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Treatment of post-critical depression (Moscow, Russia. Tbilisi, Georgia)

Vast majority of the patients in post-critical period have symptoms of clear or concealed depression, timely detection and adequate treatment of which is rather important. The psycho-social rehabilitation of such patients is a complicated and antidepressant treatment.

Key Words: Peculiarities ,post-critical depression, treatment

Actuality. The introduction of critical care medicine service into the healthcare practices enabled salvation of patients in life-threatening condition. Without such service they were pre-destined to perish. According to the data of different clinics the ratio of thus rescued people fluctuates between 70-80% and this parameter, along with the causes of critical condition, significantly depends on the age of the critical patients, concomitant diseases and many other factors (Z. Kheladze, 2007). Unfortunately, among the survived the disability level is rather high rendering the post-critical rehabilitation of the patients an important problem. Interestingly enough, in clinical picture of the post-critical treatment majority of these patients are experiencing depression. According to WHO, depression is one of the major reasons of depression of the world population and approximately 200 million people are losing performance capability annually. Moreover, it is believed that around 2020 depression will outrun cardiovascular diseases, being currently on the first place, in degree of incidence and will have the “pandemic” character. Besides, it will significantly rejuvenate and will be detected in a younger age. The majority of the victims of this “pandemic” might be in their post-critical period. Therefore, the study of the clinical picture and the peculiarities of treatment of depression in such patients is rather significant.

Materials and Methods: 115 patients in post-critical condition were studied; their age fluctuated in the range of 54-81 years. The formation of critical condition in these patients was due to bilateral bronchial pneumonia in 27 cases; trauma – in 22 cases; drug intoxication – in 181 cases; apoplectic shock – in 10 cases; severe sepsis – in 8 cases; and acute myocardial infarction – in 5 cases. Those patients experienced life-threatening condition 1-3 months prior causing their hospitalization in the critical care medicine clinics of 7-23 days duration. In all cases the critical condition was eliminated with standard treatment measures, including artificial lung ventilation, correction of water and electrolyte exchange, blood circulation management, antibacterial therapy, analgesic sedation and other measures. 33% of the patients were decumbiture, 41% had nidal and general encephalitic trauma, 5,2% had hereditary potential of psychic disease.

Results and Discussion: the patients' survey revealed that 111 of them had depression syndromes, which is apr. 96.5% of total. Of these, 78 patients, 67,8%, had evidence of depression. Depression in the rest of the patients was subtly evident and required some effort to discover it. Notably, majority of the patients, 82 patients or 71,3%, had monopole depression. Dipole depression was registered in 17 patients (14,8%). Besides, anhedonia or mood problems and escalation of bad emotions (fear, despair, hopelessness, etc.) was marked in majority of cases, i.e. 103 patients – 89,6%. Majority of the patients had suppressed operational (31%-26%) and long-term (21%-18,3%) memory, while 91% - intellectual capacity. 46 patients (40%) had restricted motor performance. Notably, targeted antidepressant treatment was conducted in just 14 patients (12,2%), others were deprived of it. However, irrespective antidepressant treatment, the complete elimination of the depression could not be achieved within one month, the stable improvement failed to manifest in all patients. In 17 cases (14,8%) these patients had concealed form of depression. The stable improvement was registered in 47 patients (40,9%), temporary insignificant improvement – in 33 patients (28,7%). The remaining 15,6% cases were resistant to treatment. The patients the critical condition of which was associated directly to cerebral pathology were the hardest to treat.

Conclusion:

Vast majority of the patients in post-critical period have symptoms of clear or concealed depression, timely detection and adequate treatment of which is rather important. The psycho-social rehabilitation of such patients is a complicated and antidepressant treatment.

Reference:

Z.Kheladze, Critical Care Medicine, Tbilisi, 2007, pg. 71pp.

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კრიტიკულ ავადმყოფთა უმრავლესობას პოსტკრიტიკულ პერიოდში აღენიშნება დეპრესიის აშკარა ან ფარული გამოვლინებები, რომელთა დროულ დიაგნოზსა და ადეკვატურ მკურნალობას დიდი მნიშვნელობა აქვთ ამ უკანასკნელთა სრულყოფილი ფსიქო-სოციალური რეაბილიტაციისათვის, თუმცა ამის მიღწევა უადრესად რთული და წინააღმდეგობრივი პროცესია.