulties with adaptation in a new community, obsessive-compulsive thinking and premorbid development are characteristic. Behavioral disorders arise on the basis of negative environmental influences and emotional lability. As a result, aggression, quarrels, disobedience, protest reactions and interpersonal relationships are violated in the behavior of adolescents. Hyperkinetic behavioral disorders, mixed behavior and emotional disorders were detected in 1.6% of 3.1% of adolescent schoolchildren. Such teenagers are prone to delinquency and an antisocial environment. Sensory disturbances and hysterical disorders are also characteristic. These teenagers are characterized by nervousness, irritability, revenge, instability of interest, impulsiveness and lack of self-control. Adolescents in this group complain of increased fatigue, nervousness, severe crying, insomnia, and recurrent headaches.

These demonstrations are episodic and occur due to lasting emotional changes. With this in mind, the nosological forms of the disease are determined. [10]. In adolescents under 18 years of age, nosological types of neurotic disorders are detected, which account for half of borderline mental illnesses, including maladaptive disorders (22.1%), neurasthenia (9.6%) and somatoform disorders (8.7%). Clinical trials account for 30.1% of borderline mental illnesses, with one in three patients ending up with suicidal ideation (35.7%). The origin of these psychopathological diseases is closely related to the demographic and ethnic status of a person (age, place of residence, ethnic and cultural origin). When determining the pathogenesis of borderline mental illness, a multistage statistical analysis (78.66%) revealed five main factors: ethnic and cultural dissociation of the individual (31.7%), inconsistency in family composition (18.7%), environmental influences (9.7%), disorders of rational thinking (9.3%) and religious and ethnic indifference (9.2%). [eleven]. These include a variety of psychopathic forms of behavior: paranoid, schizoid, emotional lability, anancast and others. Such patients are characterized by a pattern of personality traits formed on the basis of congenital or premature insufficiency of the nervous system and harmful environmental influences. The main clinical manifestations of the pathology of personality traits are associated with sensory disturbances, insomnia, pathological reactions, and decompensation of personality traits. According to the ICT-10 criteria, pathology of personality traits is understood as a specific personality disorder, almost always accompanied by significant disharmony in personal attitudes and personal behavior, impaired personal and social adjustment, and personal and social fragmentation. [11, 12]. Borderline mental illness manifests itself in the form of self-compensation at an early age, which leads to behavioral disorders, gross behavioral disorders and persistent social discomfort. The development of borderline mental illness depends on: negative lifestyle, frequent family conflicts, poor learning strategies, physical disabilities, physical illness, and poor parenting. Decompensation of personal qualities is characterized by its plasticity, which has a better prognosis when living conditions change. Not all patients with a personality disorder turn to a psychiatrist, which we often encounter in a state of decompensation of the disease or during a medical examination of a criminal act. For these reasons, it is difficult to determine the prevalence of the pathology of personality traits. The prevalence of personality disorder averages between 5 and 10 per 1000 population. According to statistics, the disease is more common in boys than in girls [13, 14]. For the purpose of early diagnosis and treatment of borderline mental illness, it is recommended that a psychiatrist participate in preventive examinations in educational institutions, during which the first signs and risk groups of mental illness are identified. Accordingly, on the basis of a

special examination, the degree of morbidity is determined and therapeutic measures are developed [15]. Adolescence is characterized by drastic changes in behavior that can be easily detected by observing each teenager from the side. Based on the views of psychologists, it should be noted that there are two types of educational influence on the formation of a teenager's personality: social and biological factors. Social factors include: the transition to a general secondary school and related changes in learning activities, communication with students and teachers; the role of the adolescent in the family will also change as a result of more independent and practical work; they begin to trust him more and more as his physical and mental abilities grow. Biological factors include: the onset of puberty, as well as the physical development of all organs [16]. It is generally accepted that women are more prone to depressive disorders than men. An analysis of clinical and dynamic observations of adolescents aged 13–19 showed that girls are more prone to depression. Boys are more likely to be exposed to antisocial environments. According to the classification developed by the American Psychiatric Association, deviations in human behavior, social maladjustment, that is, people with borderline mental pathology, are more common in adolescence or early adulthood. Their pathocharacterological properties persist for a long time, so such patients cannot adapt to the requirements of society. Studies show that 10% of patients under observation in psychiatric treatment facilities and 20% of hospitalized patients have patients with borderline mental pathology. Over the past 10 years, borderline mental illness in women was observed three times more often than in men [18]. According to the literature, the growth of borderline mental disorders among people of all ages, especially adolescents, remains an urgent problem for modern medicine. However, the detection of borderline mental illness in high school students was studied on the basis of official statistics. Early detection of clinical manifestations of borderline mental illness in childhood and adolescence and timely provision of psychiatric care are very important. Ecopathogenic, macro- and microsocioal factors, biological and psychological factors influence the mental formation of the younger generation [11, 13, 18]. The most common cases of borderline mental disorders are: disorders, disorders characteristic of somatic diseases. The psychogenic factor and the constitutional features of a person are important for the decompensation of borderline mental disorders. [17].

The relationship between behavioral and psychiatric factors has a significant weight in the diagnostic criteria for pathocharacterological reactions. In this case, a stressed (accented) person is more prone to pathological reactions. According to the ICT-10 criteria, these disorders are classified as personality traits. The pathology of personality traits is more common in adolescence, more common in men than in women. The difference between personality pathology and other mental illnesses is that acute psychopathological disorders, ideas of temptation, hallucinations, and mental disorders are not observed. It is difficult for a person to reconcile with the community around him and he cannot adapt to the demands of society. Proper organization of measures of psychoprophylaxis and psychotherapy plays an important role in the prevention of these diseases. This, in turn, improves life, labor activity, communication with people and the adaptation of a teenager to new forms of education.

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