REPUBLIC OF AZERBAIJAN

On the rights of the manuscript

ABSTRACT

of the dissertation for the degree
of Doctor of Philosophy

STUDYING THE QUALITY OF LIFE AND SOCIAL FUNCTIONING OF PATIENTS WITH DEPRESSION

Specialty: 3211.01 – Psychiatry

Field of science: Medicine

Candidate: **Samira Oktay Gasimova**

Baku – 2021

The dissertation work was carried out at the Department of Psychiatry of the Azerbaijan Medical University.

Scientific consultant: doctor of medical sciences, professor
Garay Chingiz Garaybeyli

Official opponents: doctor of medical sciences, professor
Fuad Nadir Ismayilov

doctor of medical sciences, professor
Bilal Mirzoaliyevich Asadov

doctor of philosophy in medicine
Tural Zulfu Rzayev

Dissertation Council ED 2.05 of the Higher Attestation Commission under the President of the Republic of Azerbaijan, operating on the basis of the Azerbaijan Medical University.

Vice-Chairman of the Dissertation council:
doctor of medical sciences, professor
Chingiz Rahim oglu Rahimov

Scientific secretary of the Dissertation council:
doctor of medical sciences, professor
Agha Chingiz Pashayev

Chairman of the scientific seminar:
doctor of medical sciences, professor
Nadir Vedan Ismayilov

İMZANI TƏSDİQ EDİRƏM
Azərbaycan Tibb Universitetinin
ELMİ KATİBİ
Tibb elmləri doktoru, professor
Nazim Adil oğlu Pənahov
"15" 10 2021

GENERAL DESCRİPTİON OF WORK

The relevance of research. According to the study of global burden diseases, depression is the second most frequent disability-related life-year (DLY) loss and is among the top four economic loss-related diseases in every region of the world[1]. These high rates are due not only to the widespread prevalence of depressive disorders, but also to the frequency of depressive episodes and the tendency towards a chronic course in many cases of this disease[2]. It is no secret that only an insignificant number of patients with depression receive the necessary treatment, while the lack of available treatment significantly worsens the health and quality of life of patients[3]. At the same time, timely diagnosis of depressive disorders and treatment with novel antidepressants and psychological interventions can significantly alleviate the suffering of patients and markedly reduce the risk of negative consequences of depression, such as suicide, family breakdown, job loss, and psychoactive substance abuse[4]. Concurrently, psychotherapy is almost the only type of intervention that promotes recovery in relapsing, chronic, or drug-resistant types of depression. One of two types of psychotherapy included in current clinical guidelines for the treatment of depression is interpersonal psychotherapy. The popularity of IPT is facilitated by its short-term nature,

[1] Haro, J.M. Patient-reported depression severity and cognitive symptoms as determinants of functioning in patients with major depressive disorder: a secondary analysis of the 2-year prospective PERFORM study / J.M.Haro, L.Hammer-Helmich, D.Saragoussi [et al.] // Neuropsychiatr Dis Treat, – 2019. №15, – p. 2313–2323.-p. 17

[2] Van Loo, H.M. Data-driven subtypes of major depressive disorder: a systematic review / H.M.Van Loo, J.W.Romeijn, R.C.Kessler [et al.] // BMC Med, – 2012. №10 (156), – p. 1-12. - p.7-8

[3] Ferrari, A.J. Burden of depressive disorders by country, sex, age, and year: findings from the global burden of disease study 2010 / A.J.Ferrari, F.J.Charlson, R.E.Norman [et al.] // PLoS Med, – 2013. №10 (11), – p. 1-12.-p.8-9

[4] World Health Organization mhGAP Intervention Guide for Mental, Neurological and Substance Use Disorders in Non-Specialized Health Settings: Mental Health Gap Action Programme (mhGAP). WHO, – 2010. – 170 p.-p.79

structuredness, as well as its effectiveness, proven in numerous scientific studies[5]. Over the last few years, the use of IPT has gradually entered the practice of treating patients with depression in our country. However, the scientific analysis of IPT has not received sufficient coverage in domestic publications. In general, it can be stated that until now in Azerbaijan there has been no scientific studies on psychotherapy.

There is still no clear understanding of the importance of factors affecting the effectiveness of psychotherapeutic interventions. In addition, there is no sufficient evidence ground on the effect of IPT on the indicators of social adaptation and the quality of life of patients with depression. Many theoretical concepts that have become widespread in Europe and North America, including attachment theory and communication theory, are less familiarized by our specialists. In this regard, research on the interpersonal aspects of depression is of considerable interest and relevance.

IPT has not received sufficient coverage in domestic publications. In general, it can be stated that up to the present moment there has been no scientific research on psychotherapy in Azerbaijan. There is still no clear understanding of the importance of factors affecting the effectiveness of psychotherapeutic interventions. In addition, there is no sufficient evidence base on the effect of IPT on the indicators of social adaptation and the quality of life of patients with depression[6]. Many theoretical concepts that have become widespread in Europe and North America, including attachment theory and communication theory, are little familiar to our specialists. In this regard, research on interpersonal aspects of depression is of significant interest and relevance. According to leading experts, in our country, as well as in other countries, there is a tendency towards an increase in depressive pathology, which causes increased interest in the psychosocial aspects of this

[5] Cuijpers, P. Interpersonal psychotherapy for depression: a meta-analysis / P.Cuijpers, A.S.Geraedts, P.van Oppen [et al.] // American Journal of Psychiatry, – 2011, 168 (6), – p. 581-592.-p.58

[6] Ismayilov, F.N. Training on the management of depression in primary care in Azerbaijan // International Psychiatry, – 2011. May; 2. №8, – p. 43-46.-p.45

issue. Specific for Azerbaijan is the fact that the issues of diagnostics and treatment of depressed patients face difficulties in connection with the insufficient appeal of these persons to the system of psychiatric care. Due to cultural characteristics, depressive disorders in the mass consciousness are not associated with mental illness, but rather are perceived as a normal emotional response to life problems[7]. This phenomenon, known in the literature as "normalization," on the one hand, protects patients with depression from the negative effects of stigma and concomitant mental illness. On the other hand, this phenomenon prevents timely access to specialists and the receipt of the necessary assistance.

Until recently, studies of psychosocial adaptation in depression were limited in our country, since it was generally accepted that the parameters of functioning, quality of life, satisfaction of needs belong to more severe mental disorders. At the same time, as practice shows, economic and material losses during depression exceed similar indicators for other mental disorders, which makes it relevant to study them in Azerbaijan. In recent years, we have witnessed the formation of modern approaches to the provision of mental health services in our country. An important milestone was the adoption in 2011 of the National Mental Health Strategy, which pays great attention to the prevention of mental disorders, early intervention, and the creation of new forms of assistance[8]. It should be emphasized that, along with the traditional indicators, special attention in the Strategy is paid to the final results of care, which include the improvement of psychosocial adaptation and the quality of life. The adoption of the Law of the Republic of Azerbaijan on "Psychological Assistance" in 2019, as well as the development of relevant government regulations, contributed to the development of psychotherapeutic assistance, including interpersonal therapy (IPT).

---

[7] Исмайлов Ф.Н. Качественное исследование культуральных особенностей депрессивных расстройств с помощью метода глубокого группового интервью (Фокус-группа) // Азербайджанский психиатрический журнал, – 2004. № 9, – с. 53-66.-с.57

[8] Azərbaycan Respublikası Səhiyyə Nazirliyi. Psixi Sağlamlıq Sahəsində Milli Strategiya. – Bakı, – 2011. – 67 s. – 12 s.

The beginning of IPT in our country was laid in 2002, when the IPT educational course was conducted by the Azerbaijan Psychiatric Association with the assistance of the Association of European Psychiatrists. More than 40 psychiatrists took part in this course, which was delivered by a leading IPT specialist, Professor Torsten Grutert of the Christian Albrecht University of Kiel, Germany.

Objectives. Persons suffering from depression, who are at different stages of social functioning

The aim of this research is to study indicators that affect the quality of life, interpersonal interaction, the formation of attachment in patients with depression in the process of undergoing interpersonal therapy.

The specific objectives of this study include:

1. Analysis of social and interpersonal factors that cause the emergence of problem ranges in patients with depression.
2. Establishing a correlation between the type of attachment, communication style, severity of symptoms and quality of life in depressive disorders
3. Determination of the effectiveness of IPT in terms of reducing psychopathological symptoms and improving social functioning in the treatment of patients with depression.
4. Development of recommendations for effective interpersonal therapy in persons suffering from depression.

Scientific novelty. This study is the first research work related to the study of interpersonal aspects of depression in our country.

Research methods: A cross-sectional research were used in the work.

The main provisions for the defense:

- The predisposition to depression, the degree of its severity and the quality of life of depressive conditions is determined by the nature of social functioning, the presence of an interpersonal problem area and the total number of problem areas.
- Clinical manifestations, course and prognosis of depressive disorder are determined by a specific type of attachment that is formed long before the onset of the first depressive episode
- Avoidant, ambivalent-anxious and ambivalent-absorbing types of attachment are associated with ineffective communication styles,

which in turn impairs the social functioning of depressed patients and limits their access to social support resources.
- Reducing the symptoms of depression and improving the quality of life during interpersonal psychotherapy largely depend on the specific problem area, as well as the development of interpersonal relationships and communication skills in the patient.

Scientific novelty. For the first time in Azerbaijan, a study was conducted on novel approaches in psychotherapy.
An important novelty of this study was the consideration of such indicators of social functioning as the type of attachment and communication style in patients with depression.

A new approach used in this research is to study the severity of depression and quality of life in patients with one and more interpersonal problem areas.

In the course of the study, new data was obtained on the features of IPT in patients with different levels of functional adaptation and the factors that promote or hinder its effectiveness.

For the first time in this study, modern tools were used to assess interpersonal functioning - Measure of Attachment Qualities (MAQ) and Interpersonal Skills Questionnaire (ISQ).

The practical significance of this work is a consideration of one of the methods of psychotherapy used to treat people suffering from depression.

The results obtained in the course of this research make it possible to better understand the importance of interpersonal factors in the occurrence of depressive disorders.

In the process of the study, the individual characteristics of the treatment of patients with various problem areas, as well as patients with multiple problem areas, were determined.

In the text of the dissertation, detailed descriptions of examples of patients with depression with a disturbed type of attachment are given and the influence of the type of attachment on the effectiveness of communication between patients and others is established.

The paper includes description of the practical aspects of IPT, examination on the effectiveness of many psychotherapeutic techniques when working with different patients in the context of

preventing recurrent episodes of depression also improving social adaptation and quality of life.

Practical recommendations are given to improve the effectiveness of IPT and its widespread implementation in the practice of helping with depression.

Approbation of research results. The materials of the dissertation were reported and discussed at the 20th European Congress of Psychiatry (March 3-6, 2012, Prague, Czech Republic), as well as at the scientific-practical conference "Actual Problems of Medicine", dedicated to the 25th anniversary of the restoration of Azerbaijani statehood (2017, Baku), as well as at the international scientific-practical congress "Actual problems of medicine-2021" dedicated to the 100th anniversary of the birth of Honored Scientist, Professor Tamerlan Aziz Aliyev (October 6-8, 2021, Baku).

The initial approbation was carried out at a joint meeting with the participation of employees of the Department of Psychiatry and the Department of Neurology (Protocol № 4 from 27/04/2021). The dissertation was discussed at a meeting of the scientific seminar of the Dissertation council at the Azerbaijan Medical University (Protocol № 1 from 17/06/2021).

Implementation into practice. The scientific and practical results obtained in the course of this study were introduced into the practical activities of the Clinical Psychiatric Hospital No. 2 in Baku, as well as the Mental Health Center of the Ministry of Health of the Republic of Azerbaijan. The materials of the dissertation were included in the residency curriculum in the specialty "Psychiatry".

Place of work performance. The work was carried out at the Department of Psychiatry of the AMU, At the National Mental Health Center of the Ministry of Health of the Republic of Azerbaijan, at the Psychiatric Hospital No. 1 of the Ministry of Health of AR, in the Clinical Psychiatric Hospital No. 2 of the Ministry of Health of AR.

Publications. 11 scientific papers have been published on the topic of the dissertation, including 7 articles (4 abroad), 4 theses and 1 scientific report.

The structure and scope of the thesis. The work is presented on 143 pages of computer text (203968 characters) and consists of an

introduction (5 pages, 8249 characters), a literature review (22 pages, 42083 characters), a chapter on materials and research methods (7 pages, 9945 characters), three chapters presenting the results of our own research (76 pages, 133246 characters), chapters for a discussion of the results obtained (15 pages, 24609 characters), conclusions and practical recommendations (3 pages, 3718 characters) The list of literary sources contains 21 pages and 202 publications. The work is illustrated with 9 tables and 13 figures.

RESEARCH METHODS AND MATERIALS

The selection of patients for this study was carried out from the number of persons suffering from depression who applied for psychiatric help to the National Mental Health Center of the Ministry of Health of the AR (NMHC) and Clinical Psychiatric Hospital No. 2 of Baku city (CPB No. 2).

The main group was formed by random sampling from the number of patients who applied to these institutions in the period from 2011 to 2015. The inclusion criteria for patients in the studies were the patient's age from 16 to 60 years; the presence of a current diagnosis of depression, established in accordance with the diagnostic criteria for a depressive episode of ICD-10; availability of indications for interpersonal psychotherapy; as well as providing informed consent to participate in this study.

Thus, the main group included 100 patients with various forms of depression. Of these, 36 were males and 64 were females. The prevalence of women among the studied subjects reflects the general statistics on the incidence of depression, where the ratio of women to men is 2: 1. The average age of the patients was 33 years (95% CI = 30.8-35.3). The largest number of patients were persons belonging to the age group from 16 to 35 years old.

The control group was formed of 100 individuals randomly selected from healthy individuals. The main selection criterion was the absence of mental illness, in particular depressive episodes, in the anamnesis. In this dissertation work, two fundamentally different research designs were used: an observational case-control study and

a naturalistic experimental study. The first design was used to determine the influence of premorbid characteristics on the onset and manifestation of depression.

When organizing it, individuals are selected from the population based on whether or not they have a depressive pathology. The main group (cases) includes people who have been diagnosed with depression, and the control group (comparison group) includes people who have never experienced depression.

An important advantage of this design is the ability to investigate multiple factors simultaneously to study a single outcome. A second research design compares key clinical and social outcomes in the same patients before and after treatment.

Thus, it was possible to determine the effect of therapeutic intervention on the dynamics of depressive symptoms and quality of life parameters in our patients. To collect data on all participants in the study, a special questionnaire was developed, which included basic demographic information (gender, age, social status, marital status, education, etc.), clinical information (diagnosis, number of depressive episodes, duration of episodes, their severity, duration of remission, etc.), as well as additional information obtained during the examination of psychotherapeutic work.

Subsequently, this format provided convenience for entering data into SPSS. In the process of selecting instruments for research, we relied on ready-made questionnaires and scales that were successfully used in conducting similar studies. Thus, the following scales were used in the work:

1. Interpersonal Problem Area Rating Scale (IPARS): it consists of two sections, the first of which describes in detail the interpersonal problem area, including: grief experiences, role conflict, role transition, interpersonal deficit[9].

2. Hamilton Depression Rating Scale (HDRS-17): the classic version of the 17-point scale was used, which allows you to

[9] De Andrade, A.C.F. An adaptation of the Interpersonal Problem Areas Rating Scale: pilot and interrater agreement study / A.C.De Andrade, E.Frank, F.L.Neto [et al.] // Revista Brasileira De Psiquiatria, – 2008, 30 (4), – p. 353-357.- p.354

determine almost all the symptoms that occur in depression and measures the degree of its severity[10].

3.Quality of Life Scale (QoLS), which contains 16 items related to living conditions, interpersonal relationships, social activities and individual preferences[11].

4. Measurement of Attachment Questionnaire (MAQ): this questionnaire consists of 14 items, which characterizes the type of attachment. Based on this tool, it is possible to define various types of attachment (safe attachment; avoidance; ambivalent-anxious attachment; ambivalent-absorbing attachment)[12].

5. Interpersonal Style Questionnaire (ISQ) consists of 18 statements, which are presented in pairs. The respondent's task is to make a choice that is most characteristic of his type of communication. Depending on the points scored by the research participant, it is possible to determine the degree of manifestation along the axes of openness - distancing, dominance - submission[13].

6. IPT Goal Achievement Scale: completed in the process of completing the IPT course, which indicates the degree of improvement of a particular problem area, which was the focus of therapy[14].

In this study, we used the available versions of the IPARS, HDRS and the IPT Goal Achievement Scale, which are available in Azerbaijani and Russian. The rest of the scales were translated by a

[10] Hamilton, M. Development of a rating scale for primary depressive illness // Br J Soc Clin Psychol, – 1967. №6, – p. 278-296.-p.282

[11] Burckhardt, C.S., Anderson, K.L. The Quality of Life Scale (QOLS): Reliability, Validity and Utilization // Health and Quality of Life Outcomes, – 2003. Oct; 23, №60, – p. 1-7. – p.5

[12] Carver, C. S. Adult attachment and personality: Converging evidence and a new measure // Personality and Social Psychology Bulletin, – 1997, 23, – p. 865-883. – p. 870

[13] Robbins, S.P., Hunsaker, P.L. Training in interpersonal skills: TIPS For Managing People At Work. 2nd ed. Upper Saddle River, – NJ.:Prentice-Hall. – 1996. – 371 p. – p.34-39

[14] Gəraybəyli, G., Sultanov, M., Qəmərlinski, R. İnterpersonal psixoterapiya. Dərs vəsaiti. – Bakı, – 2010, – s.15-70. – 64 s.

specialist with experience in translating psychological instruments. Then an independent translator back-translated into the original language for comparative analysis. After that, the Azerbaijani and Russian versions of the translations of the scales underwent an appropriate examination in order to make the necessary amendments to the translated versions of the scales.

Statistical analysis was carried out using the statistical software package SPSS 17 version. The sample size is defined at a power level of 80% with an α value of 0.05 and a β value of 0.2, and the sampling effect is defined at 5%. Thus, the number of patients in the main group should not be less than 80 people, the same should be said about the control group. The $\chi 2$ test was used to compare differences and possible associations between nominal variables.

To establish the correlation between quantitative variables, the Pearson coefficient r was used, and for the correlation between ordinal variables, the Spearman coefficient rs. Student's t test was used to analyze independent and dependent quantitative variables, and Mann-Whitney test was used to analyze ordinal data.

In the largest international study "STAR-D", conducted among 2307 people with depression, a quality questionnaire was used, consisting of 16 items. Analysis of the data obtained confirmed the results of a number of other studies on a pronounced decrease in the quality of life in depression. At the same time, it was shown that the quality of life of depressed patients is associated with a number of socio-demographic factors, such as nationality, monthly wages, marital status, education and professional employment.

An important factor influencing the quality of life is the age of onset of the depressive disorder, which has an effect regardless of clinical parameters. This study emphasizes that any treatment should consider not only the dynamics of depressive symptoms, but also changes in indicators related to quality of life. In particular, it is recommended, along with pharmacotherapeutic treatment, evaluate psychosocial interventions that can significantly improve the quality of life of patients with depression.

RESULTS OF STUDY

Comparison of demographic and clinical variables in patients with different problem areas revealed a difference in age, which was older in those with aggravated grief, and the youngest age was in those with interpersonal vulnerability ($F = 2.79$; $p = 0.045$). Speaking about the significance of the age of patients, it should be noted that there is a strong correlation between the age of the patient and the age of onset of the disease ($r = 0.944$).The duration of illness correlates with the number of depressive episodes ($r = 0.893$), and the number of episodes shows a weak correlation with the severity of depressive symptoms ($r = 0.204$). Comparison of the severity of symptoms of depression in patients with only one problem area and those with concomitant problems in other areas revealed statistically significant differences ($t = -2.205$; $df = 98$; $p = 0.03$), as well as in people with problems in different areas it was statistically significant long duration of a depressive episode ($t = -2.257$; $df = 98$; $p = 0.026$).

Assessment of indicators by types of attachment revealed statistically significant differences in the main and control groups. Thus, the number of points on the safe attachment scale in patients with depression was lower than in healthy individuals (patients $M = 8.82$; $SD = 2.21$, in healthy individuals $M = 9.8$; $SD = 1.9$; $t = -3.43$; $df = 209$; $p < 0.001$). In turn, the values for unsafe attachment types: avoidant (patients $M = 12.1$; $SD = 2.74$, in healthy individuals $M = 10.8$; $SD = 3.2$; $t = 2.95$; $df = 209$; $p = 0.004$), ambivalent-anxious (patients $M = 8.2$; $SD = 2.7$, in healthy individuals $M = 5.8$; $SD = 2.2$; $t = 6.82$; $df = 209$; $p <0.001$) and ambivalent absorbing (patients $M = 7.6$; $SD = 2.3$, in healthy individuals $M = 5.4$; $SD = 2.02$; $t = 7.18$; $df = 209$; $p <0.001$) were higher in the main group.

The results of our study are consistent with the interpersonal theory of depression, since people with insufficient secure attachment tend to fixate on negative life circumstances and do not have enough skills to use external support resources, which increases their predisposition to depression.

Another aspect of our research was the study of communication style in patients with depression and healthy respondents, who

revealed statistically significant differences in terms of openness (patients M = 12.5; SD = 4.8, in healthy individuals M = 14.8; SD = 4.9; t = - 3.341; df = 209; p <0.001) and distance (patients M = 14.4; SD = 4.84, in healthy individuals M = 12.1; SD = 4.9; t = 3.423; df = 209; p <0.001).

Thus, patients with depression were characterized by greater distancing and less openness, which confirms the established fact that patients avoided close social contacts with others during a depressive episode. Moreover, frequent complaints of patients about helplessness, lack of interest in communication, low self-esteem in a certain sense are consistent with the desire to withdraw from communication or maintain a significant distance.

According to the statements of the patients themselves and their families, the formation of a distance communication style occurs long before the first episode of depression. In this regard, the type of attachment may be of particular importance, which largely determines the communication style of depressed patients (Table 1).

The secure attachment type shows a moderate positive correlation with openness, which is quite natural, since the individuals who have formed this attachment type are able to build trusting relationships and openly discuss various issues.

Also, a weak positive correlation was found between the safe type of attachment and dominance, which can also be explained by the greater self-confidence in patients with this type of attachment. In turn, distancing and submission show, respectively, negative moderate and weak correlations with a safe type of attachment.

As it might be expected, avoidant attachment correlates strongly with openness (negative correlation) and distance (positive correlation). This circumstance is due to the fact that persons with the avoidant type tend to fence off communication with others.

The ambivalent-anxious type of attachment did not reveal a statistically significant correlation with any of the communication styles. Contrary to expectations, the ambivalently absorbing style found a negative correlation with dominance and, accordingly, a positive correlation with submission. This fact seemed interesting to us, because it does not fit well with the obsessive demands for

attention and support from others in patients with absorbing attachment. At the same time, it should be noted that individuals with this type of attachment often demonstrate a subordinate communication style to engage in closer and more intense relationships.

Table 1.
Correlation between attachment types and communication styles

Attachment type	Openness	Distancing	Domination	Submission
Safe	0.478**	-0.488**	0.227*	-0.243*
Avoiding	-0.525**	0.521**	-0.315**	0.340**
Ambivalent-anxious	-0.032	0.011	-0.064	0.067
Ambivalent-absorbing	-0.196	0.177	-0.208*	0.229*

**p<0.01; *p<0.05

Of the 100 patients selected for this study, 95 people completed the full course of IPT, which included 8 to 20 weeks of sessions, 5 people, for various reasons, could not participate in therapy and dropped out of the study. In general, in the course of treatment, we could state a significant decrease in the severity of depressive symptoms. In particular, the average HDRS before treatment was 16.4 (SD = 5.78), and after treatment it was 6.4 (SD = 5.29). The difference between the first and second indicators was statistically significant ($t = 15.07$; $df = 94$; $p < 0.001$).

Comparative analysis of treatment results in men and women did not reveal statistically significant differences ($t = 1.19$; $df = 93$; $p = 0.236$). Also, there were no significant differences in patients of young and adult ages ($t = 0.313$; $df = 93$; $p = 0.755$). At the same time, treatment outcomes differed depending on education. Thus, in patients with secondary education, the decrease in HDRS scores was less pronounced than in those with incomplete higher or higher

education ($F = 6.99$; $df = 2$; $p = 0.001$). It is appropriate to assume that people with a higher educational background have more opportunities to understand the psychotherapeutic process and cooperation, as well as to establish a therapeutic alliance, which are important facts for the effectiveness of IPT.

Contrary to our expectations, such a factor as marital status did not affect the results of treatment. Although, initially, unmarried individuals had higher levels of depression, after treatment, their HDRS scores were the same as in married patients ($t = 0.884$; $df = 93$; $p = 0.379$).The same can be said about the employment of patients. Initial rates of depression in the unemployed were higher, however, after the end of IPT, the final HDRS scores did not differ from those who were employed ($t = 1.19$; $df = 93$; $p = 0.236$).

It is important to note that the results of treatment of patients with a higher social status were better than those of patients who identified themselves as having an average social status ($t = 2.84$; $df = 93$; $p = 0.006$). Apparently, persons with an average social status have more material and related interpersonal problems, which is reflected in the results of their treatment. According to our observations, often interpersonal problems between spouses or parents and children were associated with dissatisfaction with family income or material difficulties in the implementation of any plans. It is important to note that the treatment results did not reveal statistically significant differences depending on the diagnosis ($F = 0.176$; $df = 2$; $p = 0.912$). Patients suffering from recurrent depressions and other depressions showed the same results as in IPT for patients with a single depressive episode. It is important to note that the goal of any treatment is to improve the quality of life. According to our data, patients who participated in IPT showed a statistically significant improvement in quality of life indicators before treatment ($M = 59.02$: SD 14.13) and after treatment ($M = 75.1$: SD 11.32) ($t = -21.14$: df 94: $p < 0.001$). Speaking about the change in the indicators of the quality of life after treatment, it should be noted a statistically significant dynamic in all socio-demographic groups. At the same time, the quality of life after treatment in men and women practically did not differ ($t = -0.610$; $df = 93$; $p = 0.543$).

Considering changes in the life quality scale, depending on age, we can note a lower number of points in patients under 30 years of age, however, these differences were not statistically significant ($t = 1.787$; $df = 93$; $p = 0.077$). As expected, the quality of life in those with higher education was higher than in patients with secondary or incomplete higher education ($F = 6.47$; $df = 2$; $p = 0.002$).

It is important to note that married individuals showed a higher quality of life than patients without a family of their own ($t = 2.39$; $df = 93$; $p = 0.019$). People who were married had more opportunities to fulfill their social needs and more opportunities to receive support from relatives and friends during the period of illness and treatment. Regarding the employment of patients, we found that persons with a permanent job showed a higher quality of life after treatment ($t = 2.71$; $df = 93$; $p = 0.008$), which is also explained by the presence of an additional incentive for recovery. The same can be said for social status. Individuals with a higher social status showed better dynamics of life quality indicators ($t = -2.48$; $df = 93$; $p = 0.015$). Contrary to our expectations, the quality of life after treatment in patients with single and recurrent depression did not differ ($F = 2.02$; $df = 2$; $p = 0.116$).

Considering the results of the use of IPT, depending on the type of problem area, we could identify significant differences in the change in the severity of symptoms of depression and parameters of quality of life (Table 2).

In the case where the problem area is the experience of burdened grief, we can see an improvement in the reaction to the problem, but not its complete resolution, and this seems natural.

We have much more cases of complete problem resolution when IPT focuses on role conflict. At the same time, an obstacle to completely eliminating the problem is the participation in role conflict of other people who are outside the framework of the therapeutic process. An even higher rate of resolution of the interpersonal problem is role transition. In this case, IPT promotes the development of adaptive skills, especially those related to interpersonal functioning, which in turn provides a solution to the problem. However, we could find the highest rate of complete

elimination of problems in depressed patients with a deficit of interpersonal relations. In the course of IPT, the patient, learning communication skills, expands his social circle and gains access to social support resources.

Table 2.

Correlation between the severity of depressive symptoms, quality of life after IPT and the problem area.

Problem area	B	SEB	Error df	p	95% CI
Depression severity after treatment					
Experiencing grief	7.46	1.69	93	**0.001**	4.09; 10.82
Role conflict	-2.71	1.150	93	**0.021**	-4.99; -0.427
Role transition	-0.425	1.495	93	0.777	-3.39; 2.54
Interpersonal deficit	-0.167	2.44	93	0.946	-5.02; 4.68
Quality of life after treatment					
Experiencing grief	-7.75	3.91	93	0.05	-15.51; 0.008
Role conflict	2.32	2.52	93	0.361	-2.7; 7.33
Role transition	5.15	3.16	93	**0.106**	-1.12; 11.42
Interpersonal deficit	-10.27	5.12	93	**0.048**	-20.43; -0.098

B – non-standardized regression coefficient; SEB - standard error B; df – degree of freedom.

CONCLUSIONS

1. A greater number of problem areas in patients with more severe depressive symptoms confirms the validity of the stress generation model, according to which a predisposition to depression is associated with the accumulation of stressful situations in interpersonal relationships. [4]

2. Patients with depression show a statistically significant decrease in the level of secure attachment, while indicators for other types of attachment (attachment of the avoidant, ambivalent-anxious and ambivalent-absorbing type) are significantly higher than in healthy individuals. The presence of unsafe attachments in patients, which are formed even before the onset of depression, leads to ineffective ways of interacting with others, including the inability to build trusting relationships, resolve controversial issues, and seek help. [7, 10]

3. Ambivalent-anxious and ambivalent-absorbing attachment types reveal a strong positive correlation with the severity of depressive symptoms and the number of previous depressive episodes, as well as a moderate negative correlation with indicators of quality of life before treatment. Thus, individuals with these types of attachment are prone to more frequent and more severe episodes of depression, which have a negative impact on their quality of life. [2, 9]

4. The communication style of persons suffering from depressive disorders is characterized by a lower degree of openness and, accordingly, a greater distance from others. At the same time, openness and dominance are associated with a safe type of attachment, while distancing and submission are associated with negative types of attachment.[6]

5. The use of IPT alone or in combination with drug treatment can effectively eliminate the symptoms of depression and improve the quality of life of patients with depression. The extent and rate of reduction in depressive symptoms depends on the specific problem area that IPT focuses on. In contrast to changes in the severity of depressive manifestations, the dynamics of improvement in quality of life indicators during the therapeutic process depends on the level of development of interpersonal skills in patients with depression before illness. [7]

PRACTICAL RECOMMENDATIONS

1. When providing assistance to patients with various depressive disorders, it is recommended to conduct IPT as an independent or additional method of treatment, along with drug therapy.

2. When conducting IPT simultaneously with standard examination methods, including the use of the IPT problem area scale, the Hamilton depression scale and the IPT goal achievement scale, it is advisable to measure the quality of attachment, which allows to establish the characteristic features of interpersonal functioning and possible obstacles to psychotherapy.

3. In the process of therapy, it is necessary to take into account the communication style of depressed patients, which, if ineffective, can create problems in interacting with others and limit the ability to access social support resources. In this regard, it is recommended to use more extensively interpersonal analysis and role-playing games aimed at developing communication skills that improve indicators of openness and independence in communication.

4. Due to the implementation of the compulsory health insurance system in the country, it is recommended to include a short-term IPT course (12-15 sessions) in the package of services covered by health insurance.

5. Due to the need to use therapeutic interventions with proven effectiveness, it is recommended to accredit a short-term thematic course on IPT intended for psychiatrists and clinical psychologists and organize supervision of their subsequent work.

LIST OF SCIENTIFIC WORKS PUBLISHED ON THE TOPIC OF THE DISSERTATION

1. Касимова С.О. Социальное функционирование и качество жизни при депрессии: обзор современных исследований // Касимова С.О., Герайбейли Г.Ч. // Azərbaycan Psixiatriya Jurnalı №1(24) - 2013, s.31-47.
2. Касимова С.О. Исследование типов привязанности у больных депрессией // Azərbaycan Psixiatriya Jurnalı №2(25)-2013, s.88-99/ISSN 2027-43-06
3. Касимова С.О. Изучение коммуникации у больных с депрессией // Касимова С.О., Герайбейли Г.Ч. // Журнал имени П.Б.Ганнушкина психиатрия и психофармакология 2015, том 17. №5-6, стр.59-62.
4. Касимова С.О Интерперсональные проблемные зоны // Sağlamlıq 2016. стр. 132-142/ISBN-5-8035-0168-9
5. Касимова С.О Изучение качества жизни и социального функционирования больных депрессией в контексте интерперсональной психотерапии // Azərbaycan Dövlət Müstəqilliyinin bərpasının 25-ci ildönümünə hısr olunmuş Təbabətin aktual problemləri 2017 (elmi-praktik konfransın materialları) s.94.
6. Касимова С.О Изучение особенностей типа привязанности и стиля социальной коммуникации больных депрессиями в контексте интерперсональной психотерапии // Российский Психологический Журнал 2019, том 16 №2, стр. 80-25.
7. Касимова С.О Изучение стиля коммуникации у больных с депрессией // Tibb fakultəsinin yaradılmasının 100 illik yubileyinə həsr olunuş Beynəlxalq Elmi-Praktik konfrans 2019. 18-19 aprel. s.140
8. Касимова С.О Сравнительное исследование особенностей привязанности у больных депрессией в контексте интер-песональной психотерапии // Azərbaycan təbabətinin müasir nailiyyətləri. 2019; №3, səh.279-283.
9. Касимова С.О Изучение привязанности в контексте интерперсональной психотерапии // X Internatioal Scientific Conference 25.12.2019 Global Science. Development and novelty 2019 (10) Мюнхен, Германия.

10. Касимова С.О Сравнительное исследование особенностей привязанности у больных депрессией в контексте интерперсональной психотерапии // Sağlamlıq, 2020, №2, стр. 79-84.
11. Касимова С.О Проблемная зона: межличностный ролевой переход. // «Актуальные проблемы медицины-2021» материалы международного научно-практического конгресса 6-8 октября 2021, Tamerlan Əliyev 100, стр. 221.

The Defense will take place on "19 november 2021 at 14:00 at the meeting of the Dissertation council ED 2.05, operating on the basis of the Azerbaijan Medical University.

Address: AZ 1022, Baku, st. A. Gasimzade, 14 (conference hall).

The dissertation can be found in the library of Azerbaijan Medical University.

The electronic version of the dissertation and abstract is posted on the official website of the Azerbaijan Medical University (www.amu.edu.az).

The abstract has been sent to the appropriate addresses "October "15" 2021 year.

Signed to print: 12.10.2021

Paper size: 60x84 1/16

Volume: 35305 characters

Circulation: 20