

DOI: <https://doi.org/10.34921/amj.2025.3.22>**STRESLƏ ASSOSIASİYALI POZULMALARI OLAN KÖÇKÜN QADINLARDA KLİNİK
GEDİŞATIN VƏ İNTİHAR RİSKİNİN YARANMASININ XÜSUSİYYƏTLƏRİ****L.O.Herasimenko¹, P.V.Kidon¹, İ.O.Zoloçevski², V.V.Şinder², V.V.Borisenko¹,
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Məqalədə köçkün qadınlarda intihar riskinin inkişafını qiymətləndirmək və onun klinik xüsusiyyətlərini öyrənmək məqsədilə aparılmış tədqiqat işi haqqında məlumat verilmişdir.

Tədqiqata streslə assosiasiya edən pozuntuları olan 178 qadın cəlb edilmişdir. Tədqiqat zamanı klinik-anamnestik, klinik-psixopatoloji, psixodiyagnostik, psixometrik tədqiqat üsullarından və statistik işləmə metodlarından istifadə edilmişdir.

Tədqiqatın nəticələrinə əsasən, pasiyentlərdə şəxsiyyət əlamətlərinin ümumi təzahürləri və reaksiyavərmanın stereotip mexanizmi aydınlaşdırılmış, həm də müəyyən fərqliliklər aşkara çıxarılmışdır. Kompleks müayinələrdən alınmış nəticələrdən istifadə edilməklə pasiyentlərin fərdi və qrup xüsusiyyətləri nəzərə alınan psixoterapevtik korreksiya proqramı hazırlanmışdır.

Müəyyən edilmişdir ki, köçkün qadınlarda streslə assosiasiyalı pozuntuların yaranmasının prediktoru məhs köçkünlüyə məruzqalma və onun nəticəsində baş verən psixi travmalar, stres hadisələri və ya həddən artıq emosional gərginlikdir. İntihara cəhdlərin şiddəti isə adaptasiya pozuntuları olan qadınlarda daha ağır keçir.

Açar sözlər: *streslə assosiasiyalı pozuntular, köçkün qadınlar, adaptasiya pozuntuları, posttravmatik stres pozuntusu, həyəcan və depressiya, intihar riski*

Ключевые слова: *стресс-ассоциированные расстройства, внутренне перемещенные женщины, расстройства адаптации, посттравматическое стрессовое расстройство, тревожно-депрессивное расстройство, суицидальный риск*

Key words: *stress-related disorders, internally displaced women, adjustment disorders, post-traumatic stress disorder, anxiety and depressive disorder, suicidal risk*

**FEATURES OF THE CLINICAL PICTURE'S COURSE AND ASSESSMENT OF THE
DEVELOPMENT OF SUICIDAL RISK IN INTERNALLY DISPLACED WOMEN WITH
STRESS-ASSOCIATED DISORDERS****L.O.Herasymenko¹, P.V.Kydon¹, I.O.Zolocheskii², V.V.Shynder², V.V.Borysenko¹,
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Summary. *The study provides information about the research conducted to assess the development of suicide risk in displaced women and to investigate its clinical characteristics. The study involved 178 women with stress-associated disorders. To achieve the goals and objectives of this study, the following methods were used: clinical-anamnestic, clinical-psychopathological, psychodiagnostic, psychometric and statistical methods of mathematical processing of the results.*

Based on the results of our survey, both general personality traits and stereotypical response mechanisms, as well as certain differences between the examined patients, were identified. Using the data of a comprehensive examination, a program of psychotherapeutic correction was developed, taking into account the individual and group characteristics of patients.

It was established that the predictor of the formation of stress-associated disorders in internally displaced women was the very fact of internal displacement, caused by psychotrauma, stressful events or excessive emotional stress, and the severity of suicidal ideation was greatest among women with adjustment disorders.

The most powerful psychosocial stressor affecting all strata of modern society is war. According to the World Health Organization, 16.2% of the world's population suffers from the consequences of war, and 12.5% have relatives traumatized by war [1]. According to UN estimates, at least 11.7 million people have been forced to leave their homes due to military operations in Ukraine, of whom 5.5 million have found refuge outside Ukraine, and 6.2 million people have moved to regions within the country, the vast majority of whom are women and children [2].

From the perspectives of glossaries, internally displaced persons are individuals or groups of individuals who are forced to flee their place of habitual residence, in particular, as a result of or in order to avoid the consequences of armed conflicts, general violence, human rights violations, natural or man-made disasters and who have not crossed internationally recognized state borders [3, 4]. The process of internal displacement of persons during war, armed conflicts is a dynamic process that includes a number of changes and losses for a person.

According to Swedish psychiatrists, symptoms that occur during armed conflicts are a “natural reaction” to surrounding changes [5], and the transition from one environment to another can be considered a crisis situation and a risk factor that affects the mechanisms that over time transform into various adaptation disorders. In internally displaced persons the loss of a sense of security leads to a stressful situation, initially a physiological level of anxiety arises, as a result, stress acts as self-defense and is a natural protective reaction. However, depending on the strength of the psychological trauma, its intensity, and personality characteristics, the development of a pathological process in the form of the formation of stress-associated disorders is possible. Accordingly, forced relocation lays a deep psychosocial crisis, which makes the individual defenseless when faced with changes of a socio-economic nature, destroys the

harmony between micro-, macro- and mega-environments, and negatively affects the individual process of human adaptation [6, 7, 8]. Thus, it is quite important to understand the reasons for the internal displacement of people in the country, because it is the factors of population displacement that have a direct impact on the psychological state of a person, their adaptation to a new place, updated living conditions, and further interaction with society.

It has been proven that internal displacement during armed conflicts leads to irreversible psychosocial consequences in human life, the destruction of social ties, violations of human rights, and contributes to the formation of stress-associated mental disorders, where anxiety disorders, depression, adjustment disorders, and post-traumatic stress disorder occupy the first place [9, 10, 11].

The socio-psychological situation that developed in Ukraine during the war caused psycho-emotional overstrain, maladaptation, chronic social and personal distress. Stress-associated disorders cause difficulties in social adaptation and integration, affect a person's working capacity [12, 13], and such individuals commit suicide [14, 15].

The aim of our research was to study the features of the clinical picture and assess suicidal risk in stress-associated disorders in internally displaced women.

Material and methods. Subject to signing informed consent, in the period 2023-2024, a comprehensive examination of 178 women who were internally displaced persons and lived in the territory of Ukraine was conducted. The nosological structure of stress-associated disorders is represented by anxiety and depressive disorders (ADD), post-traumatic stress disorder (PTSD), and adjustment disorders (AD). Statistical processing of the obtained data with the determination of arithmetic mean (M), standard deviation (σ) and Fisher's t-test was performed on an IBM PC using standard statistical Microsoft Excel programs from software package of Microsoft Office 2021.

The inclusion criteria for patients in the study were as follows:

– one of the established diagnoses according to ICD-10 (F43.2), (F43), (F41.2), (F43.1).

- capable women;
- age (from 18 to 60 years);
- signed informed consent.

The exclusion criteria were as follows:

- drug or alcohol abuse;
- incapacitated;
- males and underage persons;
- presence of severe concomitant somatic pathology;
- do not have another psychiatric diagnosis, except for (F43.2), (F43), (F41.2), (F43.1);
- unwillingness to provide informed consent to participate in the study.

According to ICD-10, women were diagnosed with: adjustment disorder (AD) (F43) – 76 people, post-traumatic stress disorder (PTSD) (F43.1) – 49 people, anxiety and depressive disorder (F41.2) – 53 women.

To achieve the goal and implement the tasks of this study, the following methods were used: information-analytical, clinical-anamnestic, clinical-psychopathological, psychodiagnostic, psychometric and statistical methods of mathematical processing of the obtained results. In the process of the study, the main method of examination was the clinical-psychopathological method, which was used on the generally accepted principles of psychiatric examination by interviewing and observation with subsequent verification of the obtained data based on the diagnostic criteria of the ICD-10.

The Adaptation/Maladaptation Scale, or the Symptom Check List-90-Revised-SCL-90-R questionnaire, was used to assess the psychopathological status of women. This technique allows to assess the presence and severity of a spectrum of psychopathological manifestations and individual symptoms in the patient. The Columbia Suicide Severity Rating Scale (C-SSRS) was used to assess suicidal risk.

Results and Discussion. The conducted experimental psychological examination confirmed the clinical diagnosis according to ICD-10 and established that the clinical picture of stress-associated disorders included: emotional disorders (depression, unmotivated anxiety, internal tension with the inability to relax, irritability, anhedonia); cognitive disorders (such as difficulties in planning, organizing and concentrating attention, memory problems); vegetative paroxysms, psychogenic pain, asthenia, insomnia, sexual dysfunction and psychosocial maladaptation (family, informational, professional, economic, parental and interpersonal). The results of the study showed that in women with AD, depending on the

characteristics of the dominant symptoms within the framework of adjustment disorders, two main clinical variants were conditionally distinguished: emotional and behavioral. In turn, the emotional variant of AD (F43.2) was divided into anxious, depressive (F43.20, F43.21) and mixed (F43.22). It was established that the main predictors of the formation of adjustment disorders were forced relocation, because at this time women felt the greatest impact of the stress factor and experienced it for a long time with the following negative emotions: anxiety, fear, anger, rage, helplessness. The results obtained convincingly prove the diversity of the course of the clinical picture of AD with the separate variants and forms. Clinical and psychopathological manifestations in internally displaced women with AD had certain features and were represented by depressed mood (100%), severe fatigue (92.4%), anhedonia (88.4%), symptoms of insomnia (94.0%), low self-esteem (86.6%), pessimism and guilt (83.6%), anxiety (63.6%), weight change (53.2%), inability to concentrate and make decisions (48.8%), thoughts of death and suicide (32.2%).

Psychometric study using the SCL-90-R questionnaire revealed high scores on the scales of depression (2.8 ± 0.4 points), interpersonal sensitivity (2.6 ± 0.3 points), anxiety (2.0 ± 1.1 points), and somatization (1.9 ± 0.6 points), and lower scores on the scales of hostility (0.8 ± 0.2 points), and obsessive-compulsive disorder (1.0 ± 0.2 points).

Studies of suicidal behavior in internally displaced women with adjustment disorders prove that they are characterized by high suicidal activity, in particular, suicide attempts within the last year were detected in 12.4%, more than a year ago in 11.6%, repeated attempts were detected in 4.0%.

The results of the survey of women with PTSD confirmed the presence of “traumatic events that go far beyond the scope of ordinary life experience” (100.0%) (Kinzie J.D., 1989) [16, 17]. Predictors of the occurrence of PTSD in these individuals were always life-threatening and were characterized by unpredictability and uncontrollability. Among the main clinical manifestations in internally displaced women, it is worth noting the influx of affectively colored memories (94.8%) and avoidant behavior

(88.2%).

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Specific memory impairments were manifested in (64.2%) women and were expressed in the exacerbation of the ability to reproduce small details that accompanied the traumatic situation. In most cases, memories arose spontaneously, not being the result of any logically understandable associations, but women reproduced them vividly, in the smallest details. All this was accompanied by affects (mainly fear and anger) of such strength as if they were reliving the tragic events [19].

Intrusive memories of the circumstances of the traumatic event in internally displaced women were observed in (94.8%) women and took the form of flashbacks, reminiscences or nightmares. The fear of reminiscences was so strong that sometimes only a slight reminder of the circumstances of the catastrophic event caused panic reactions in women. A significant part of the women (79.8%) was afraid to fall asleep, so as not to experience nightmares again in their dreams. There were also frequent cases (44.8%) when affected women deliberately recreated traumatic memories with an effort of will in order to relive them, "analyze and get used to them". The manifestations of this clinical picture include irritability (81.4%), explosiveness (74.0%), anhedonia (88.8%), vegetative excitability (79.1%) (tachycardia, sweating) and insomnia (93.7%).

Internally displaced women's mood was depressed in the form of shallow anxious depression, accompanied by dysphoria (54.6%), self-dissatisfaction (74.8%), and a tendency to brutal aggression (34.9%). Secondary anxiety-depressive disorders and tendencies to alcohol or drug addiction were observed, designed to drown out the relevant experiences.

Anhedonia (88.8%) was characteristic manifestation in the emotional sphere. These women felt alienated from society, their emotions were blunted, outwardly they looked numb, pessimistic, indifferent to surrounding events, sometimes unmotivated embittered. Also, the emotional state of the patients was often characterized by alexithymia – the inability to verbally describe their own and other people's experiences, a decrease in the ability to manifest tact, restraint, emotional warmth and empathy.

Sleep disturbances (93.7%) in the form of difficulty falling asleep are caused by fear of an influx of memories, thematic nightmares with nighttime awakenings in an agitated state.

Permanent heightened vigilance, concentration on the content of the traumatic events and the expectation of one's own fear of their recurrence created an extraordinary tension of mental activity, which led to the exhaustion of the patients. A state of chronic fatigue arose, functionality sharply decreased. Almost all women (92.2%) found it quite difficult to maintain the usual level of social contacts, to fulfill production requirements, as a result, family relationships and other areas of adaptive activity suffered, and domestic and professional maladjustment increased.

In such patients, the impotence experienced in a crisis situation is fixed and becomes the basis of the phenomenon of acquired helplessness. As a result, women feel completely incompetent, "superfluous", easily accept the role of disabled people, beneficiaries, consumers of social assistance, and refuse the proposed options for rehabilitation and employment.

Thus, clinical and psychopathological manifestations in internally displaced women with PTSD had specific features and were represented by intrusive memories of the circumstances of the traumatic event (flashbacks) (94.8%), sleep disturbances (93.7%), irritability (81.4%), explosiveness (74.0%), anhedonia (88.8%), vegetative excitability (79.1%), in particular, tachycardia, sweating, as well as a depressed mood of the type of shallow anxious depression, accompanied by dysphoria (54.6%).

Psychometric study using the SCL-90-R questionnaire in internally displaced women

with PTSD revealed the level of mental stress and provided an opportunity to find out whether women show a tendency to exaggerate or minimize their symptoms. According to the results of the SCL-90-R, high indicators were found on the scales of hostility (2.7 ± 0.9), depression (2.2 ± 0.6), obsessive-compulsive disorder (1.8 ± 0.2), somatization (1.2 ± 0.5), and lower ones on the scales of anxiety (0.9 ± 1.1), interpersonal sensitivity (0.8 ± 0.3).

According to the results of the Columbia Suicide Severity Rating Scale (C-SSRS), suicidal intentions were detected in 8.2% of women with PTSD, while suicidal acts were detected in only 3.8%, and there were no repeated suicide attempts.

Characteristic clinical manifestations for women who are internally displaced persons with a diagnosis of anxiety and depressive disorder were anxiety. Anxiety (86.6%) arose in certain situations due to the influence of factors that women considered dangerous and tried to avoid. These individuals were characterized by experiencing a pronounced sense of fear (48.6%). Anxiety did not decrease from the realization that other people did not consider this situation dangerous or threatening. The clinical picture of anxiety and depressive disorder in these women manifested itself as tension (84.4%), restlessness (64.6%), excessive fatigue (91.1%), vegetative symptoms (87.3%) in the form of rapid heartbeat, increased pressure, a feeling of lack of air, dry mouth or increased sweating, headache, which caused the emergence of secondary fear of death, the possibility of going crazy or losing control. For internally displaced women (79.9%), even the idea of a dangerous situation caused anxiety. The established high level of anxiety negatively affected such components of cognitive activity as attention, memory and concentration, which further affected the solution of existing problems related to social functioning. Women described anxiety as one of the most important factors of their sleep deprivation, and sleep deprivation in turn had a significant impact on mood, motor and cognitive functions. Women often noted daytime sleepiness (73.2%), a decrease in the total number of hours of sleep (80.5%) and reduced work capacity (81.8%). The motor component of anxiety included restlessness (26.44%), tremor (64.28%),

fussiness (64.28%), tension headache (52.42%). Vegetative symptoms were represented by tachycardia (56.88%), hyperhidrosis (42.64%), lability of blood pressure (32.42%), dizziness (32.42%). Against the general background of increased anxiety, women (69.25%) had obsessive thoughts about the possible consequences of internal displacement, the future. Patients with anxiety and depressive disorder also had obsessive ideas (the fate of a useless person was depicted, life seemed "finished" and a "premonition of something terrible and inevitable" was noted). Anxiety in these individuals was especially aggravated in the evening (87.9%), which led to persistent insomnia.

Clinical manifestations in internally displaced women with anxiety and depressive disorders revealed significantly higher levels of anxiety (86.6%) and depression (68.8%), feelings of guilt (48.5%), weight changes (38.2%), inability to concentrate (52.2%), persistent insomnia in the form of daytime sleepiness (73.2%) and a decrease in total hours of sleep (80.5%), as well as reduced work capacity (81.8%).

Psychometric study using the SCL-90-R questionnaire established high scores on the scales of anxiety (2.7 ± 1.1 points), depression (2.6 ± 0.6 points), obsessive-compulsive disorder (2.2 ± 0.2 points) and somatization (1.7 ± 0.5 points), lower scores were diagnosed on the scales of interpersonal sensitivity (1.4 ± 0.5 points) and hostility (0.8 ± 0.7 points).

Internally displaced women diagnosed with anxiety and depressive disorder reported recurrent suicidal ideation. According to the Columbia Suicide Severity Rating Scale (C-SSRS), suicidal ideation was reported in 9.4% of women with anxiety and depressive disorder, while suicidal acts were reported in 4.6%, and there were no repeated suicide attempts.

Conclusions. Thus, it was established that the predictor of the formation of stress-associated disorders in internally displaced women was the very fact of internal displacement, caused by psychotrauma, stressful events or excessive emotional stress. The clinical picture of stress-associated disorders had certain differences and was based on forced internal displacement as necessary for the preservation of life and health.

The study of internally displaced women showed that the severity of suicidal intentions was highest among women with adjustment disorders (12.4%), anxiety and depressive

disorders (9.4%), and PTSD (8.2%), indicating the need to build an appropriate system of mental health care.

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ОСОБЕННОСТИ ТЕЧЕНИЯ КЛИНИЧЕСКОЙ КАРТИНЫ И ОЦЕНКА РАЗВИТИЯ СУИЦИДАЛЬНОГО РИСКА У ВНУТРЕННЕ ПЕРЕМЕЩЕННЫХ ЖЕНЩИН СО СТРЕСС-АССОЦИИРОВАННЫМИ РАССТРОЙСТВАМИ

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Резюме. В статье представлены результаты исследования, проведенного с целью изучения клинических особенностей и оценки развития суицидального риска у внутренне перемещенных женщин с указанными расстройствами.

К исследованию были привлечены 178 женщин со стресс-ассоциированными расстройствами. Для достижения цели и задач данного исследования были использованы клиничко-анамнестический, клиничко-психопатологический, психодиагностический, психометрические методы исследования и статистические методы математической обработки результатов.

По результатам проведенного обследования были выявлены как общие черты личности и стереотипные механизмы реагирования, так и определенные различия между обследованными пациентами. С использованием данных комплексного обследования была разработана программа психотерапевтической коррекции, учитывающая индивидуальные и групповые особенности пациентов.

Установлено, что предиктором формирования стресс-ассоциированных расстройств у внутренне перемещенных женщин был сам факт внутреннего перемещения, обусловленный психотравмой, стрессовыми событиями или чрезмерной эмоциональной нагрузкой, а тяжесть суицидальных намерений была наибольшей среди женщин с расстройствами адаптации.

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