

**LONG-TERM REMISSIONS IN ENDOGENOUS MENTAL DISORDERS: CLINICAL-
PSYCHOPATHOLOGICAL STRUCTURE AND PROGNOSTIC SIGNIFICANCE**

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Abstract

Objective. To determine the clinical-psychopathological structure of long-term remissions in endogenous mental disorders and their prognostic value.

Materials and Methods. A review of the literature and an analysis of clinical data from patients with schizophrenia, bipolar affective disorder, and recurrent depression were conducted. M. L. Agranovsky's classification and psychometric scales PANSS and SOFAS were used.

Results. Remission was found to be a heterogeneous state comprising clinical, cognitive, and social components. The most favorable variants (Intermission with Mild Personality Changes, ATR, NTR, TTR) were characterized by preserved social adaptation and a low risk of relapse. Unfavorable types (PTR, RRS) were associated with pronounced negative symptoms and a high likelihood of exacerbations. Psychometric verification demonstrated that $SOFAS \geq 45$ and $\Delta PANSS \geq 15$ were linked to stable remissions, whereas lower scores and insufficient symptom reduction increased relapse risk.

Conclusion. Integrating typological and psychometric approaches improves the objectivity of remission assessment and enables the development of comprehensive prognostic models for personalized prevention.

Keywords: endogenous mental disorders, remission, prognosis, PANSS, SOFAS, Agranovsky typology.

Introduction

Long-term remissions in endogenous mental disorders (schizophrenia, bipolar affective disorder, recurrent depression) hold a central position in contemporary psychiatry. Despite significant therapeutic progress, the problem of remission stability and prognosis remains unresolved. Remission is not a homogeneous clinical state: while some patients regain social functioning, others continue to exhibit significant cognitive and affective deficits. This underscores the necessity for a scientifically grounded typology and prognostic models.

Recent studies emphasize that remission cannot be viewed merely as a "decline of symptoms." Clinical experience shows that even with a marked reduction in productive symptoms, many patients continue to experience persistent negative symptoms, cognitive inertia, and social maladaptation. Therefore, remission should be regarded not as the final goal of therapy but as a complex, multilayered clinical condition requiring separate analysis.

One important research direction involves studying the typological structure of remissions. In Russian psychiatry, the classification proposed by M. L. Agranovsky has gained wide recognition. It includes:

- Intermission with Minor Personality Changes (IIMPC),
- Asthenic Type (ATR),
- Neurosis-like Type (NTR),

- Thymopathic Type (TTR),
- Psychopathy-like Type (PTR),
- Remission with Residual Symptomatology (RRS).

These variants differ in the severity of residual symptoms, the level of social adaptation, and resistance to relapse.

International approaches also highlight the need for quantitative assessment of remission. Several standardized criteria have been proposed, integrating clinical-psychopathological and social-functional indicators. Modern studies demonstrate that low levels of social functioning and insufficient symptom reduction constitute significant predictors of relapse.

Despite the available research, several issues remain unresolved. First, there is no unified assessment system that integrates psychometric indicators with typological characteristics. Second, cognitive and motivational-volitional deficits, which may persist even during prolonged reduction of productive symptoms, are often underestimated in clinical practice. Third, prognostic models capable not only of identifying remission but also predicting its duration and relapse risk are insufficiently developed.

Thus, the study of long-term remissions in endogenous mental disorders has both theoretical and practical importance. Systematizing their clinical-psychopathological structure and identifying prognostically significant factors form the basis for developing personalized strategies of monitoring, prevention, and rehabilitation.

Aim and Objectives of the Study

Aim: To systematize the clinical-psychopathological structure of long-term remissions in endogenous mental disorders and determine their prognostic significance through the integration of psychometric (PANSS, SOFAS) and typological (Agranovsky) approaches.

Objectives:

1. To analyze domestic and international literature on remissions in endogenous mental disorders, their clinical structure, and prognostic criteria.
2. To characterize the main remission types according to M. L. Agranovsky, identifying their clinical-psychopathological features and prognosis.
3. To determine the significance of psychometric indicators (PANSS, SOFAS) in assessing remission stability and patients' social functioning.
4. To compare typological and psychometric approaches to identify key predictors of relapse risk.
5. To justify the need for developing a comprehensive prognostic model integrating clinical-psychopathological, psychometric, and social parameters.