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THE RELEVANCE OF MEDICAL-PSYCHOSOCIAL ASSISTANCE TO PERSONS WITH ADAPTATION DISORDERS

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Adaptation disorders in the conditions of a full-scale war in Ukraine have become widespread, requiring not only a clinical, but a systemic medical, psychological and social approach. The constant existence of high-intensity stress factors requires a review of assistance to the population with the priority of complex models of assistance.

According to previous studies, by surveying the population of different age groups, it was established that in conditions of martial law, functional changes in the body were characterized by deterioration of well-being, sleep, headaches, negative changes in cardiovascular system indicators. Respondents noted the emergence of a state of anxiety, fear, mood lability, decreased concentration, memory impairment, and decreased working capacity [1]. Using the methodology "Assessment of the state of mental health in the system of psychosocial support of the population," an assessment of mental health was conducted among persons whose professional activities are related to pedagogical activities, which was an additional component of psycho-emotional stress. The dependence of the manifestation of borderline neurotic disorders on age, displacement group (without changing place of residence, internally displaced persons (IDPs), refugees), and work experience was revealed. The value of the criterion of sleep disturbance (60.44 ± 2.56 points) is dominant among respondents, regardless of the displacement group. However, among IDPs, the value of the specified criterion was 77.27 ± 2.2 points, among refugees - 73.34 ± 2.32 points. Borderline neurotic disorders in persons without changing place of residence are characterized mainly by manifestations of depression (19.73 ± 2.09 points) and asthenia (18.37 ± 2.03 points). In

IDPs, the manifestations of depression and asthenia were lower (9.09 ± 1.51 points and 6.06 ± 1.25 points, respectively). Persons with refugee status suffer more from manifestations of asthenia (13.3 ± 1.78 points) and vegetative disorders (20 ± 2.1 points) [2]. We believe that the most effective assistance to persons with adaptation disorders and borderline neurotic disorders can only be of a complex nature, taking into account social determinants of health and the formation of stress management skills in the population [3, 4]. A comprehensive systemic approach involves stabilization of the psychosomatic state (medical level), psychological level with the achievement of stable resilience, social reintegration and support (social level). Conclusions. The implementation of the proposed comprehensive model will allow not only to reduce the symptoms of adaptation disorders, but also to prevent the development of post-traumatic stress disorder. This is of strategic importance for the preservation of public health and human capital in the post-war period.

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