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Assessment of the Quality of Life of Patients with Coronary Heart Disease

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Abstract: It is known that in the analysis of the demographic situation, the concept of life expectancy is important. In recent years, WHO experts have pointed to the need to assess the quality of life of patients with socially significant diseases. Dozens of scientific papers have been published in the literature on the study of the quality of life of patients with chronic non-communicable diseases, such as chronic lung diseases, metabolic pathology and cardiovascular diseases (CVD).

The term Quality of life (Qol) first appeared in the works of social psychologists at the beginning of the XX century and was focused on assessing the degree of satisfaction of human needs. In general, the quality of life is considered as a strict scientific category. The quality of life is an integral characteristic of a person's physical, psychological and social functioning, based on his subjective perception.

The quality of life acts as a prognostic indicator, since it has a close relationship with other known factors affecting the prognosis of CVD. In people with CVD, age, marital status, a history of coronary heart disease and the presence of psychological disorders have a positive relationship with the quality of life determined by the SF-36 questionnaire. On the other hand, the assessment of the quality of life allows us to indirectly judge the adequacy of the therapy and rehabilitation of patients with CVD. Some scientific papers have shown a link between improving myocardial blood supply and quality of life. Thus, coronary artery revascularization performed after acute myocardial infarction (MI) significantly improved the physical components of the quality of life.

Keywords: coronary heart disease, SF-36 questionnaire, Quality of life

Introduction

In order to obtain comparable data and their further application in clinical practice, special standard quality of life questionnaires are becoming increasingly important. The use of questionnaires makes it possible to systematize the exchange of information and document the results obtained. Among the most common questionnaires , the following should be noted:

– developed in the 70s.– Quality of Well-Being
(QWB) Index, Sickness Impact Profile (SIP);
– in the 80s – Nottingham Health Profile (NHP), Quality of Life Index (QLI), COOP Charts;

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– in the 90s – EuroQol Index, MOS Functioning and Well-Being Profile (MOSFET), MOS 36-Item Short Form Health Survey (MOS SF-36), HAQ (Health Assessment Questionnaire).
The study of the quality of life is an urgent problem in modern cardiology. Studies on the quality of life of patients with coronary heart disease are few and mostly are an integral part of evaluating the effectiveness of one or another treatment method.

The purpose of this study is to study the quality of life, including its gender characteristics, among patients suffering from coronary heart disease, angina pectoris in the Republic of Uzbekistan.

Materials And Methods
The simultaneous clinical and epidemiological study included 130 patients with coronary heart disease, angina pectoris of FC II-III st. (75 men at an average age of 54±0.4 years and 55 women at an average age of 55.7± 0.5 years, respectively) from four medical institutions of the Republic of Uzbekistan (Republican Clinical Hospital; city hospital; central district hospital; central polyclinic) who have passed a clinical examination and a questionnaire.
In the examined cohort, the majority of men and women were diagnosed with angina pectoris of the FC II art. (69%), while FC III art. was diagnosed in 17% of men and 23% of women; the remaining patients were diagnosed with FC Ist. angina pectoris. 6.7% of men and 5.25% of women have a history of MI of various localization. ECG- signs of rhythm and conduction disturbances were recorded in 14% of men and 14.8% of women with coronary artery disease, angina pectoris (supraventricular extrasystole, ventricular extrasystole, atrial fibrillation, intraventricular blockade of one and two branches).
The exclusion criteria were:
1. Age under 40 and over 69 years.
2. Circulatory insufficiency.
3. Cardiac arrhythmias of high gradations by Low.
4. Heart and vascular defects.
5. Myocarditis, myocardiodystrophy.
6. Renal, hepatic insufficiency.
7. Blood diseases.
8. Pulmonary insufficiency.
9. Oncological diseases (3-4 art.)
10. Collagenoses.
11. Endogenous mental illnesses.
For this study, a questionnaire developed by WHO experts was used, designed for conducting clinical and epidemiological studies. The questionnaire included questions to assess socio-demographic indicators and behavioral risk factors.
The quality of life of patients with coronary heart disease was assessed using the EQ-5D questionnaire (European Quality of Life Assessment Tool), consisting of 5 items:
• movement
• self-service
• daily activity

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• pain, discomfort
• anxiety, depression

The scale for evaluating each component has three levels depending on the severity of the problem: 1 – no violations; 2 – moderate violations; 3 – severe violations. The questionnaire provides an item for self-assessment of the dynamics of health status over the past year.

Along with the questionnaire, all patients included in the study were measured blood pressure (BP), heart rate (HR) and electrocardiography (ECG) at rest in 12 standard leads.

Results

To assess the quality of life of patients with coronary angina pectoris, 6 indicators were used, including an assessment of the quality of movement in space, the quality of self-service, the quality of daily activity, an assessment of pain and discomfort, an analysis of anxiety and depression, and the dynamics of health status.

Assessment of the quality of movement in space

In general, the majority of patients with coronary artery disease, angina pectoris of FC II–III art. did not notice any problems as movement in space. Every third patient had some problems with movement in space, while 1.4% of people with coronary heart disease were chained to the bed.

This trend is observed among both men and women. However, among women with coronary heart disease, some problems with movement are significantly more common than in men.

Self-service quality

The second indicator of quality of life is the ability of self-service of patients with coronary heart disease. More than 80% of patients with CHD noted that they had no problems with self-care; 15.7% of patients with CHD noted some difficulties when washing and dressing, and only 2% of the examined patients noted that they needed outside help.

The difference in the quality of self-care between men and women with coronary heart disease was not significant.

Quality of daily activity

Every second patient with coronary heart disease did not notice problems with performing daily tasks. In contrast to the first two points characterizing the quality of life, about 40% of patients with coronary heart disease report problems with the performance of everyday tasks and 4.5% find it difficult to perform everyday tasks.

Unlike women, every second middle-aged man with coronary heart disease does not notice problems with performing everyday tasks, which is statistically significant. There were no significant differences in the quality of daily activity of men and women with coronary heart disease.

Assessment of pain and discomfort

One of the important points of the quality of life of patients with coronary heart disease is the assessment of pain and discomfort, since it is known that these indicators are the main symptoms of the nosology being analyzed. According to the survey, more than half of patients with coronary heart disease report slight pain or discomfort, which is reliable. Along with this, every third patient with coronary heart disease does not feel pain and discomfort, and only 4% noted the presence of a pronounced feeling of pain and discomfort.

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An analysis of the gender characteristics of pain and discomfort assessment has shown that in women with coronary heart disease, the proportion of people with small and severe pain (discomfort) is significantly more common compared to men.

Analysis of anxiety and depression

One of the important points of quality of life is the analysis of self-assessment of the presence of anxiety and depression. Only 2.4% of patients with coronary heart disease reported the presence of severe anxiety and depression. Every second patient with coronary heart disease noted that at the time of examination there is a slight anxiety and depression. And about 40% of the surveyed individuals noted the absence of feelings of anxiety and depression in everyday life.

Most women report a slight anxiety and depression, and only one in three women surveyed does not complain about the presence of feelings of anxiety and depression. Among men with coronary heart disease, the picture is different. So the proportion of men with the absence and presence of a slight depression is comparable.

Dynamics of health status

The EQ-5D questionnaire allows you to assess the dynamics of health status. Every second patient with coronary heart disease noted that his health condition had worsened over the past year. Approximately the same number of patients report a lack of health dynamics, and only 7% of people with coronary heart disease noted an improvement in the quality of life.

The analysis of the dynamics of self-assessment of the quality of life among men and women with coronary heart disease showed a comparable picture. In other words, there was no significant difference between men and women in the self-assessment of changes in health status over the past year.

Discussion

The main objective of this study was to study the quality of life of patients suffering from Coronary heart disease, angina pectoris in four medical institutions of the Republic of Uzbekistan. Over the past 5 years in the Republic of Uzbekistan, there has been an increase in the frequency of CVD by 3.5 times. According to monitoring data, in the structure of CVD, the main place is occupied by coronary artery disease, stable angina pectoris. The events of the last 10 years – prolonged local armed conflicts that led to socio-economic problems (the decline of the region's economy, unemployment, the weakening of social institutions, the deterioration of the financing of the health system) – negatively affected the demographic situation of the Republic of Uzbekistan, in particular. Against the background of these changes, there is a noticeable increase in the frequency of some CVD risk factors, including chronic stress depression, arterial hypertension, diabetes mellitus, etc. Along with this, there are serious problems with health resources, including the logistical support of medical and preventive institutions and the professionalism and number of health workers.

In most clinical studies, the questionnaire “The MOS 36 Item Short Form Health Survey” (SF-36) is widely used to assess the effectiveness of certain treatment methods, which allows to obtain a quantitative characteristic of the quality of life according to several criteria: physical, emotional and psychological. The limitation of the use of this questionnaire in large clinical and epidemiological studies is its large volume. To assess the quality of life, we used a simple but informative European questionnaire EQ-5D (European Quality of Life Instrument), consisting of 6

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questions. Patients answer these questions independently. The Russian literature has published works on the use of the EQ-5D questionnaire to assess the quality of life in cohorts of labor collectives in patients suffering from osteoarthritis. This work is the first Russian study to assess the quality of life using the European questionnaire EQ-5D in the field of cardiology.

According to the results, about 30% of patients with angina pectoris have some problems with movement, while only 15% have some difficulties in self-care. Along with this, about 40% of patients with coronary heart disease report problems with performing everyday tasks. Due to the fact that discomfort and pain are typical manifestations of angina pectoris, about 60% of patients experience slight pain or discomfort. Interestingly, a similar frequency was obtained for minor anxiety and depression. In general, up to 10% of patients with angina pectoris

they have a serious deterioration in the quality of life, while up to 40% of patients did not experience any difficulties in performing daily work and movement. It should be noted that more than 60% of patients from this cohort were not working at the time of examination. And another factor affecting individual indicators of quality of life is the fact that 63% of men at the time of the examination were systematically taking antianginal therapy, and 69.6% of women had a similar frequency of taking nitrates.

The study revealed a number of gender-specific changes in the quality of life in coronary heart disease, angina pectoris. Thus, problems with movement, discomfort and feelings of depression/anxiety are more pronounced in women, while changes in the quality of self-service and restrictions in the performance of daily tasks in men and women were found with the same frequency.

Conclusion

Thus, every second patient with coronary artery disease, angina pectoris experienced certain restrictions in performing daily work and movement due to the presence of discomfort and/or pain. This is associated with the presence of anxiety/depression in both men and women suffering from coronary heart disease. However, among women, some parameters of quality of life are expressed significantly more often than men. According to the patients' self-assessment, the health condition of every second has worsened. These circumstances once again emphasize the need to develop serious comprehensive measures to improve the quality and life expectancy of patients with coronary heart disease in the region we studied.

Literature

1. Alisherovna, K. M., Davranovna, M. H., & Nizametdinovich, K. S. (2022). Chronic Heart Failure in Women. *CENTRAL ASIAN JOURNAL OF MEDICAL AND NATURAL SCIENCES*, *3*(1), 21-25.
2. Erkinovna, K. Z., Davranovna, M. K., Toshtemirovna, E. M. M., & Xudoyberdiyevich, G. X. (2022). CORRECTION OF COMPLICATIONS IN CHRONIC HEART FAILURE DEPENDING ON THE FUNCTIONAL STATE OF THE KIDNEYS. *Web of Scientist: International Scientific Research Journal*, *3*(5), 565-575.

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Open Access | Peer Reviewed
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Email: editor@peerianjournal.com

3. Gaffarov, X. X. (2021). DISEASES OF THE THYROID GLAND. *Scientific progress*, *2*(3), 938-940.
4. Khabibovna, Y. S., & Buribaevich, N. M. (2020). STUDY OF PARAMETERS OF CENTRAL HEMODYNAMICS IN PATIENTS WITH CHRONIC GLOMERULONEPHRITIS. *Достижения науки и образования*, (13 (67)), 57-59.
5. Khabibovna, Y. S., & Buriboevich, N. M. (2021). CHANGE OF STRUCTURAL AND FUNCTIONAL HEART INDICATORS IN PATIENTS WITH DIABETES MELLITUS WITH DIASTOLIC HEART FAILURE. *Web of Scientist: International Scientific Research Journal*, *2*(11), 144-150.
6. Makhmudova, K. D., & Gaffarov, H. H. (2021, February). STUDYING THE LIVER FUNCTION IN BURN RECONVALESCENTS. In *Archive of Conferences* (Vol. 15, No. 1, pp. 208-210).
7. 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.
8. 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.
9. Toshtemirovna, E. M. M., Nizamitdinovich, K. S., Tadjiyevich, X. A., & Xudoyberdiyevich, G. X. (2022). ASSESSMENT OF RENAL DYSFUNCTION IN PATIENTS WITH CHRONIC HEART FAILURE.
10. Totilboyevich, Y. S. (2021). CHARACTER OF IHD COURSE IN WOMEN OF CLIMACTERIC AGE. *Web of Scientist: International Scientific Research Journal*, *2*(11), 175-178.
11. Xaydarov, S. N., & Normatov, M. B. (2021). DETERMINATION OF IRON DEFICIENCY ANEMIA AT THE PREGNANCY PERIOD. *Scientific progress*, *2*(4), 325-327.
12. Xudoyberdiyevich, G. X., Alisherovna, K. M., Toshtemirovna, E. M., & Jamshedovna, K. D. (2022). FEATURES OF PORTAL BLOOD CIRCULATION AND ECHOGRAPHIC STRUCTURE OF THE LIVER IN PATIENTS WITH CHRONIC HEART FAILURE. *Web of Scientist: International Scientific Research Journal*, *3*(5), 576-581.
13. Yarmatov, S. T., & Yarmahammadov, U. K. (2022). Semizlik–Zamonaviy Tibbiyotda Dolzarb Muammo Sifatida Qolmoqda. *Scientific progress*, *3*(4), 1196-1203.
14. Yarmukhamedova, S. (2020). SURUNKALI GLOMERULONEFRIT BILAN OG ‘RIGAN BEMORLARDA ARTERIAL QON BOSIMINING SUTKALIK MONITORING KO ‘RSATKICHLARINI BAXOLASH. *Журнал кардиореспираторных исследований*, *1*(1), 103-108.
15. Zokhidovna, K. Z., & Xudoyberdiyevich, G. X. (2022). " ISOLATED" DIASTOLIC MYOCARDIAL DYSFUNCTION IN DIABETES MELLITUS. *Spectrum Journal of Innovation, Reforms and Development*, *7*, 101-107.
16. Тоиров, Д. Р., & Махмудова, Х. Д. (2021). ПОДАГРА КАСАЛЛИГИ БИЛАН ОҒРИГАН БЕМОРЛАРДА ЮРАК ҚОН-ТОМИР ЗАРАРЛАНИШЛАРИ. *Scientific progress*, *2*(2), 242-249.

The Peerian Journal
Open Access | Peer Reviewed
Volume 11, October, 2022.
ISSN (E): 2788-0303
Website: www.peerianjournal.com
Email: editor@peerianjournal.com

17. Хайдарова, З. (2021). ЭНТРОПИЯ И НАРУШЕНИЯ СЕРДЕЧНОГО РИТМА У БОЛЬНЫХ, ПЕРЕНЕСШИХ ИНФАРКТ МИОКАРДА. *Журнал кардиореспираторных исследований*, *2*(4), 59-62.
18. ШОДИКУЛОВА, Г. З., ЭРГАШОВА, М. М., КУРБАНОВА, З. П., & УМАРОВ, И. Д. (2022). REVMATOID ARTRIT VA IKKILAMCHI OSTEOARTROZ BILAN KASALLANGAN AYOLLARDA KARDIOVASKULYAR XAVFINI BAHOLASH. *ЖУРНАЛ БИОМЕДИЦИНЫ И ПРАКТИКИ*, *7*(1).
19. Эргашева, М. Т. (2022). АРТЕРИАЛЬНАЯ ГИПЕРТЕНЗИЯ У ЖЕНЩИН В ПОСТМЕНОПАУЗЕ. *Журнал кардиореспираторных исследований*, (SI-2).
20. Эргашова, М. М., & Шодикулова, Г. З. (2021). РЕВМАТОИД АРТРИТ ВА ИККИЛАМЧИ ОСТЕОАРТРОЗ КАСАЛЛИГИ БОР БЕМОРЛАРДА ЮРАК ГЕМОДИНАМИКАСИНИНГ ЎЗИГА ХОС ХУСУСИЯТЛАРИ. *ЖУРНАЛ БИОМЕДИЦИНЫ И ПРАКТИКИ*, *6*(1).
21. Ярмухаммедова, С. (2020). ОЦЕНКА ПРИЗНАКОВ ДИАСТОЛИЧЕСКОЙ ДИСФУНКЦИИ ПРАВОГО ЖЕЛУДОЧКА У БОЛЬНЫХ С АРТЕРИАЛЬНОЙ ГИПЕРТОНИЕЙ. *Журнал кардиореспираторных исследований*, *1*(2), 88-92.
22. Ярмухаммедова, С., Гаффоров, Х., & Ярматов, С. (2020). JIGAR SIRROZIDA YURAKNING SISTOLIK VA DIASTOLIK DISFUNKTSIYASINING AHAMIYATI. *Журнал кардиореспираторных исследований*, *1*(2), 85-87.