ISSN 2786-6661
eISSN 2786-667X

UDC: 617.753.2-06:616.89-008.44]:303.4
https://doi.org/10.32345/USMYJ.1(152).2025.69-76

Received: October 02, 2024
Accepted: January 10, 2025

Nosogenies in patients with myopia: clinical and psychological features

Drozdov Volodymyr

British Ophthalmological Center, Kyiv, Ukraine

Address for correspondence:

Drozdov Volodymyr

E-mail: vladimirandco@gmail.com
+380676347198

Abstract: *nosogenies, as a category of the International Classification of Diseases, define distress or emotional disorder that interferes with a person's social functioning and occurs in the presence of significant stress (or disease). The aim of the work was to determine the prevalence, clinical and psychological features of nosogenies in myopia. Affective disorders (mood disorders) were detected in 20.5% of people with myopia: mild depressive episode (9.0%), dysthymia (11.5%); in 65% – neurotic disorders related to stress and somatoform disorders: mixed anxiety-depressive disorder (11.0%), neurasthenia (55.5%), hypochondriac disorder (11.0%); in 2.0% – persistent personality changes not related to brain damage or disease: other persistent personality changes (2.0%). To study the personality characteristics of patients with myopia, we used the «Methodology of Multifaceted Personality Research». The study was conducted in accordance with the principles of the Declaration of Helsinki of the World Medical Association. Mathematical processing of the study results was performed using mathematical statistics methods. It was found that individuals with affective disorders were characterized by hypochondria, significant attention to their own health, impulsive behavior, anxiety, insecurity, difficulties in interpersonal interaction, and a focus on the world of internal experiences. Patients with myopia and neurotic disorders were characterized by a focus on their own health, lability and emotional instability, affective rigidity, lack of caution and prudence in actions, optimism, an active life position, high self-esteem, and a sufficient level of sociability. Patients with myopia and personality changes were characterized by pessimism, a tendency to introversion and skepticism, impulsiveness and uncontrolled behavior, individualism, originality of interests, and a decrease in general activity.*

Keywords: Adaptation, Biological; Personality; Pathology; Myopia; Mental Health; nosogenies.

Introduction

Nosogenia is a diagnostic category of the International Classification of Diseases that defines a state of distress or emotional disorder that interferes with the social functioning and productivity of an individual and occurs during the period of adaptation to significant changes in lifestyle or in the presence of stressful events [1].

The formation of nosogenies involves the semantics of the disease, clinical (features of the course of the underlying disease, comorbid mental pathology), constitutional (personality disorders, accentuations of their character), social (level of education, material security) and demographic (gender, age) factors. There is an opinion in the literature that when analyzing the formation of nosogenies, it is necessary to take into account

ISSN 2786-6661
eISSN 2786-667X

the prevalence of ideas about the favorable and unfavorable prognosis of a somatic disease [2, 3].

The possibility of nosogenies manifesting significantly increases in the presence of personality disorders. Nosogenies are most often formed in patients with such types of personality disorders as hysterical, obsessive-compulsive, affective, schizoid, and paranoid [4, 5]. Establishing the relationship between personal predisposition and the formation of nosogenies is a complex and poorly studied problem. Its analysis is complicated by differences in methodological approaches – psychological (psychoanalytic) and neurobiological on the one hand, and clinical – on the other [2, 3].

Aim

The aim is to determine the prevalence, clinical and psychological features of nosogenies in myopia.

Materials and methods

200 patients with myopia were examined at the British Ophthalmological Center in Kyiv. The clinical diagnosis of myopia was established by the Order of the Ministry of Health of Ukraine No. 827 dated 08.12.2015 [6], IMI – Clinical Management Guidelines Report [7], Myopia control strategies recommendations from the 2018 WHO/IAPB/BHVI Meeting on Myopia [8]. All the studies were conducted according to implemented guidelines in consideration of GCP-ICH and the Declaration of Helsinki [9]. All patients signed the «Informed Voluntary Consent of the Patient for Diagnostics, Treatment and Operation and Analgesia» [10].

The inclusion criteria for the study were: patients with mild, moderate or high myopia combined with mild myopic astigmatism; absence of any type or degree of amblyopia, strabismus, and opacities of the optical media; constant use of optical correction.

Exclusion criteria were: a history of bacterial, viral or fungal corneal disease in patients with myopia; keratoconus or keratoglobus; corneal dystrophy; congenital cataract; corneal or vitreous opacity that reduces visual acuity; glaucoma and diseases of the macular area of the retina or optic nerve of any etiology.

200 patients with moderate myopia and mild myopic astigmatism in both eyes were examined. 58 men and 142 women aged 29,3 ± 0,44 years participated in the study. Independent distance visual acuity of the patients was 0,13 ± 0,011 IU, and the maximum corrected visual acuity was 0.87 ± 0.10 IU. The optical indicators of the eye were determined in conditions of cycloplegia using autorefractometry. Spherical refraction was -3,39 ± 0,126 Dptr., and cylindrical – -0,65 ± 0,035 Dptr; length of the anterior-posterior axis of the eye – 25,06 ± 0,059 mm; thickness of the cornea in the central point – 545,87 ± 1,55 μm.

To study the personality characteristics of patients with myopia, we used the «Methodology of Multifaceted Personality Research» [11]; we determined the corrective indicators (L, F, K), Hs-hypochondria, D-depression, Hy-hysteria, Pd-psychopathy, Mt-masculinity-femininity, Pa-paranoia, Pt-psychasthenia, Sc-schizoidity, Ma-hypomania, Si-social introversion.

Mathematical processing of the research results was carried out using the methods of mathematical statistics. The statistical description of the research indicators was carried out using the methods of primary statistical analysis [12]. With their help, the arithmetic mean (M) and the error of the arithmetic mean (m) of indicators were determined, as well as the distribution of indicators for normality was studied. The Shapiro-Wilk test was used to check the distribution of indicators for normality. It was established that at the significance level of 0,05 the distribution of most indicators is different from normal. An analysis of the distribution was carried out for each studied criterion. Student's t-test was used to assess differences in sample populations that had a «normal» distribution. For populations whose distribution differed from the «normal» U-test according to the Mann-Whitney method was used. When the distribution of quantitative signs was different from normal, the median and interquartile range were determined (Me (25,0 %; 75,0 %)).

Results

When studying the mental status of people with myopia, we identified a certain typology of nosogenies present in them:

I. Affective disorders (mood disorders) – 41 people (20,5%):

1. Mild depressive episode, F 32.0 (43,9%).

ISSN 2786-6661
eISSN 2786-667X

2. Dysthymia, F 34.1 (56,1%).

II. Neurotic disorders associated with stress and somatoform disorders – 130 people (65%):

1. Mixed anxiety-depressive disorder, F 41.2 (16,9%).

2. Neurasthenia, F 48.0 (66,2%).

3. Hypochondriasis, F 45.2 (16,9%).

III. Persistent personality changes not related to brain injury or disease – 4 individuals (2,0%):

1. Other persistent personality changes, F 62.8 (100%).

Dysthymia was found in 11,5% of myopic patients. In these individuals, the disease arose after an affective episode and a sub depressive mood was observed for several years. The relationship between individual phases of mild depression and periods of normal state varied considerably, the presence of periods of depressive mood lasting at least 2 years being essential. During these two years, episodes of pronounced depression periodically appeared, when patients had a decrease in energy and activity, insomnia, feelings of inferiority, difficulty concentrating, a decrease in the desire to engage in everyday activities, a feeling of hopelessness or despair, a pessimistic view of the future, and a lack of desire to communicate.

Patients with myopia and dysthymia are characterized by hypochondriasis, excessive self-control, increased orientation to normativity, excessive attention to one's health (increase on the Hs-hypochondria scale), impulsive, poorly controlled behavior (increase on the Pd-psychopathy scale), dominance and tendency to rivalry in interpersonal relationships, a masculine lifestyle, strength and endurance in men and excessive emotionality, the desire to be protected in women (decrease on the Mt-masculinity-femininity scale). They were also characterized by excessive timidity, anxiety, insecurity, conformity, and distrust (decrease on the Pt-psychasthenia scale), difficulties in interpersonal interaction, and an orientation to the world of internal experiences (increase on the Si-introversion scale) (Table 1).

Mixed anxiety-depressive disorder was diagnosed in 11,0% of people with myopia. In such patients, anxiety was caused not only by certain situations or objects, in connection with which they tried to avoid such situations or felt fear in them. Sometimes the patients attention was focused on somatic symptoms (decreased vision), anxiety was often accompanied by fear,

Table 1. Personality characteristics of patients with myopia and dysthymia, mixed anxiety-depressive disorder and other persistent personality changes

Indicators of personal characteristics	Patients with myopia			
	all	with nosogenies		
		dysthymia	other lasting personality changes	mixed anxiety-depressive disorder
Hs-hypochondria	64 [56; 73]	56 *** [62; 69]	65 *** [60,5; 68,25]	65 *** [58; 83]
D-depression	56 [48,75; 64]	55 *** [51; 61,25]	76,5 *** [72,5; 78]	69 *** [63; 75]
Hy-hysteria	61 [53;67,25]	57 *** [52; 63,25]	61 [52; 71,5]	65 *** [54; 68]
Pd-psychopathy	57 [52; 66]	59 ** [52;63,5]	65 *** [63,75; 69,76]	65,5 *** [55; 74]
Mt-masculinity-femininity	47 [40; 56]	50 [38; 64,75]	59 [52,75; 60,75]	42 * [36; 58]
Pa-paranoia	56 [46; 64]	52 ** [46,5; 59,5]	58 [56; 60,5]	63,5 *** [58; 82]
Pt-psychasthenia	47,5 [38; 58]	49 *** [40,5; 61]	69 [61; 76]	56,5 *** [46; 65]
Sc-schizoidity	53 [43; 66]	51 *** [44,25; 60]	66 *** [59,5; 72]	71 *** [60; 75]
Ma-hypomania	55 [47; 61]	54 [47; 58]	55,5 [51,75; 58]	54 [47; 60]
Si-social introversion	54 [47;61]	54 *** [52,5; 61]	64 *** [58,75; 69,5]	65 *** [56; 73]

Note: comparison was made between groups with and without nosogenia
* – p<0,05; ** – p<0,01; *** – p<0,001.

ISSN 2786-6661
eISSN 2786-667X

and even the thought of possible complications caused anticipatory anxiety. Symptoms of anxiety and depression were present in the clinical picture of these patients, but without clear dominance.

Individuals with myopia and mixed anxiety-depressive disorder were characterized by pessimism, dissatisfaction, anxiety, hyposthenic type of reaction (increase on the D-depression scale), tendency to introversion, skepticism, lack of spontaneity in social interaction (decrease on the Hy-hysteria scale), impulsive, poorly controlled behavior (increase on the Pd-psychopathy scale), affective rigidity, tendency to pedantry, rivalry, and getting stuck on negative experiences (increase on the Ra-paranoia scale), excessive timidity, anxiety, insecurity, conformity, distrust (decrease on the Pt-psychasthenia scale), difficulties in interpersonal interaction, turning mainly to the world of subjective experiences (increase on the Si-introversion scale).

A mild depressive episode was diagnosed in 9,0% of patients with myopia. These individuals had a persistently depressed mood, loss of energy, activity, and ability to enjoy. They were characterized by early morning awakenings and worsening depression, pronounced psychomotor retardation, loss of appetite, body weight, and sexual desire. Despite the persistently depressed mood, the patients continued their daily activities and performed all their duties. Pathologically pronounced depressive mood did not depend on circumstances, persisted throughout the day without change, and lasted for at least 2 weeks. The leading symptoms of this disorder, in addition to bad mood, were a decrease in interest in professional and everyday activities, loss of the ability to get pleasure from them, decreased energy and increased fatigue during physical and mental efforts, decreased self-esteem and loss of self-confidence, unreasonable self-blame and inadequate feelings of guilt, decreased concentration and indecision.

Individuals with myopia and a mild depressive episode were characterized by pessimism (increase on the D-depression scale), affective rigidity, a tendency to pedantry, rivalry, and getting stuck on negative experiences (increase on the Ra-paranoia scale), lack of caution and prudence in actions, special pedantry in matters of morality, nonconformity and egocentrism (decrease on the Pt-psychasthenia scale), individualism, originality of interests, unpredictability of actions, irrational approach to solving problems, detachment from reality (increase on the Sc-schizoidity scale), decreased love for life and general activity (decrease on the Ma-hypomania scale), difficulties in interpersonal interaction, immersion mainly in the world of subjective experiences (increase on the Si-introversion scale) (Table 2).

Neurasthenia was suffered by 55,5% of people with myopia. This disorder in the examined patients manifested itself in two forms. In some people, the leading complaints were increased fatigue during mental exertion, which reduced their professional productivity or impaired their ability to perform everyday tasks. Manifestations of mental fatigue were most often associated with unpleasant interference, distracting associations or memories, impaired concentration or general inefficiency of thinking. Other patients were more concerned about physical weakness, exhaustion at the slightest effort, muscle pain, and inability to relieve tension. All patients with neurasthenia complained of dizziness, tension headaches, a feeling of general instability, concern due to mental or somatic discomfort, irritability, anhedonia, depressed mood and anxiety, and sleep disturbances. They were unable to relieve severe mental or physical fatigue even after rest or entertainment.

Individuals with myopia and neurasthenia were characterized by excessive attention to their own health (increase on the Hs-hypochondria scale), desire to impress others (decrease on the D-depression scale), lability and emotional instability (increase on the Hy-hysteria scale), affective rigidity, tendency to pedantry, rivalry and getting stuck in negative experiences (increase on the Pa-paranoia scale), desire to overcome obstacles, dominance and tendency to rivalry in interpersonal relationships in men, softness, cordiality, passivity and restraint of behavior in women (decrease on the Mt-masculinity-femininity scale). Typical were also the lack of caution and prudence in actions, special pedantry in matters of morality, non-conformity and

ISSN 2786-6661
eISSN 2786-667X

Table 2. Personality characteristics of patients with myopia without nosogenia and with neurasthenia, hypochondriac disorder and mild depressive episode

Indicators of personal characteristics	Patients with myopia			
	with nosogenies			without nosogenies
	neurasthenia	hypochondriac disorder	mild depressive episode	
Hs-hypochondria	64 *** [58; 73]	78 *** [74; 84]	56 ** [50; 64]	50 [47; 85]
D-depression	51 [43; 57]	70 *** [65; 75]	58,5 *** [53; 65]	49 [47; 53]
Hy-hysteria	63 *** [55; 70]	67,5 *** [63; 72]	61 *** [53; 65]	49 [48; 53]
Pd-psychopathy	57 *** [52; 64]	64 *** [57; 74]	62 *** [52; 69]	52 [48; 57]
Mt-masculinity-femininity	45 *** [40; 53]	46 * [34; 59]	42 *** [38; 53]	53 [50; 59]
Pa-paranoia	57 *** [46; 64]	57 *** [52; 67]	64 *** [54; 66]	46 [42; 54]
Pt-psychasthenia	44 *** [36; 55]	55,5 *** [48; 62]	48 *** [42; 53]	36 [29; 44]
Sc-schizoidity	52 *** [44; 60]	57 *** [49; 74]	57,5 *** [47; 70]	40 [38; 45]
Ma-hypomania	55 [47; 66]	57 ** [50; 66]	55 [47; 60]	53 [47; 58]
Si-social introversion	52 [44; 59]	60 *** [56; 65]	51 [47; 61]	51 [42; 52]

Note: comparison was made between groups with and without nosogenia
* – $p<0,05$; ** – $p<0,01$; *** – $p<0,001$.

egocentrism (decrease on the Pt-psychasthenia scale), optimism, active life position, high self-esteem, emotional immaturity, sthenic type of reaction (an increase on the Ma-hypomania scale), a sufficient level of sociability (decrease on the Si-introversion scale).

Hypochondriac disorder was found in 11,0% of people with myopia. These patients were convinced that they had a serious disease with a progressive course, and constantly presented many somatic complaints. They often explained normal sensations and phenomena as pathological or unpleasant and often focused attention on the eyes. The persistent conviction in their somatic diseases and the search for corresponding symptoms, constant concern about possible ugliness or deformation caused discomfort or interfered with normal life, forced patients to seek medical help from different doctors or to seek additional functional examinations.

Individuals with myopia and hypochondriasis were characterized by hypochondria, rigidity, excessive control, significant orientation to normativity, excessive attention to one's physical condition (an increase on the Hs-hypochondria scale), pessimism, dissatisfaction, anxiety, hypo-sthenic type of experiences (increase on the D-depression scale), affective rigidity, a tendency to pedantry, rivalry and getting stuck in negative experiences (increase on the Pa-paranoia scale), individualism, originality of interests, the unpredictability of actions, irrational approach to solving problems, detachment from reality (an increase on the Sc-schizoidity scale), decrease in vital tendencies and general activity (decrease on the Ma-hypomania scale), difficulties in interpersonal interaction, turning mainly towards subjective experiences (increase on the Si-introversion scale).

Other persistent personality changes were diagnosed in 2.0% of myopic patients. These patients constantly felt tense, were haunted by difficult premonitions, were unsure of their safety and their situation, and felt inferior. At the same time, they felt an acute need to be liked by other people, really wanted to be accepted by them, and painfully experienced rejection and criticism. They limited the number of personal attachments and avoided certain types of activities, considering ordinary everyday situations dangerous. These patients were characterized by constant internal experiences, and their behavior significantly deviated from the

ISSN 2786-6661
eISSN 2786-667X

«normal» in a given social environment. This was manifested in like perception and interpretation of various phenomena, people, or events, in the formation of attitudes towards themselves and others, as well as the image of their own «I» and the images of other people, in emotional control over impulsivity and the desire to satisfy their own needs, in the style or means of regulating interpersonal interaction.

Behavioral disorders were manifested in the fact that it was maladaptive, and inflexible in a wide range of personal and social situations and remained so, starting from a young age. These patients constantly felt tension and bad forebodings, were confident in their unadaptability to life, social inadequacy, unattractiveness and inferiority, and constantly felt the threat of becoming an object of criticism or becoming an outcast in social situations. They even tried not to contact people if they were not sure of their positive attitude towards them, they created certain restrictions for themselves, tried to ensure their physical safety, and avoided social and professional activity.

Patients with myopia and other persistent personality changes were characterized by hypochondria, excessive self-control and attention to one's health (an increase on the Hs-hypochondria scale), pessimism, dissatisfaction, tendency to worry, hyposthenic type of reaction (increase on the D-depression scale), tendency to introversion, skepticism, insufficient spontaneity in social interaction (decrease on the Nu-hysteria scale), dissatisfaction with life, belonging to a certain social group or position in it, a sense of one's inadequacy, experiencing injustice or misunderstanding on the part of others (increase on the Pd-psychopathy scale). They were also characterized by efforts to overcome obstacles, dominance and a tendency to rivalry in interpersonal relationships – for men and softness, cordiality, passivity and restraint of behavior – for women (decrease on the Mt-masculinity-femininity scale), impulsivity, uncontrolled behavior (increase on the Pt-psychasthenia scale), individualism, originality of interests, unpredictability of actions, irrational approach to solving problems, detachment from reality (increase on the Si-introversion scale), decrease in life-loving tendencies and general activity (decrease on the Ma-hypomania scale).

Discussion

A recent study showed that myopic patients had low scores on goal-directedness, empathy, willingness to help, compassion, and willingness to cooperate, indicating that individuals with refractive errors are less compassionate and more egocentric [13]. This study also showed that individuals with myopia and astigmatism are more dependent, helpful, and independent than normal myopic patients [13]. A recent study suggested that temperament and character are influenced not only by the presence of refractive error but also by the type of refractive error [13]. A recent study assessed five different personality traits (introversion, agreeableness, conscientiousness, neuroticism, and openness) in myopic individuals and found that the more myopic the patients, the more they were prone to conscientiousness, introversion, and closed-mindedness [14]. If we analyze a person with myopia using the Eysenck questionnaire, then no relationship was found between such traits as psychoticism, extraversion neuroticism, and refractive status [15]. Our results significantly expand the knowledge about the prevalence of mental and behavioral disorders in patients with myopia, because the data available in the literature to date are extremely limited and contradictory.

The results of the study were obtained by the authors during the research work of the Department of Ophthalmology of National Medical University named after O.O. Bogomolets of the Ministry of Health of Ukraine «Improving diagnosis and treatment of pathology of the retina and optic nerve vascular, traumatic and endocrine genesis» (state registration № 0120U100810; term: 2021-2023 yars).

Funding

This article did not receive financial support from a government, non-governmental or commercial organization.

Conflict of interest

The author declares that there are no potential or apparent conflicts of interest related to the manuscript.

ISSN 2786-6661
eISSN 2786-667X

Consent to publication

The author has reviewed the manuscript and has consented to its publication.

ORCID ID and author contributions

0000-0001-6565-5858 (A, B, C, D, E, F) Drozdov Volodymyr

A – Work concept and design, B – Data collection and analysis, C – Responsibility for statistical analysis, D – Writing the article, E – Critical review, F – Final approval of the article.

REFERENCES

1. International Statistical Classification of Diseases and Related Health Problems (ICD), 2019. https://www.who.int/standards/classifications/classification-of-diseases

2. Ali SG, Wang X, Li P, Jung Y, Bi L, Kim J, Chen Y, Feng DD, Magnenat Thalmann N, Wang J, Sheng B. A systematic review: Virtual-reality-based techniques for human exercises and health improvement. Front Public Health. 2023 Mar 23;11:1143947. doi: 10.3389/fpubh.2023.1143947.

3. Zhu X, Meng J, Han C, Wu Q, Du Y, Qi J, Wei L, Li H, He W, Zhang K, Lu Y. CCL2-mediated inflammatory pathogenesis underlies high myopia-related anxiety. Cell Discov. 2023 Sep 12;9(1):94. doi: 10.1038/s41421-023-00588-2.

4. Liu Y, Liu Y, Zhang W, Xue ZQ, Zhang FX, Xu WG, Zhuang WJ. Screening of genes interacting with high myopia and neuropsychiatric disorders. Sci Rep. 2023 Oct 26;13(1):18347. doi: 10.1038/s41598-023-45463-y.

5. Ou YN, Ge YJ, Wu BS, Zhang Y, Jiang YC, Kuo K, Yang L, Tan L, Feng JF, Cheng W, Yu JT. The genetic architecture of fornix white matter microstructure and their involvement in neuropsychiatric disorders. Transl Psychiatry. 2023 May 26;13(1):180. doi: 10.1038/s41398-023-02475-6.

6. Nakaz Ministerstva okhorony zdorov'ya Ukrayiny «Unifikovanyy klinichnyy protokol pervynnoyi, vtorynnoyi (spetsializovanoyi), tretynnoyi (vysokospetsializovanoyi) medychnoyi dopomohy porushennya refraktsiyi ta akomodatsiyi: miopiya, hipermetropiya, astyhmatyzm, anizometropiya, presbiopiya, porushennya akomodatsiyi, ambliopiya, keratokonus, kontaktna korektsiya zoru» vid 08.12.2015 № 827 URL: https://www.dec.gov.ua/wp-content/uploads/2019/11/2015_827_ykpmd_porref.pdf (in Ukrainian)

7. Gifford, K., Richdale, K., Kang, P., Aller, Th., Lam, C., Liu, M., Michaud, L., Mulder, J., Orr, J., Rose, K., Saunders, K., Seide D., Tideman, W., Sankaridurg, P.. IMI – Clinical Management Guidelines Report. Invest Ophthalmol Vis Sci., 2019;60:M184–M203. URL: https:// doi.org/10.1167/iovs.18-25977

8. Ang M., Flanagan J., Wong Ch., Müller A., Davis A., Keys D., Resnikoff S., Jong M., Wong T., Sankaridurg P. Review: Myopia control strategies recommendations from the 2018 WHO/IAPB/BHVI Meeting on Myopia. British Journal of Ophthalmology. 2020;104:1482-1487. https://doi.org/10.1136/bjophthalmol-2019-315575

9. World Medical Association Declaration of Helsinki: ethical principles for medical research involving human subjects. JAMA. 2013;310(20): 2191-2194. https://doi: 10.1001/jama.2013.281053.

10. Nakaz Ministerstva okhorony zdorov'ya Ukrayiny «Pro zatverdzhennya form pervynnoyi oblikovoyi dokumentatsiyi ta Instruktsiy shchodo yikh zapovnennya, shcho vykorystovuyut'sya u zakladakh okhorony zdorov'ya nezalezhno vid formy vlasnosti ta pidporyadkuvannya» vid 14 lyutoho 2012 roku N 110. URL: http://search.ligazakon.ua/l_doc2.nsf/link1/RE20974Z.html (in Ukrainian)

11. Berezin F. B., Miroshnikov M. P., Sokolova Ye. D. (2011). Metodologiya mnogogrannogo issledovaniya lichnosti (in Russian).

12. Babak V.P., Biletskiy A.YA., Pristavka O.P., Pristavka P.O. (2001). Obrabotka dannykh yavlyayetsya statisticheskoy. K.: MIVVTS, 388 (in Ukrainian).

13. Kalkan Akcay E, Canan F, Simavli H, Dal D, Yalniz H, Ugurlu N, Gecici O, Cagil N. Effect of refractive error on temperament and character properties. Int J Ophthalmol. 2015 Feb 18;8(1):72-6. doi: 10.3980/j.issn.2222-3959.2015.01.13.

14. Lauriola M. Psychological correlates of eye refractive errors. Personality and Individual Differences.1997 Nov 23; 5: 917-20. doi.org/10.1016/S0191-8869(97)00087-1

15. Bullimore MA, Conway R, Nakash A. Myopia in optometry students: family history, age of onset and personality. Ophthalmic Physiol Opt. 1989 Jul;9(3):284-8. doi: 10.1111/j.1475-1313.1989.tb00907.x. PMID: 2622669.

Ukrainian Scientific Medical Youth Journal
Issue 1 (152), 2025
Creative Commons «Attribution» 4.0

ISSN 2786-6661
eISSN 2786-667X

Нозогенії у хворих на міопію: клінічні та психологічні особливості

Дроздов Володимир

Британський офтальмологічний центр, м. Київ, Україна

Address for correspondence:

Drozdov Volodymyr

E-mail: vladimirandco@gmail.com
+380676347198

Анотація: *нозогенії, як категорія Міжнародної класифікації хвороб, визначає дистрес чи емоційний розлад, що перешкоджає соціальному функціонуванню особи та виникає при наявності значного стресу (або захворювання). Метою роботи було з'ясування поширеності, клінічних та психологічних особливостей нозогеній при міопії. У 20,5% осіб з міопією було виявлено афективні розлади (розлади настрою): легкий депресивний епізод (9,0%), дистимію (11,5%); у 65% – невротичні розлади, пов'язані з стресом та соматоформні розлади: змішаний тривожно-депресивний розлад (11,0%), неврастенію (55,5%), іпохондричний розлад (11,0%); у 2,0% – стійкі зміни особистості, не пов'язані з ураженням або захворюванням головного мозку: інші стійкі зміни особистості (2,0%). Для дослідження особистісних характеристик пацієнтів з міопією ми застосовували «Методику багатостороннього дослідження особистості». Дослідження проводилося у відповідності з принципами Гельсінської декларації Світової медичної асоціації. Математичну обробку результатів дослідження виконували методами математичної статистики.*

Було встановлено, що особам з афективними розладами були притаманні іпохондрія, значна увага до власного здоров'я, імпульсивна поведінка, тривожність, невпевненість, труднощі міжособистісної взаємодії, зверненість у світ внутрішніх переживань. Пацієнтам з міопією та невротичними розладами – зосередженість на власному здоров'ї, лабільність та емоційна нестійкість, афективна ригідність, відсутність обережності та обачливості у вчинках, оптимізм, активна життєва позиція, висока самооцінка, достатній рівень комунікабельності. Хворим з міопією та змінами особистості – песимізм, схильність до інтроверсії та скептицизму, імпульсивність й неконтрольована поведінка, індивідуалізм, своєрідність інтересів, зниження загальної активності.

Ключові слова: Адаптація, Фізіологічна; Особистість, Нозогенії, Міопія, Психічне здоров'я