

## **PSYCHOLOGICAL DETERMINANTS OF ANTI-RELAPSE BEHAVIOR IN PATIENTS WITH LONG-TERM MENTAL AND ENDOCRINE DISEASES**

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Clinical-psychological bases of the phenomenon of relapse and re-hospitalization in patients with chronic diseases and the formation of anti-relapse behavior still remain poorly understood and require an interdisciplinary approach. Theoretically, this problem may be associated with the interplay of not only biological and pharmacological factors, but also psychological, familial, social and environmental ones that generate certain behavioral patterns. The aim of this study was to identify and substantiate a set of clinical and psychological factors underlying the multi-level model of anti-relapse behavior to improve the patients' quality of life and their level of mental and somatic health. The study included 89 patients with mental disorders (F0, F3, F4 and F6, according to ICD-10), 68 women and 21 men, aged from 29 to 75 years. Also, there were 51 patients with endocrine diseases (E02, E10 and E27, according to ICD-10), 45 women and six men, their mean age was  $49.6 \pm 4.24$ . A number of psychological techniques were used to find out the patients' anti-relapse behavioral patterns, their current mental state, anxiety, noetic orientations, attitudes to their disease and quality of life parameters, as well as clinical dynamics was examined. The duration of mental disorder was from one to 25 years, the number of hospitalizations was from two to 21. The study participants were divided into three subgroups depending on the frequency of their re-hospitalization: Group 1 – less than three times, Group 2 – from three to five times, Group 3 – more than five hospitalizations. The study results revealed that patients with long-term mental and endocrine diseases often show anxiety, emotional instability and tension accompanied by a low evaluation of their present life purposes. Meanwhile, the most vulnerable areas of life of patients with chronic diseases are the relations with people around them.

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