

**Non-psychotic Mental Disorders and Quality of Life in Patients with Hyperthyroidism**

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Practical focus on unity "physical" and "mental" diagnosis improves "single pathological process" that promotes more accurate assessment of the patient in order to achieve good results in treatment. The purpose was to examine the main psychiatric syndromes of non-psychotic level and quality of life in patients with hyperthyroidism. 125 patients were examined. Quality of life was assessed using a questionnaire developed Mezzich, Cohen, Ruiperez, Liu & Yoon (1999), covering the three main components of quality of life: subjective wellbeing / satisfaction, the performance of social roles, the external conditions of life. Non-psychotic mental disorders with different syndromologic structure were found in 76% of patients (study group), among which anxious-asthenic (38.95%), anxious-depressive (23.16%) were dominant. The control group consisted of 30 (24%) patients with hyperthyroidism without mental disorders. Significant difference was found in quality of life in patients of study and control groups. Thus, mental disorders in hyperthyroidism require further in-depth research. Taking into account the view of functions' systemic organization, one of the valid indicators integrated assessment of mental health and the effectiveness of treatment should be considered as quality of life, defined by WHO as "individuals perception of their position in life, including physical, mental and social well-being, independence and quality of environment context of the culture and values among whom they live, and according to their own objectives, expectations, standards and concerns". So medical care to such patients should focus on early diagnosis and correction of non-psychotic mental disorders through both medication and psychological influences.