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THEMATIC DIRECTION: “WAR DISTRESS AND ANXIETY”

The war our society is currently going through, combined with the post-Covid situation, has become the perfect incubator for the growing public health burden of mental disorders [1]. Strong psychotraumatization negatively affects the mental health of the population of Ukraine, simultaneously draining the resources of psychological and psychiatric services and reducing our ability to respond due to the destruction of infrastructure and economic decline. Moreover, economic problems in themselves are already a risk factor for increasing the level of mental disorders, suicides, use of psychoactive substances, etc. [5, 6]. This combination of events significantly increases the likelihood that at some point the demand for mental health services will exceed the available capacity of the health care system. And preparation for such a challenge is the development of psychological and medico-psychological assistance, as evidenced by the experience of war-affected countries. In our country, the All-Ukrainian mental health program “How are you?”, whose mission is to make mental health care a daily habit for Ukrainians by building a quality system of services in the field of mental health and psychosocial support. Indeed, permanent chronic stress, daily losses of military and civilians, mass disability of the population (loss of limbs, captivity, torture), forced relocation, long separation from loved ones, inability to influence the situation cause a constant feeling of worry, anxiety, uncertainty of the future, etc. [1, 6].

The long war in Ukraine has significantly depleted the resources of psychosomatic adaptation of the population, which has already led to a significant increase in physical and mental health disorders of Ukrainians. However, according to the Ukrainian audit of mental health service resources, which was carried out with the support of the United States Agency for International Development (USAID), only 10% of people suffering from mental or psychological discomfort seek medical help. A systematic meta-analysis by the WHO noted that in countries that have experienced conflicts in the last 10 years, more than one in five people (22.1%) suffer from depression, anxiety, post-traumatic stress disorder, bipolar affective disorder or schizophrenia. Moreover, these disorders are moderate or severe in almost every tenth person (9.1%).

Extrapolation of this estimate to the population of Ukraine (43.7 million) allows us to assume that about 9.6 people may have mental disorders, of

which up to 3.9 million people will suffer from moderate or severe disorders. The Ministry of Health of Ukraine also cites data that mental health disorders may eventually manifest themselves in about 15 million Ukrainians, of which 3-4 million people will require medical intervention. It is especially emphasized that mental health problems can aggravate or lead to the appearance of already chronic non-infectious diseases, in particular cardiovascular, cerebrovascular, oncological, etc., as well as bad habits, chemical and non-chemical addictions. In general, the prevalence of subsyndromal anxiety, which often precedes other mental disorders, is on average twice as high as the prevalence of clinically delineated forms of anxiety disorders and can reach 28–76% [3], and most primary care physicians did not consider these conditions as pathological, respectively, did not treat them. In addition to a fairly high prevalence, anxiety disorders themselves are determined by clinical heterogeneity, the formation of comorbid relationships with depressive and somatoform symptoms, and a tendency to a protracted course. It is clear that anxiety, which arises as a response to a threatening or even uncertain situation, to a lack of information, is a normal adaptive reaction that mobilizes the body in the event of a real threat or a difficult situation. However, if the intensity of anxiety is excessive in relation to the situation that caused it, or it is not caused by external factors at all, it is considered pathological [1]. According to the Sixteen Personality Factors Scale questionnaire, increased anxiety, feelings of insecurity, impaired emotional sensitivity and psychological adaptation are associated with an increase in cardiovascular mortality. In the patient's subconscious under the influence of real or imaginary facts, stagnant anxiety is formed. The reaction of fear in response to stress triggers the activation of the sympathoadrenal system, thereby stimulating the development of cardiovascular pathology.

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