STUDY OF QUALITY OF LIFE INDICATORS IN PATIENTS WITH CORONARY HEART DISEASE USING THE SF-36 QUESTIONNAIRE

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ABSTRACT

The study of QOL allows you to get a complete picture of the patient's well-being, to see the "integrity of the disease situation through the eyes of the patient." In modern medical literature, the concept of "health-related quality of life" is used, which evaluates the components of this indicator associated with a particular disease, and allows differentiating the impact of disease and treatment on the physical, psychological, emotional state of the patient and his social status. The aim of the study was to analyze the parameters of quality of life in patients with coronary heart disease and those without cardiovascular diseases.

Materials and methods: In the cardiology department of SaMMU, from February to April 2021, 30 patients with a diagnosis of coronary heart disease (20 women and 10 men), aged from 51 to 91 years (the average age was 66.5 ± 1.87 years), who were on inpatient treatment, were examined. The control group consisted of 30 people without cardiovascular diseases, aged 59.9 ± 0.86 years.

Results and discussion: Indicators of physical functioning in patients suffering from coronary heart disease at the time of the study were reduced mainly due to the scales of vital activity, energy and physical pain, discomfort. Patients complained of pain syndrome, poor health, decreased vital energy, increased fatigue. Pain in the heart area was perceived by them as an obstacle to full-fledged constructive life and the performance of everyday tasks. During the conversation, it turned out that in most patients, the feeling of fear was caused by the constant threat of pain, characteristic of angina pectoris.

Conclusions:The results of the assessment of the quality of life of patients suffering from coronary heart disease *allow us to identify the peculiarities of the patient's body's response to the pathological process, which must be taken into account when prescribing therapeutic and wellness measures.*

INTRODUCTION

Traditionally, the criteria for the effectiveness of treatment in clinical trials are physical and laboratory-instrumental indicators. However, they are not able to characterize the patient's well—being and his functioning in everyday life - quality of life (QOL). In recent years, the concept of "quality of life" has been increasingly found in the scientific medical literature and is a "multifaceted concept that includes all the factors affecting a person's life".

The study of QOL allows you to get a complete picture of the patient's well-being, to see the "integrity of the disease situation through the eyes of the patient." In modern medical literature, the concept of "health-related quality of life" is used, which evaluates the components of this indicator associated with a particular disease, and allows differentiating the impact of disease and treatment on the physical, psychological, emotional state of the patient and his social status. The assessment of QOL in patients with coronary heart disease (CHD) has been criticized by a number of researchers as too subjective and unreliable. At the same time, the reliability of assessing the patient's condition with the help of special questionnaires for coronary heart disease is comparable to the results of stress tests.

The interest in this issue is due to the fact that quality of life indicators more fully reflect the state of health of the population and can help in assessing the effects of treatment for various diseases, including in patients with a cardiological profile. It is especially important to study the quality of life in patients with coronary heart disease and arterial hypertension, since it is well known how unfavorable this combination is for the prognosis.

Currently, according to domestic recommendations, increasing life expectancy and improving the quality of life of patients are the main tasks in the treatment of coronary heart disease.

The aim of the study was to analyze the parameters of quality of life in patients with coronary heart disease and those without cardiovascular diseases.

MATERIALS AND METHODS

In the cardiology department of SamMU, from February to April 2021, 30 patients with a diagnosis of coronary heart disease (20 women and 10 men), aged from 51 to 91 years (the average age was 66.5 ± 1.87 years), who were on inpatient treatment, were examined. The control group consisted of 30 people without cardiovascular diseases, aged 59.9 ± 0.86 years. Data collection was carried out by means of questionnaires and analysis of medical histories, while respondents were provided with information about the purpose of the study and the further use of its results. The assessment of the quality of life in patients was carried out using the SF-36 questionnaire.

The SF-36 questionnaire allows us to quantify the physical, emotional and social components of the quality of life. It contains 36 items that are grouped into 8 scales: Physical Functioning (Physical Functioning – PF), role-playing activity (Role - Physical Functioning – RP), Bodily pain (Body pain – BP), General Health (General Health – GH), Vitality (Vitality – VT), Social functioning (Social Functioning – SF), emotional state (Role – Emotional – RE) and mental health (Mental Health – MH). The indicators of each scale vary between 0 and 100, where 100 represents complete health.

All scales form two indicators: the mental and physical component of health. The results are presented in the form of scores on 8 scales, compiled in such a way that a higher score indicates a higher level of QOL.

The obtained data were statistically processed on a personal computer using the Statistica 6.1 statistical software package.

In statistical analysis, the Student's t-test was used to assess inter-group differences in QOL, since all the indicators of the SF-36 questionnaire are normally distributed. The critical level of reliability of the null statistical hypothesis (about the absence of differences and influences) was assumed to be 0.05. The characteristics of the samples are presented in the form of averages and standard deviations.

A detailed analysis of QOL allowed us to establish that patients with coronary heart disease at the time of the study had the most significantly impaired indicators of psychological health, physical functioning and the sphere of social relationships.

Indicators of physical functioning in patients suffering from coronary heart disease at the time of the study were reduced mainly due to the scales of vital activity, energy and physical pain, discomfort. Patients complained of pain syndrome, poor health, decreased vital energy, increased fatigue. Pain in the heart area was perceived by them as an obstacle to full-fledged constructive life and the performance of everyday tasks. During the conversation, it turned out that in most patients, the feeling of fear was caused by the constant threat of pain, characteristic of angina pectoris.

The subsphere "Accessibility and quality of medical and social care" with a low level of satisfaction with this area was very important for patients of both groups. In the control group, the indicators on this scale were significantly higher, which may be due to a lower degree of appeal for this help.

Changes in the "Psychological sphere" in both groups were caused by a lack of positive and an excess of negative emotions. In the group of patients with coronary heart disease, the indicators in the field of "Social relationships" were significantly reduced, which explores the possibility of establishing constructive personal relationships, receiving practical social support from other people and providing it.

The average indicators of the "Spiritual sphere" in patients with coronary heart disease and in the control group did not actually differ. This indicates that personal views and beliefs in a certain sense provide a person with a sense of well-being, helping to cope with problems, including those caused by illness. The development of the spiritual sphere is a kind of compensation for a person with insufficient satisfaction with other aspects of his life.

The data obtained indicate the following. QOL satisfaction in patients with coronary heart disease increases in the presence of such personal traits as a high level of communicative competence, emotional stability, responsibility, organization, acceptance of social rules and norms, a high level of stress tolerance, expressiveness, emotional brightness, well-developed strong-willed qualities, self-confidence.

In conclusion, it should be noted that the organic manifestations of somatic disease directly affect the quality of life of the patient, introducing various restrictions into his life, primarily of a physiological nature. At the same time, psychological changes that arise as a result of the influence of the disease on the psyche, restrictions on social interaction, which initially also arise as a consequence of the underlying disease, but in the future are able to acquire independent development, naturally affect the quality of life of the patient.

The analysis of subspheres allows us to establish in detail in which areas of life the patient is experiencing pronounced distress, and which of them are safe.

CONCLUSIONS

1. The results of the assessment of the quality of life of patients suffering from coronary heart disease allow us to identify the peculiarities of the patient's body's response to the pathological process, which must be taken into account when prescribing therapeutic and wellness measures.
2. The quality of life of patients with coronary heart disease is lower compared to people who do not have cardiovascular diseases.
3. In patients with coronary heart disease, physical functioning suffers the most, especially parameters such as pain intensity and general health, without gender treatment.
4. The psychological component on average in patients with coronary heart disease and healthy people has no significant differences.

The SF 36 questionnaire can be recommended for assessing the quality of life of healthy and sick people, in particular, with diseases of the cardiovascular system.

References:

1. Akmalovna, K. N., Mamasoliyevna, D. N., & Alisherovna, K. M. (2022). ANTIARRHYTHMIC EFFECTS OF TRIMETAZIDINE. Web of Scientist: International Scientific Research Journal, 3(10), 753-763.

2. Alisherovna, K. M., Akmalovna, K. N., & Mamasoliyevna, D. N. (2022). Kidney dysfunction in chronic heart failure. Texas Journal of Medical Science, 13, 104-109.

3. Alisherovna, K. M., Baxtiyorovich, Z. M., & Anvarovich, N. J. (2022). To Assess The Condition Of The Myocardium In Patients Chronic Heart Failure On The Background Of Rheumatoid Arthritis. Spectrum Journal of Innovation, Reforms and Development, 4, 210-215.

4. Alisherovna, K. M., Totlibayevich, Y. S., Toshtemirovna, E. M. M., & Xudoyberdiyevich, G. X. (2022). THE EFFECT OF URATE-REDUCING THERAPY ON THE INDICATORS QUALITY OF LIFE IN PATIENTS WITH GOUT. Web of Scientist: International Scientific Research Journal, 3(12), 839-848.

5. Alisherovna, K. M., Totlibayevich, Y. S., Xudoyberdiyevich, G. X., & Aliyevna, R. M. (2022). THE OCCURRENCE OF METABOLIC SYNDROME AND ITS EFFECT ON CARDIOVASCULAR RISK IN PATIENTS WITH GOUT. Web of Scientist: International Scientific Research Journal, 3(12), 849-859.

6. Davranovna, M. K., Alisherovna, K. M., Erkinovna, K. Z., & Nizamitdinovich, K. S. (2022). Assessment of the Quality of Life of Patients with Coronary Heart Disease. The Peerian Journal, 11, 44-50.

7. Erkinovna, K. Z., Alisherovna, K. M., Davranovna, M. K., & Nizamitdinovich, K. S. (2022). Correction of Cytokine Imbalance in the Treatment of Stable Angina Pectoris. The Peerian Journal, 11, 64-70.

8. Islamova, K. A. (2022, November). SEMIZLIK BOR BEMORLARDA OSTEOARTROZ KASALLIGINING KLINIK XUSUSIYATLARI. In INTERNATIONAL CONFERENCES (Vol. 1, No. 10, pp. 299-301).

9. Islamova, K. A., Olimdjanova, F. J. Q., Ziyadullaev, S. K., & Kamalov, Z. S. (2022). RISK FACTORS FOR EARLY DEVELOPMENT OF OSTEOARTHROSIS.
10. Khusainova, M. A., & Yarmatov, S. T. (2021). CARDIAC ARRHYTHMIAS AND CARDIOHEMODYNAMIC DISORDERS IN PATIENTS VIRAL CIRRHOSIS OF THE LIVER. Scientific progress, 2(2), 196-202.
11. Khusainova, M. A., Ergashova, M. M., Eshmamatova, F. B., & Khayitov, S. M. (2023). Features of quality of life indicators in patients with pneumonia. Science and Education, 4(2), 138-144.
12. Khusainova, M. A., Vakhidov, J. J., Khayitov, S. M., & Mamadiyorova, M. M. (2023). Cardiac arrhythmias in patients with rheumatoid arthritis. Science and Education, 4(2), 130-137.
13. Mamasoliyevna, D. N., Akmalovna, K. N., & Alisherovna, K. M. (2022). Quality of Life Depending on Gender. The Peerian Journal, 11, 71-77.
14. Nizamitdinovich, K. S., & Alisherovna, K. M. (2022). Quality of Life in Patients with Chronic Heart Failure, After Cardiac Resynchronization Therapy. Texas Journal of Medical Science, 14, 168-173.
15. Nizamitdinovich, K. S., Alisherovna, K. M., Erkinovna, K. Z., & Davranovna, M. K. (2022). Heart Lesions in Rheumatological Diseases. Texas Journal of Medical Science, 13, 91-94.
16. O'G'Li, F. J. Z., & Akramovna, I. K. (2022). QANDLI DIABET KASALLIGI FONIDA YURAK QON TOMIR TIZIMI KASALLIKLARINING KLINIK KECHUV XUSUSIYATLARI. Talqin va tadqiqotlar ilmiy-uslubiy jurnali, 1(1), 108-111.
17. Rubenovna, A. I., Samvelovna, P. K., Mamasolievna, J. N., & Shodiyor Shokiro'g'li, D. (2021). Features of Anti-Hipertension Therapy in Overweight Pations. Annals of the Romanian Society for Cell Biology, 278-283.
18. Rustamovich, T. D., Alisherovna, K. M., Baxtiyorovich, U. J., & Abdurakhmonovich, M. M. (2022). Painless Cardiac Ischemia in Women with Rheumatoid Arthritis. Texas Journal of Medical Science, 13, 95-98.
19. Toshtemirovna, E. M. M., Alisherovna, K. M., Erkinovna, K. Z., & Xudoyberdiyevich, G. X. (2022). DIAGNOSIS OF CIRRHOTIC CARDIOMYOPATHY. Spectrum Journal of Innovation, Reforms and Development, 10, 141-147.
20. Toshtemirovna, E. M. M., Alisherovna, K. M., Totlibayevich, Y. S., & Xudoyberdiyevich, G. X. (2022). Anxiety Disorders and Coronary Heart Disease. The Peerian Journal, 11, 58-63.
21. Toshtemirovna, E. M. M., Alisherovna, K. M., Totlibayevich, Y. S., & Muxtorovna, E. M. (2022). Hearts In Rheumatoid Arthritis: The Relationship With Immunological Disorders. Spectrum Journal of Innovation, Reforms and Development, 4, 34-41.
22. Toshtemirovna, E. M. M., Alisherovna, K. M., Totlibayevich, Y. S., & Duskobilovich, B. S. (2022). THE VALUE OF XANTHINE IN CHRONIC HEART FAILURE. Spectrum Journal of Innovation, Reforms and Development, 4, 24-29.
23. Totlibayevich, Y. S., Alisherovna, K. M., Rustamovich, T. D., & Xudoyberdiyevich, G. X. (2023). Quality of Life in the Pathology of the Cardiovascular System. Miasto Przyszłości, 33, 222-228.
24. Totlibayevich, Y. S., Alisherovna, K. M., Xudoyberdiyevich, G. X., & Toshtemirovna, E. M. M. (2022). Risk Factors for Kidney Damage in Rheumatoid Arthritis. Texas Journal of Medical Science, 13, 79-84.

25. Uzokov, J. B., Khusainova, M. A., Eshmamatova, F. B., & Mamadiyorova, M. M. (2023). Correction of violations rheology of blood in ischemic heart disease. Science and Education, 4(2), 153-159.

26. Xudoyberdiyevich, G. X., Alisherovna, K. M., Toshtemirovna, E. M. M., & Totlibayevich, Y. S. (2022). Characteristics Of Neuropeptides-Cytokines in Patients with Cardiovascular Pathology Occurring Against the Background of Anxiety and Depressive Disorders. The Peerian Journal, 11, 51-57.

27. Yarmukhamedova, S. K., Alisherovna, K. M., Tashtemirovna, E. M. M., & Nizamitdinovich, K. S. (2023). The Effectiveness of Trimetazidine in Arrhythmias. Miasto Przyszłości, 33, 215-221.

28. Абдуллаева, Н. Н., Олланова, Ш. С., Исанова, Ш. Т., & Мухтарова, М. А. (2022). БОЛЕВОЙ СИНДРОМ ПРИ БОЛЕЗНИ ПАРКИНСОНА. ЖУРНАЛ НЕВРОЛОГИИ И НЕЙРОХИРУРГИЧЕСКИХ ИССЛЕДОВАНИЙ, 3(6).

29. Ибадова, О. А., & Аралов, Н. Р. (2020). Диагностические трудности и различия в терминологии идиопатической фиброзирующей болезни легких (литературный обзор). Достижения науки и образования, (2 (56)), 63-67.

30. Ибадова, О. А., Аралов, Н. Р., & Курбанова, З. П. (2020). Роль сурфактантного белка D (SP-D) в иммунном ответе при неспецифической интерстициальной пневмонии. Достижения науки и образования, (4 (58)), 45-49.

31. Ибадова, О. А., Махматмурадова, Н. Н., & Курбанова, З. П. (2020). ПОТЕНЦИАЛЬНЫЕ ФАКТОРЫ РИСКА В РАЗВИТИИ И ПРОГРЕССИРОВАНИИ НЕСПЕЦИФИЧЕСКОЙ ИНТЕРСТИЦИАЛЬНОЙ ПНЕВМОНИИ. Journal of cardiorespiratory research, 1(1), 72-76.

32. Исламова, К. А., & Тоиров, Э. С. (2019). Значение факторов риска на качество жизни больных остеоартрозом. In Актуальные вопросы современной медицинской науки и здравоохранения: сборник статей IV Международной научно-практической конференции молодых учёных и студентов, IV Всероссийского форума медицинских и фармацевтических вузов «За качественное образование»,(Екатеринбург, 10-12 апреля 2019): в 3-х т.-Екатеринбург: УГМУ, CD-ROM.. Федеральное государственное бюджетное образовательное учреждение высшего образования «Уральский государственный медицинский университет» Министерства здравоохранения Российской Федерации.

33. КОБИЛОВА, Н. А., & ДЖАББАРОВА, Н. М. (2022). Effect of cardioprotectors on quality of life of patients with ischemic heart disease complicated with chronic heart failure. журнал биомедицины и практики, 7(1).

34. Олланова, Ш. С., Исанова, Ш. Т., & Мухтарова, М. А. (2022). ПРОЯВЛЕНИЯ МЕТАБОЛИЧЕСКИХ НАРУШЕНИЙ У ДЕТЕЙ. ЖУРНАЛ НЕВРОЛОГИИ И НЕЙРОХИРУРГИЧЕСКИХ ИССЛЕДОВАНИЙ, 3(6).

35. Олланова, Ш., Абдуллаева, Н., & Утаганова, Г. (2021). ПАРКИНСОНИЗМГА ХОС ОҒРИҚ СИНДРОМИ СИНДРОМИНИНГ ПАТОГЕНЕТИК МЕХАНИЗМИ ВА КЛИНИК ВАРИАНТЛАРИ. Журнал вестник врача, 1(1 (98)), 144-146.

36. Солеева, С. Ш., Джаббарова, Н. М., & Шодиева, Г. Р. (2019). Место гиполипидемической терапии в комплексном лечении стабильной стенокардии. International scientific review, (LXV), 111-113.

37. Солеева, С. Ш., Джаббарова, Н. М., & Ярашева, З. Х. (2019). Клинико-функциональное состояние больных со стабильной стенокардией на фоне длительного применения аторвастатина. International scientific review, (LXV), 109-110.
38. Эшимова, Ш., Джурабекова, А., Олланова, Ш., & Касимов, А. (2018). Динамика клинических проявлений болезни паркинсона на фоне лечения тидомет форте. Журнал проблемы биологии и медицины, (2.1 (101)), 142-144.
39. Ярмухамедова, С. Х., Бекмурадова, М. С., & Назаров, Ф. Ю. (2020). Диагностическая ценность натрийуретического пептида при выявлении пациентов с бессимптомной систолической или диастолической дисфункцией. Достижения науки и образования, (8 (62)), 84-88.
40. Ярмухамедова, С. Х., Бекмурадова, М. С., & Назаров, Ф. Ю. (2020). Значение уровня мозгового натрийуретического пептида в ранней диагностике хронической сердечной недостаточности у больных с артериальной гипертонией. Достижения науки и образования, (4 (58)), 61-63.
41. Ярмухамедова, С. Х., & Бекмурадова, М. С. (2016). Особенности диастоличекой дисфнкции правого желудочка у больных артериальной гипертензией на фоне сердечной недостаточности. Национальная ассоциация ученых, (1 (17)), 18-18.