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NAS RK is pleased to announce that Bulletin of NAS RK scientific journal has been accepted for indexing in the Emerging Sources Citation Index, a new edition of Web of Science. Content in this index is under consideration by Clarivate Analytics to be accepted in the Science Citation Index Expanded, the Social Sciences Citation Index, and the Arts & Humanities Citation Index. The quality and depth of content Web of Science offers to researchers, authors, publishers, and institutions sets it apart from other research databases. The inclusion of Bulletin of NAS RK in the Emerging Sources Citation Index demonstrates our dedication to providing the most relevant and influential multidiscipline content to our community.

Қазақстан Республикасы Ұлттық ғылым академиясы "ҚР ҰҒА Хабаршысы" ғылыми журналының Web of Science-тің жаңаланған нұсқасы Emerging Sources Citation Index-те индекстелуге қабылданғанын хабарлайды. Бұл индекстелу барысында Clarivate Analytics компаниясы журналды одан әрі the Science Citation Index Expanded, the Social Sciences Citation Index және the Arts & Humanities Citation Index-ке қабылдау мәселесін қарастыруда. Web of Science зерттеушілер, авторлар, баспашылар мен мекемелерге контент тереңдігі мен сапасын ұсынады. ҚР ҰҒА Хабаршысының Emerging Sources Citation Index-ке енуі біздің қоғамдастық үшін ең өзекті және беделді мультидисциплинарлы контентке адалдығымызды білдіреді.

НАН РК сообщает, что научный журнал «Вестник НАН РК» был принят для индексирования в Emerging Sources Citation Index, обновленной версии Web of Science. Содержание в этом индексировании находится в стадии рассмотрения компанией Clarivate Analytics для дальнейшего принятия журнала в the Science Citation Index Expanded, the Social Sciences Citation Index и the Arts & Humanities Citation Index. Web of Science предлагает качество и глубину контента для исследователей, авторов, издателей и учреждений. Включение Вестника НАН РК в Emerging Sources Citation Index демонстрирует нашу приверженность к наиболее актуальному и влиятельному мультидисциплинарному контенту для нашего сообщества.

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PSYCHOLOGICAL ASPECTS OF MEDICAL HEALTH CARE

Abstract. Improvement of social and economic development of society allowed to set fundamentally new tasks directed to the creation of an available and useful health care system for the branch. Integration of the Kazakhstan economy into the world economy, scales and the nature of the activity of the system of social institutes, including health care systems, demands a new approach to the organization of management. Its practical embodiment and also new institutional operating conditions of a health care system from the development of the new ideas, precepts of the law, standard procedures and the mechanisms realizing them, and in general - high-quality system transformations of a health care sector of Kazakhstan. At the same time, it should be noted that in such complex and multiple-factor branch as the health care, the universal model allowing to provide the full solution of all available problematic issues does not exist. It is well-known that the countries which are characterized by identical income levels, education and expenses on health care differ by the opportunities to solve the most critical problems of health protection. Thus, the creation of a national health care system has to be carried out by assessment of a possibility of the solution of priority tasks in specific economic, social and political conditions taking into account an international experience. In our article, we will see off research about a role of psychological intervention within diagnostics and therapy of psychosomatic patients.

Keywords: health care system, public policy, psychosomatic manifestations.

Introduction. According to the existing state program of health development of the Republic of Kazakhstan, one of the objectives is – to improve the availability and quality of healthcare through the development and improvement of the Unified National Health System, with priority development of socially oriented primary healthcare and increased joint responsibility of citizens.

Currently, according to WHO, up to 25% of patients of internal medicine is the patients with somatoform psychosomatic disorders, and absorbs about 20% of the money spent on healthcare. The prevalence of such diseases is 280 cases per 1000 population (V. Popov, V. Type A, 1997; Gindikin VY, 2010; Williams S., Villar R., Peterson J., 1988; Hassenfeld IN, 2011). Somatoform disorders are the independent pathology which are difficult to diagnose (ICD-10); it's proved the absence of a transition corresponding to the "large" psychosomatic disorders (Ababkov V.A., 1992; Alexander A., 2005; Craig T. K. J., Boardman, A.R., 2004).

In the etiology and pathogenesis of psychosomatic disorder, psychological factors are very important, among which the leading role is played by intrapsychic neurotic conflict (Topolyansky V.D., Strukovskaya. M.V., 2008; Karvasarsky B.D., 2000; Frankl, 2011). However, in the medical literature, the importance of psychotherapeutic treatment is referred to only and suggests methods of pharmacotherapy in combination with herbal medicine and homeopathic treatment. Questions of psychotherapy for these patients are not well defined, undifferentiated.

These disorders tend to manifest themselves in the form of psychosomatic disorders in outpatient and inpatient physical profile. Psychosomatic component is presented in patients with diseases of the circulatory, digestive, musculoskeletal and skin, respiratory diseases. Neglect of mental factors in the diagnosis and treatment of medical conditions leading to their complications, prolonging the period of treatment, increased costs for examination, treatment, maintenance of hospital beds, etc.

The main factor in improving the quality and availability of psychotherapeutic and medical care is the timely detection of borderline mental disorders by physicians - internists, especially the local therapist.

It is now necessary to put the relevant issue of the integration of specialized types of treatment into the primary level of healthcare in order to improve its quality.

The results of our study, the practice of healthcare proves that the primary healthcare needs a strong, adequate psychotherapy service.

The purpose and objectives of the study. The main purpose is to prove the effectiveness of psychotherapy in primary care from economical, practical and preventive points of view.

To reach the main purpose it is necessary to solve the following objections:

1. To study the social, clinical and psychological status of patients with disorders of the gastrointestinal tract and the cardiovascular system.

2. To carry out experimental and empirical psychological research, using a comprehensive model for psychological prophylaxis and to evaluate its effectiveness.

3. To implement a designed psychotherapeutic model for psychosomatic disorders of the gastrointestinal tract and the cardiovascular system.

Research methods. The design is prospective empirical study. 220 patients with psychosomatic disorders were chosen. The subjects were selected from the outpatient therapy department contingent consisting care record. All study patients we observed for a long time and unsuccessfully treated by internists with suspicion on the following diseases: duodenal or gastroesophageal reflux disease, chronic gastritis, hyper motor or hypokinetic intestinal dyskinesia, dysbacteriosis, biliary dyskinesia, chronic acalculous cholecystitis, hypertension, cardioneurosis. Age range - 18-65 years old, median age – 41.5±4.9. Male to female ratio – 1:2.3. For exclusion of organical diseases of the brain and/or endocrinal or metabolic syndromes additional instrumental diagnostic methods were used (ultrasound, EEG, CT, MRI).

Findings. Selected contingent was divided into two experimental groups:

Gastroenterological - 100 and cardiac - 120.

All patients of the **gastroenterological** group experienced complaints of nausea, dry mouth, difficulty swallowing, vomiting, aerophagia, hiccups, abdominal pain and epigastric pressure, heaviness in the abdomen, frequent stools, flatulence (at least 6 months, 2 years maximum). The above symptoms and syndromes of psychosomatic diseases of the digestive system are functional gastrointestinal disorders, certain by Roman III criteria (2006 r.). 71 patients (1G group) was treated using Gestalt therapy method, 29 patients (2G group) received only conservative gastrointestinal treatment (table 1).

Table 1 – Summary (gastroenterological group)

		1 group (1G)		2 group (2G)		Total	
		abs	%	abs	%	abs	%
Sex	F	51	72	19	65	70	70
	M	20	28	10	35	30	30
Age	18-27	16	22,5	6	20,7	22	22
	28-37	34	48	13	44,8	47	47
	38-47	21	29,5	10	34,5	31	31
Total		71	71 %	29	29 %	100	100 %

All patients received adequate conservative therapy. The comprehensive model of Gestalt therapy was performed as group sessions, once in a day, for 2.5 hours every week. The duration of treatment - 2.5 months. The total duration of therapy was 24 hours. After the course of treatment, control research was conducted, using the same methods.

Patients of the **cardiac group** were divided into 3 groups (1C, 2C, 3C):

1C group (n=40) - patients receiving antihypertensive therapy and group psychotherapy sessions (direct-to-elimination or weakening of the symptoms of the disease, the improvement of the general condition).

2C group (n=45) - patients on antihypertensive therapy, were differentiated individual psychotherapy (including personal characteristics)

3C or control group (n=35- those patients receiving antihypertensive medication therapy only (table 2).

Table 2 – Summary (cardiac group)

Demography	1C, n=40,	2C, n=45	3C, n=35
Age			
35 - 45	8(20%)	11(24,4%)	6(17,1%)
46 - 50	17(42,5%)	21(46,7%)	18(51,4%)
51 - 55	15(37,5%)	13(28,9%)	11(31,4%)
Illness duration			
below 5 years	16(40%)	17(37,8%)	13(37,1%)
6-10 years	13(32,5%)	15(33,3%)	12(34,3%)
above 10 years	11(27,5%)	13(28,9%)	10(28,6%)

All the patients took one or more antihypertensive drugs "first tier" (diuretics, P-blockers, a-blockers, ACE inhibitors, calcium antagonists), i.e. 5 main groups of drugs.

Psychotherapy sessions were held three times in a week, duration of session - 1-1.5 hours. Individual meetings for 2C group were held 2-3 times a week, the duration of one session was 1 hour. Total course duration was, on average, 42 hours.

Group sessions were held once in a week for 2.5 hours. The duration of treatment - 3 months. Total duration of therapy was 30 hours. Psychotherapy groups were heterogeneous in age and sex composition and homogeneous in nosology. Throughout the study period, patients kept private diaries in which the frequency of heart attacks and blood pressure levels was stored. Patients were measured BP independently three times per day: morning, afternoon and evening. We also measured blood pressure at each visit to doctor (3 times per week). On the basis of these data, mean blood pressure was calculated.

To determine the psychological profile of all the patients there were used the following psychodiagnostic techniques: scale of the *level of reactive and personal – anxiety (1G, 2G)*; *Giessen questionnaire (all patients)*, *Beck's level of depression questionnaire (1C,2C,3C)*, *the scale of the level of personal and reactive anxiety (1G, 2G)*, *types of attitude towards the disease (TATD) (1G, 2G)*, *Toronto's Alexithymia Scale(1G, 2G)*. Psychiatric disorders from the group of schizophrenia, affective disorders, anxiety and phobic anxiety and neurotic disorders were also excluded.

Effectiveness of treatment in terms of reduction of neurotic symptoms was estimated using the following tests: clinical-psychopathological method (all patients); questionnaire neuroticism (Jachin K.K., Mendelevich D.M., 1978) (1G, 2G); MMPI test to assess the psychological portrait and LSI (index lifestyle) (1C, 2C, 3C) for evaluation of psychological defense mechanisms. Assessment of the dynamics of the clinical condition of the patients was based on "Bekhterev's clinical scale" (1G, 2G), and Tukaev's clinical score (1C, 2C, 3C).

The obtained data were processed by mathematic statistic methods: criterion differences by Mann - Whitney, method of frequency analysis, using descriptive statistics. Mathematical treatment of empirical data was performed using parametric and non-parametric tests using standard computer program for statistical processing SPSS 21,0.

Gastroenterological group:

Mathematical processing of studied parameters dynamics before and after a course of therapy revealed no statistically significant changes in most of the studied parameters (table 3).

Results are positive. There has been a decrease of the levels of reactive and, to a lesser extent, personal anxiety, alexithymia, the intensity of complaints on all scales of the questionnaire Giessen somatic complaints; harmonization of relations of patients to the disease.

Analysis of the control group also showed statistically significant improvements in all parameters studied (table 3). In determining the potential differences between the study and control groups during the

Table 3 – Comparison of the dynamics of the studied patients; the main parameters of study group before and after treatment according to the Wilcoxon test

Pair	n		T		U		p-value	
	1G	2G	1G	2G	1G	2G	1G	2G
Trait anxiety	71	29	0	0	7,32273	4,703046	p < 0,01	p < 0,01
Reactive anxiety	71	29	0	0	7,16744 5	4,622599	p < 0,01	p < 0,01
«exhaustion» G.q.*	71	29	0	0	7,27133 7	4,372373	p < 0,01	p < 0,01
«gastric complaints» G.q.	71	29	0	0	7,27133 7	4,197264	p < 0,01	p < 0,01
«rheumatoid factor» G.q.	71	29	14,5	4,5	7,23964 7	3,283507	p < 0,01	p < 0,01
«cardiac complaints» G.q.	71	29	0	0	7,21957 8	4,014509	p < 0,01	p < 0,01
«total number of complaints» G.q.	71	29	0	0	7,32273	4,622599	p < 0,01	p < 0,01

*Giessen questionnaire.

Table 4 – The significance of differences between the study and control groups during the second pilot study (Mann-Whitney-U)

Variables	Control group,	Study group,	U	U cor.	p-value
	n	n			
trait anxiety	29	71	442	4,47761	p<0,01
reactive anxiety	29	71	300	5,55498	p<0,01
"Exhaustion" G.Q. *	29	71	223,5	6,14848	p<0,01
"Gastric complaints" G.q. *	29	71	72	7,3067	p<0,01
"Rheumatoid factor" G.q. *	29	71	374,5	5,05611	p<0,01
"Cardiac complaints" G.q. *	29	71	578	3,45223	p<0,01
"The total pressure of complaints" G.q. *	29	71	65	7,33224	p<0,01

G.q. – Giessen questionnaire.

second pilot study using Mann - Whitney criteria (U), groups were heterogeneous (the differences in the parameters reliably) (table 4).

After the application of complex model of Gestalt-therapy the symptoms exciting the attention of patients (nausea, dryness of in the mouth, the difficulties when swallowing, vomiting, pneumophagia, a hiccup, pains, the pressure of in the epigastrium, heaviness in the abdomen, liquid stool, a meteorism) have ceased to be felt by patients, has decreased feelings of anxiety and stress, sleep normalized, patients have become more active. Recovery was observed in 90.1% of patients (p < 0.01). The patients of the control group have similar symptoms appeared again and caused the patients' need to undergo gastroenterology reexamination (48.2% of patients).

Average spot on the scales of the Giessen somatic complaints questionnaire after a course using of a complex model of Gestalt therapy corresponds to the average values in healthy subjects on all parameters studied. The mean values on the scale of the depletion decreased from 15.6 to 7.8, "stomach complaint" from 13.6 to 6.3, "rheumatoid factor" from 5.5 to 2.1, and the "cardiac" from 8.5 up to 4.2 points. The overall mean pressure complaints, reflecting the "hypochondriacally" of patients decreased from 42.9 to 20.4 points. In patients undergoing medical treatment only, reduction of complaints has not reached the degree of the study group.

Analysis of the results obtained during the final testing of 2 groups patients of the survey using Spielberger - Hanin anxiety scale (table 5, 6) shows that in the main group results of personal anxiety after therapeutic manipulation corresponded to the normal level in 33.8% of cases, the indicators of reactive anxiety in 76.0% of cases ($p < 0.01$). In the control group, research indicators of trait anxiety were within the normal range in 10.4% of cases, while a reactive anxiety in 34.5% of cases. Personal anxiety, being a stable characteristic of the individual, is difficult to treat. However, the decline in personal anxiety in the application of a comprehensive model of Gestalt therapy was 2.8 times greater than in the control group.

Table 5 – Comparative dynamics of the level of reactive anxiety during treatment and control groups, abs. (%)

The level of reactive anxiety	Group				The reliability of the results of therapy in the study and control groups (P 2-4)
	1G (n=71)		2G, control (n=29)		
	Before treatment (0)	After treatment (2)	Before treatment (3)	After treatment (4)	
Low	—	54 (76,0%)**	—	10(34,5%)**	<0,01
Moderate	61 (85,9%)	16 (22,6%)**	24 (82,8%)	19 (65,5%)	<0,01
High	10 (14,1%)	1 (1,4%)**	5 (17,2%)	**	>0,05

**Reliability of differences between patients of one group before and after treatment <0.01.

Table 6 – Relative changes in the level of trait anxiety during therapy in study and control group, abs. (%)

Trait anxiety	Groups				The reliability of the results of therapy in the study and control groups (P 2-4)
	1G (n=71)		2G, control (n=29)		
	Before treatment	After treatment	Before treatment	After treatment	
Low	—	14 (39,8%)**	—	1 (3,4%)**	<0,01
Moderate	51 (71,8%)	44 (64,4%)**	22 (79,3%)	24 (83,8%)	<0,01
High	20 (28,2%)	12 (16,9%)*	7 (20,7%>)	4 (13,8%)*	>0,05

**Reliability of differences between patients of one group before and after treatment <0.01.

TATD dynamics showed that in the control group there was no effect of treatment in 82.8% of cases, while in the basic group the rate of success was 50.8% ($p < 0.01$) (table 7).

Table 7 – The effectiveness of psychotherapy according to TATD

Group	The effectiveness of psychotherapy according to TATD			
	TATD's type: non-harmonic		TATD's type: harmonic	
	abs	%	abs	%
2G	24	82,8	5	17,2
1G	36	50,8	35	49,2

Common to both groups as a result of psychotherapy is to ease tensions of psycho regulation. In the mind's sphere in both cases, there is an improved emotional state, reducing the processes of psychological conflict. While improving the state of the autonomic areas, reducing the level of neuroticism also improve emotional. Thus, psychotherapy of psychosomatic disorders in patients with hypertension leads to qualitatively meaningful results.

Conclusion. Thus, the study of the clinical picture of patients with somatoform disorders of the gastrointestinal tract revealed, in addition to physical illness, a significant representation of psychiatric syndromes, which allowed to determine the clinical target for the developed model of psychotherapy. An adequate system of diagnosis and differential diagnosis of patients suffering from psychosomatic disorders of the gastrointestinal tract should include not only the clinical criteria of the disease and the main characteristics of psychogenic, but also a negative and a positive diagnosis of neurotic disorder.

Using an integrated psychotherapeutic model is preferable, because the result is a reduction in the number of psychosomatic complaints and the lack of severe anxiety (both reactive and personal), which creates the basis for the restoration of favorable emotional background, potentiating effect of conservative treatment.

Studies have shown high efficiency of differential integrative psychotherapy techniques of cardiac diseases. In addition, it was revealed that during therapy in patients with the purpose of correction of borderline mental disorders and normalization of blood pressure, it is necessary to carry out the correction of non-adaptive forms of psychological defenses. Inclusion in the program of the treatment of hypertensive patients with psychosomatic disorders, individual psychotherapy makes the effect of psychotherapy persistent (according to the follow-up): leads to permanent improvement, reduce the severity of psychosomatic disorders, improve the efficiency of medical treatment and stabilization of the indicators of the level of blood pressure.

Timely structural and functional reorganization at primary health care level is very important: addition of psychotherapy would play a big role in the prevention and early detection of psychological disorders, underlying the majority of somatic disorders, which will improve the quality and efficiency of health (including pharmacotherapeutic) help.

In connection with the theoretical and practical importance of these issues, creation of psychotherapy departments should be considered appropriate in the practice of primary health care facilities. The combined use of different methods and forms of psychotherapy with the simultaneous implementation of adjacent specialists in primary care can be implemented on the basis of outpatient psychotherapy unit cabinet, in order to provide quality and efficient care.

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ДЕНСАУЛЫҚ САҚТАУ ЖҮЙЕСІНІҢ ПСИХОЛОГИЯЛЫҚ АСПЕКТІЛЕРІ

Аннотация. Қоғамның әлеуметтік-экономикалық дамуын жақсарту сала аладында қол жетімді және тиімді денсаулық сақтау жүйесін құруға арналған мақсатты жаңа тапсырмалар қоюға мүмкіндік берді. Қазақстандық экономиканың әлем экономикасына интеграциялануы әлеуметтік институттар жүйесінің қызметтік бағыттары мен ауқымын, соның ішінде денсаулық сақтау жүйесін, басқаруды ұйымдастыруды жаңа бағытты талап етеді. Оның тәжірбиеге айналуы, сондай-ақ денсаулық сақтау жүйесінің қызметтер атқаруындағы жаңа институционалды шарттар мен денсаулық сақтау жүйесін жаңа идеялар, құқықтық нормалар, нормативтік үрдістер және оларды іске асыратын механизмдерді негізге ала отырып дамытуды талап етеді. Тольктай алғанда, Қазақстанда денсаулық сақтау секторын сапалы жүйелі түрде қайтадан қарастыруды қажет етеді. Сондықтан денсаулық сақтау секілді қиын және көп факторлы салада барлық сұрақтардың толық шешімін қамти алатын әмбебап модель жоқ екенің атап өткен жөн. Табыстардың деңгейлері, білімі мен денсаулық сақтауға шығындарды бірдей мемлекеттер денсаулық сақтаудың басты мәселелерін шешуде өз мүмкіндіктері бойынша ерекшеленетіні жалпыға белгілі. Осылай, денсаулық сақтау ұлттық жүйесін құру әлемдік тәжірбиені ескере отырып, экономикалық, әлеуметтік және саяси шарттардағы басты мақсаттарды шешу мүмкіндіктерін бағалауға негізделіп құрылуы керек. Біздің мақаламызда психосоматикалық ауруларды емдеу, терапиясы мен диагностикасы аясындағы психологиялық интервенцияның рөлі туралы зерттеу нәтижесін ұсынамыз.

Түйін сөздер: денсаулық сақтау жүйесі, мемлекеттік саясат, психосоматикалық құбылыс.

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ПСИХОЛОГИЧЕСКИЕ АСПЕКТЫ СИСТЕМЫ ЗДРАВООХРАНЕНИЯ

Аннотация. Улучшение социально-экономического развития общества позволило поставить перед отраслью принципиально новые задачи, направленные на создание доступной и эффективной системы здравоохранения. Интеграция казахстанской экономики в мировую экономику, масштабы и характер деятельности системы социальных институтов, в том числе системы здравоохранения, требует нового подхода к организации управления. Ее практическое воплощение, а также новые институциональные условия функционирования системы здравоохранения требуют развития системы здравоохранения на основе разработки новых идей, правовых норм, нормативных процедур и реализующих их механизмов, а в целом - качественных системных преобразований сектора здравоохранения Казахстана. Вместе с тем, необходимо отметить, что в такой сложной и многофакторной отрасли как здравоохранение, не существует универсальной модели, позволяющей обеспечить полное решение всех имеющихся проблемных вопросов. Общеизвестно, что страны, характеризующиеся одинаковыми уровнями дохода, образования и расходов на здравоохранение различаются по своим возможностям решать важнейшие проблемы охраны здоровья. Таким образом, построение национальной системы здравоохранения должно осуществляться на основе оценки возможности решения приоритетных задач в конкретных экономических, социальных и политических условиях с учетом мирового опыта. В статье мы проводим исследование о роли психологической интервенции в рамках диагностики и терапии психосоматических больных.

Ключевые слова: система здравоохранения, государственная политика, психосоматические проявления.

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