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O'ZBEKISTON HARBIY

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ТАШҚИ
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210 ГЕМАНГ-
НОМАСИ

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Ўзбекистон Республикаси Олий таълим, Фан ва инновациялар вазирлиги
хузуридаги Олий аттестация комиссиясининг 2023 йил 29 августдаги
№ 01-07/1410/33 сонли маълумотномасига асосан, тиббиёт фанлари буйича
диссертациялар асосий илмий натижаларини чоп этиш тавсия этилган миллий
илмий нашрлар руйхатига киритилган.

Муассис:
ЎЗБЕКИСТОН РЕСПУБЛИКАСИ
ҚУРОЛЛИ КУЧЛАРИ
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ва оммавий коммуникациялар
агентлигида 2022 йил 5 августдаги
1691-сонли гувоҳнома билан рўйхатга
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Таҳририятига юборилган
мақола ва қўлёзмаларда берилган
маълумотларнинг ҳаққонийлиги ва
ишончлилиги учун
тўлиқ жавобгарликни муаллифлар
ўз зиммасига олади.

Журнал 5/1 24.02.2024 йилда босмахонага
топширилди.

Қоғоз бичими 60x84 1/8.

Офсет усулида босилди.

Шартли 6,75 босма табок.

“Ўзбекистон Республикаси Ҳарбий тиббиёт
академияси”нинг босмахонасида чоп этилди.



INFLUENCE OF CLINICAL AND ANAMNESTIC FACTORS ON THE QUALITY OF LIFE OF PATIENTS WITH CORONARY HEART DISEASE

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Summary. In order to identify the key clinical and anamnestic factors of deterioration in the quality of life (QOL) of cardiac patients depending on the destabilization of the atherosclerotic process, 152 patients of both sexes with a verified diagnosis of coronary heart disease were studied. The subjects were divided into two groups: the main group - 73 patients with coronary heart disease, Unstable angina (UA) and the comparison group - 79 patients diagnosed with coronary heart disease, stable angina pectoris (SAP) of III functional classes (FC). Among the studied patients, a questionnaire was conducted to assess QOL using the international questionnaire EQ-5D and the visual analog scale EQ-VAS, followed by an assessment of the impact of socio-demographic and clinical factors on QOL in patients with coronary heart disease. During the study, it was revealed that the level of quality of life of patients with coronary heart disease had significant differences in the compared groups depending on the progression of the clinical course. The average values of the QOL components according to the EQ-5D questionnaire, such as self-care (EQ-2) ($p=0.01$), the presence of pain/discomfort (EQ-4) ($p=0.05$) and anxiety/depression (EQ-4) ($p=0.01$), as well as the state of health according to EQ-VAS in patients with SSN of the main group were significantly worse against the background of the manifestation of the disease ($p=0.01$) in contrast to patients with SSN. Multivariate regression analysis found that factors affecting QOL, such as female gender, old age, higher education, as well as cardiovascular risk factors (FR) such as obesity, arterial hypertension (AH) and dyslipidemia had a significant negative impact on the values of the EQ-5D index ($p < 0.05$). Thus, the QOL level of patients with coronary heart disease had significantly low values of the EQ-5D and EQ-VAS index with the Unstable angina, which is aggravated by the presence of factors such as female gender, old age, higher education among demographic factors and obesity, hypertension and dyslipidemia among clinical and laboratory factors.

Key words: coronary heart disease, risk factors, quality of life.

Kardiologik bemorlarda hayot sifatining (HS) pasayishiga olib kelgan klinik va anamnestik omillarni aniqlash maqsadida YuIK bilan kasallangan, har ikki jinsdagi 152 nafar bemor olindi. Tadqiqot uchun bemorlar ikki guruhga bo'lindi: asosiy guruh – YuIK, Nostabil rivojlanib boruvchi stenokardiya (NRS) bo'lgan 73 nafar bemorlar va taqqoslash uchun 2-guruh - YuIK, Stabil zo'riqish stenokardiya (SZS) bo'lgan 79 nafar bemor. Bemorlarni hayot sifatini baholash uchun EUROQOL - EQ-5D va vizual analogli shkala EQ-VAS xalqaro so'rovnomalardan foydalanildi. Tadqiqot davomida, YuIK bilan kasallangan bemorlarning hayot sifati ko'rsatkichlari klinik holat avj olishiga bog'liq ravishda tadqiqot guruhlarida sezilarli farqlarga egaligi aniqlandi. EUROQOL – EQ-5D so'rovnomasi bo'yicha HS komponentlarining o'rtacha qiymatlari, jumladan, o'z-o'zini parvarish qilish (EQ-2) ($r=0,01$), og'riq/diskomfort (EQ-4) ($r=0,05$) va xavotir/depressiya mavjudligi indeksi (EQ-4) ($r=0,01$), shuningdek, EQ-VAS bo'yicha salomatlik holati ($r=0,01$) ko'rsatkichlari sezilarli darajada yomonlashishi kuzatildi. Ko'pomilli regression tahlilga ko'ra, ayol jinsi, keksa yosh, oliy ma'lumot; hamda semizlik, arterial gipertenziya (AG), dislipidemiya kabi HSga ta'sir qiluvchi kardiovaskular xavf omillar (XO) EQ-5D-5L barcha parametrlarining indeksi qiymatlariga sezilarli darajada salbiy ta'sir ko'rsatdi ($p<0,05$). Shunday qilib, YuIK li bemorlarning HS darajasi, jumladan EQ-5D-5L va EQ-VAS indekslarining sezilarli darajada past ko'rsatkichlari aterosklerotik jarayonni beqarorlashuvi bilan bevosita bog'liq bo'lib, ko'p omilli regression tahlilga ko'ra, demografik omillar orasida ayol jinsi, keksa yosh, oliy ma'lumot; klinik-laborator omillar orasida esa semizlik, AG, dislipidemiya YuIK mavjud bemorlarda HS darajasiga eng katta salbiy ta'sir ko'rsatuvchi omil ekanligi aniqlandi.

Kalit so'zlar: yurak ishemik kasalligi, xavf omillari, hayot sifati.

Резюме. С целью определения ключевых клинико-анамнестических факторов ухудшения качества жизни (КЖ) кардиологических пациентов в зависимости от дестабилизации атеросклеротического процесса, исследованы 152 пациента, обеих полов с верифицированным диагнозом ИБС. Исследуемые разделены на две группы: основная группа - 73 больных с ИБС, Нестабильной прогрессирующей стенокардией (НПС) и группа сравнения - 79 пациента с диагнозом ИБС, стабильная стенокардия напряжения ФК III (ССН). Среди исследуемых пациентов проведено анкетирование с целью оценки КЖ с применением международного вопросника EQ-5D и визуальной аналоговой шкалы EQ-VAS, с последующей оценкой влияние социально-демографических и клинических факторов на КЖ больных ИБС. В ходе исследования было выявлено, что уровень качества жизни пациентов с ИБС имели достоверные различия в сравниваемых группах в зависимости от прогрессирования клинического течения. Средние значения компонентов КЖ по вопроснику EQ-5D, такие как самообслуживание (EQ-2) ($p=0,01$), наличие боли/дискомфорта (EQ-4) ($p=0,05$) и тревоги/



депрессии (EQ-4) ($p=0,01$), а также состояние здоровья по EQ-VAS у пациентов с ССН основной группы были достоверно хуже на фоне манифестации болезни ($p=0,01$) в отличие от пациентов с ССН. Многофакторный регрессионный анализ установил, что факторы, влияющие на КЖ, такие как, женский пол, пожилой возраст, высшее образования, а также кардиоваскулярные факторы риска (ФР) такие как, ожирения, артериальная гипертензия (АГ) и дислипидемия оказали значительное негативное влияние на значения индекса EQ-5D ($p < 0,05$). Таким образом, уровень КЖ пациентов с ИБС имел достоверно низкие значения индекса EQ-5D и EQ-VAS при прогрессировании стенокардии, что усугубляется при наличии факторов, таких как, женский пол, пожилой возраст, высшее образования среди демографических факторов и ожирении, АГ и дислипидемии среди клиничко-лабораторных факторов.

Ключевые слова: ишемическая болезнь сердца, факторы риска, качество жизни.

Relevance. The World Health Organization (WHO) defines quality of life as “a comprehensive concept that affects a person’s physical health, their psychological state, their level of independence, social relationships and their dependence on the environment” [3]. Quality of life is one of the most important aspects of health, especially in patients with cardiovascular disease. According to the WHO, quality of life should be considered as a necessary factor in maintaining good health and treating any disease. Measuring quality of life is the most appropriate and reliable way to assess the impact of disease on a patient’s activities, functions and condition. In addition, co-morbidities that affect disease development are another factor in determining a patient’s quality of life [4]. Cardiovascular disease, especially coronary artery disease (CAD) is a serious disease, mainly due to the negative impact of the disease on functional and mental health, subsequent quality of life may be affected [1].

Coronary artery disease are the common cause of death globally, it can effect on patient physical, emotional, social and environmental aspects, coronary artery disease can disrupt the patient quality of life. Fortunately, ischemic heart disease can be treated successfully with lifestyle changes, medicines, and surgical procedures. Early recognition of the risk factors and primary prevention have significantly decreased the morbidity and mortality associated with CAD [2].

The purpose of the study. To identify factors that predetermine deterioration in quality of life in patients with coronary artery disease.

Research materials and methods. The study involved 152 patients of both sexes with CAD. The subjects were divided into two groups: the main group - 73 patients with coronary heart disease, Unstable angina (UA) and the comparison group - 79 patients diagnosed with coronary heart disease, stable angina pectoris (SAP) of III functional classes (FC). The survey involved patients of both sexes with an average age of 58.6 ± 1.26 years, treated in multidisciplinary clinics of the Tashkent Medical Academy.

To assess the physical, psychological, emotional and social characteristics of the patient, EUROQOL - EQ-5D and visual analog scale EQ-VAS modern methods of assessing the quality of life were used in international surveys [6]. The EQ-5D questionnaire is designed to assess five components that reflect a patient’s mobility, self-care, activity in daily life, and the presence of pain / anxiety and anxiety / depression. The EQ-VAS visual analog scale is an individual quantitative assessment of the quality of life associated with a patient’s subjective condition. EQ-5D and EQ-VAS surveys are one of the most widely used modern forms of direct assessment of quality of life due to their simplicity for patients and convenience for the researcher [5,6].

Research results. Differences in the main risk factors for the development of cardiovascular disease, including smoking, hypodynamia, obesity, arterial hypertension, and stress levels, were identified between the main group ($n = 73$) and the comparison groups ($n = 79$) (Table 1). In particular, 16% ($p < 0.01$) of smokers who had UA (main group) with CAD had a significant increase in the number of smokers with SAP (comparable group). Hypodynamia were found to be 26.7% ($p < 0.05$), obesity 12.6% ($p < 0.05$), and high blood pressure 10.6% ($p < 0.05$).

Table 1

**Comparative analysis of risk factors for the development of
CAD depending on the progression of the process**

Risk factors of CAD	Patients with UP, n=73	Patients with SAP, n=79
Smoking, n (%)	32,7%**	16,7%
Hypodynamia, n (%)	83,3%*	56,6%
BMI, (kg/m ²)	$34,4 \pm 1,14$	$30,7 \pm 1,21$
Obesity, n (%)	45,3%*	32,7%
1 degree, n (%)	12,7%	14%
2 degree, n (%)	18,6%*	10,4%
3 degree, n (%)	12%	8,8%



Arterial hypertension		
1 degree, n (%)	34%	46%*
2 degree, n (%)	38,7%	37,3%
3 degree, n (%)	27,3%*	16,7%
Stress degree, (ball)	3,8±0,15**	2,5±0,15

Note: * $r < 0.05$, ** $r < 0.01$ -reliability level.

It is known that patients with coronary artery disease experience a variety of psycho-emotional disorders, which are the main symptom complex of the progression of atherosclerotic lesions of the coronary arteries against the background of chronic stress. Accordingly, the average level of stress according to the Ryder test was 1.5 times higher in patients with coronary artery disease, US than in the group of patients with SAP ($p < 0.01$).

The results of the study showed that in the history of quality of life indicators of patients with coronary artery disease, there were significant differences in the study groups depending on the destabilization of the atherosclerotic process (Fig. 1). Consequently, the average values of quality of life components, including self-care (EQ-2), according to the EUROQOL - EQ-5D survey against the background of the manifestation of the clinical course in patients with coronary artery disease of the main group (EQ-2) ($r = 0.01$), presence indices pain/discomfort (EQ-4) ($r = 0.05$) and anxiety/depression (EQ-4) ($r = 0.01$), as well as EQ-VAS. The health status of the patient ($r = 0.01$) deteriorated significantly. It should be noted that the average score of QOL on the EQ-VAS scale in the main group of patients was 18.9% lower than the health index of patients with SAP, respectively 55.2 % and 68.6% ($r < 0.01$).

The study assessed the importance of socio-demographic and clinical-anamnestic factors that may lead to QOL worsening in patients with CAD. According to the results of a one-dimensional analysis of the correlation between the EQ-5D-5L index of QOL and socio-demographic factors, the mean values of the EQ-5D-5L index were determined by the sex of the patients at a subsequent decrease ($r = 0, 01$), age ($r = 0.05$), education level ($r < 0.001$), and position in the workplace ($r = 0.002$). One-dimensional analysis also showed that clinical factors in patients with UA were associated with obesity ($r < 0.001$) or arterial hypertension (AH) ($r = 0.002$) and / or dyslipidemia ($r < 0.001$). The average values of the EQ-5D-5L index were found to be very low.

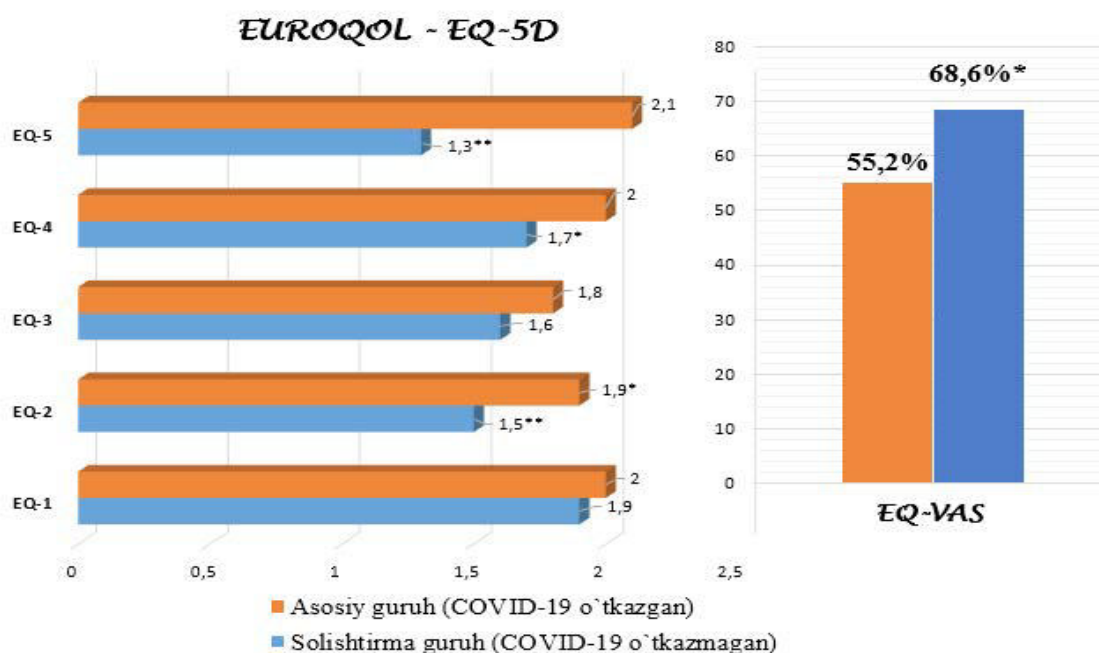


Figure 1. Average value of quality of life components of patients with UA (orange) and FAP (blue)

Multivariate regression analysis found that factors affecting QOL, such as female gender, old age, higher education, as well as cardiovascular FR such as obesity, AH and dyslipidemia had a significant negative impact on the values of the EQ-5D index ($p < 0.05$).

Conclusion. Significantly lower levels of quality of life, including EQ-5D-5L and EQ-VAS indices, were directly associated with destabilization of the clinical course in patients with coronary artery disease. Accordingly, multinational regression analysis showed that the QOL level of patients with coronary heart disease had significantly low values of the EQ-5D and EQ-VAS index with the Unstable angina, which is aggravated by the presence of factors such as female gender, old age, higher education among demographic factors and obesity, hypertension and dyslipidemia



among clinical and laboratory factors.

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