

Studying the Role of Psychogenic Factors in the Development of Diffusive Alopecia

Axmedova Maxbuba Maxmudovna, Dilmuradova Klara Ravshanovna

Samarkand State Medical University, Samarkand, Uzbekistan

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ABSTRACT

this article attempts to reveal the main reasons for the study of the role of psychogenic factors in the development of diffuse alopecia and the method of effective treatment of patients. To carry out scientific work, the author took into account the anamnestic data of patients with diffuse hair loss, indicating a significant role of psycho-traumatic factors that preceded the development of diffuse alopecia, as well as frequent complaints of patients on psycho-emotional instability (sudden mood swings, irritability, tearfulness, sleep disturbance, hand tremor, "nervous tic"), control (comparison) groups were formed: patients with androgenetic alopecia and healthy individuals (who did not complain of hair loss) comparable in sex and age. The problem in question has not been studied enough, therefore, it requires more careful research.

Introduction: Alopecia (lit. "baldness" from other Greek ἀλωπεκία through Latin Alopecia "baldness, baldness") is a pathological hair loss, leading to their partial or complete disappearance in certain areas of the head or torso. The most common types of alopecia include androgenetic (androgenetic), diffuse or symptomatic (effluviums), focal or nested (areata), scarring (scarring).

Diffuse alopecia is characterized by severe uniform hair loss over the entire surface of the scalp in men and women as a result of a failure of hair development cycles. Since diffuse alopecia is a consequence of disturbances in the work of the whole organism, it is sometimes called symptomatic. Diffuse alopecia is the second most common after androgenetic alopecia. Women are more prone to it than men.

There are telogen and anagen forms of diffuse alopecia. In the more common 'telogen' form, after the cause that provoked alopecia, up to 80% of the hair follicles enter the telogen (rest) phase ahead of time, stopping producing hair.

Telogen effluvium can be caused by:

- ✓ stress;
- ✓ hormonal disorders, eg due to thyroid disease, pregnancy, use of inappropriate hormonal contraceptives;
- ✓ long-term use of antibiotics, neuroleptics, antidepressants and a number of other drugs;
- ✓ surgical operations, acute infectious and severe chronic diseases;
- ✓ diets with a lack of vital elements for the body;

✓ excessive consumption of beer.

The anagen form of diffuse alopecia occurs when the body, and the hair follicles in particular, is exposed to stronger and faster factors, as a result of which the hair follicles do not have time to "hide" in the rest phase, and the hair begins to fall out immediately from the growth phase (anagen). Such factors are usually radioactive radiation (including after radiotherapy), chemotherapy, poisoning with strong poisons.

In most cases, after the disappearance of the cause of diffuse alopecia, the lost hair is completely restored within 3-9 months, since here, unlike androgenetic alopecia, there is no death of hair follicles. Therefore, the treatment of diffuse alopecia is aimed, first of all, at finding and eliminating the cause that caused it. After the disappearance of the cause, for faster hair restoration, various growth stimulants (minoxidil) are used for androgenetic alopecia, therapeutic balms, hair masks, hair sprays, and physiotherapy.

Purpose: to study the role of psychogenic factors in the development of diffuse alopecia and the method of effective treatment of patients.

Materials and methods: taking into account the anamnestic data of patients with diffuse hair loss, indicating a significant role of psycho-traumatic factors that preceded the development of diffuse alopecia, as well as frequent complaints of patients on psycho-emotional instability (sudden mood swings, irritability, tearfulness, sleep disturbance, hand tremor, "nervous tick"), control (comparison) groups were formed: patients with androgenetic alopecia and healthy individuals (who did not complain of hair loss) comparable in sex and age. The diagnosis was made on the basis of the results of trichogram and dermoscopic examination using the Trichoscience Pro /TrichoScienceProV1.1 program. (Russia). To assess the significance of background psychogenic factors in the occurrence of diffuse alopecia (telogenous hair loss), a comparison was made of patient complaints, anamnesis data and psychodiagnostic testing of patients using validated psychotherapeutic tests: the Toronto alexithymic test and the Tsung scale.

Results: with diffuse telogen hair loss, 66.0% of women and 36.0% of men have moderate depression, 16.0% of women and 34.0% of men are in a state of severe depression. The alexithymic personality type, characterized by conflicts in interpersonal relationships, was found in 66.0% of women and 36.0% of men with diffuse telogen hair loss, while 34.0% of women and 32.0% of men are at risk for alexithymia. The most severe clinical manifestations of diffuse alopecia were observed in women suffering from severe depression and having an alexithymic personality type.

Conclusions: Examination of patients using validated psychotherapeutic tests indicates the feasibility of an objective assessment of the psycho-emotional status of patients with diffuse hair loss in order to resolve the issue of the need for additional examination by a psychotherapist and correction of the identified disorders.

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