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Mental health is an essential element of the human, social and economic capital of the nation. Leading mental health criteria based on such factors as adaptation, socialization and individualization. Given this view, one of the valid assessment of the performance of integrated mental health and the effectiveness of treatment should be considered as quality of life, defined by WHO. The aim was to investigate the quality of life of patients with hypothyroidism with non-psychotic mental disorders. We examined 132 patients with hypothyroidism. The age of patients ranged from 25 to 55 years. The main group included 108 patients with non-psychotic mental disorders, which are dominated asthenia (27.78 %), asthenic-depressive (32.41%) and asthenic-anxiety disorders (18.52%). The control group consisted of 24 patients with hypothyroidism without mental disorders. Quality of life was assessed using a questionnaire developed by Mezzich, Cohen, Ruiperez, Liu & Yoon (1999), covering the three main components of quality of life: subjective wellbeing/satisfaction, fulfillment of social roles, external living conditions. Found a significant difference in quality of life in patients with main and control group. The average in the overall perception of life (sense of satisfaction and happiness in general) in the main group was  $5.19 \pm 1.15$ , in the control group  $7.50 \pm 2.25$ . Thus, mental disorders in hypothyroidism require further in-depth research in order to develop an adequate concept of early diagnosis and appropriate correction. The main conclusion is that patients with hypothyroidism really need psychiatric consultation and treatment should include not only endocrinological influence but neuropharmacological and psychological too.