Spectrum Journal of Innovation, Reforms and Development
Volume 07, Sep., 2022 | ISSN (E): 2751-1731
Website: www.sjird.journalspark.org

FEATURES OF THE QUALITY OF LIFE OF PATIENTS WITH CHRONIC RENAL FAILURE IN THE TREATMENT OF HEMODIALYSIS

Khusainova Munira Alisherovna
Samarkand State Medical University

Kamolova Diyora Jamshedovna
Samarkand State Medical University

Yarmatov Suvon Totlibayevich
Samarkand State Medical University

Gafforov Xudoyor Xudoyberdiyevich
Samarkand State Medical University

ABSTRACT

Chronic renal failure is a consequence of many kidney diseases and is quite common in medical practice. The use of modern methods of detoxification renal replacement therapy (hemodialysis, peritoneal dialysis) has allowed to increase the life expectancy of patients with end-stage chronic renal failure by an average of 10-12 years, even without kidney transplantation. However, despite the improvement of therapy, the prospect of lifelong dialysis treatment is still accompanied by numerous fears and concerns on the part of patients who are going to receive this treatment. Among patients diagnosed with uremia, the idea of dialysis as the end of life is often found. And even when, from a medical point of view, treatment is successful and life acquires a real perspective, returning to a normal, full-fledged life can become a serious psychological problem for the patient. Treatment with chronic hemodialysis (HD) is associated with a constant somatogenic vital threat, leads to serious changes in the physical, psychological and social spheres. Renal pathology at the stage of terminal renal failure, being a typical chronic disease, is at the same time unique due to the specifics of treatment. We can say that a new, "artificial" form of life is being formed, supported by the purification of the patient's blood from toxic metabolic products during HD sessions. There are patients who have the life expectancy on dialysis exceeds the life expectancy before dialysis. However, attachment to the "artificial kidney" device, the need to spend a lot of time on hemodialysis sessions, restriction of freedom of movement, strict diet, the need to sharply reduce fluid intake, disability, lack of communication, change in appearance – all these are powerful traumatic factors accompanying the treatment of HD.

Keywords: Chronic renal failure, hemodialysis, quality of life, "artificial kidney", general health status, mental health indicator.

INTRODUCTION

When conducting treatment and rehabilitation work with such patients, it is necessary to take into account the specifics of their quality of life (QOL). This will allow you to get an idea of the most problematic areas of the patient's life, which may later serve as "targets" for

psychocorrective effects. The availability of information about the patient's QOL is relevant not only for a clinical psychologist or psychiatrist, but also for the attending neurologist. The introduction of the category of QOL into medical use was a kind of revolution that made it possible to make changes to the traditional model of medical care and the resulting paternalistic doctor–patient relationship. Questionnaires assessing the patient's satisfaction with various spheres of life make it possible to identify areas in need of improving the quality of medical care, and thus the provision of medical services can be optimized through patient-directed planning and evaluation of their effectiveness. At the same time, the opinion is expressed that the assessment of the patient is no less important and legitimate than the assessment of the doctor. Tracing the patient's QOL during treatment improves the dialogue between the patient and the attending physician through feedback. The doctor receives information about how full the patient's life is and what exactly he is not satisfied with, the patient has a feeling of satisfaction that his needs are "heard" and taken into account when prescribing therapy. In addition, when assessing the patient's QOL with the help of a questionnaire, such circumstances in the patient's life can be revealed that neither the doctor nor the patient himself had noticed before. Thus, QL is a very convenient guideline that allows you to put into practice the actual principle of medicine "treat the patient, not the disease." For a clinical psychologist, questionnaires designed to assess QOL are an important means of rapid diagnosis, which allows you to quickly get an idea of the limited capabilities of the patient and, accordingly, of his most urgent needs.

PURPOSE OF THE STUDY: The purpose of this study is to compare the QOL indicators of patients undergoing HD treatment and healthy individuals, to compare the QOL indicators of HD patients, to determine the factors affecting the QOL of patients undergoing HD.

MATERIALS AND METHODS

A study of the QOL of 47 patients treated with HD, aged from 16 to 73 years. Men made up 56% of the studied patients. The duration of HD treatment is 56.3±46.4 months (M±SD).

For health-related assessment The Russian-language version of the SF-36 Health Survey questionnaire was used for QJ. This technique belongs to a group of general questionnaires for the study of QOL, applicable to patients with various diseases and healthy individuals. The results are evaluated on eight main scales. The spread of points on each scale is from 0 to 100. The higher the score, the better the quality of life. The questionnaire includes the following scales: physical functioning – Physical Functioning (PF), the effect of physical condition on daily activities – Role-Physical (RP), pain intensity and the effect of pain for everyday activities – Bodily Pain (BP), general health – General Health (GH), General Activity/Vigor – Vitality (VT), Social Functioning – Social Functioning (SF), the impact of Emotional state on Daily Activities – RoleEmotional (RE) and Mental Health – Mental Health (MH). In addition, two integral indicators are calculated QOL, which are made up of individual indicators of the SF-36 questionnaire: the total indicator of physical health (Physical Component Summary – PCS) and the total indicator of mental health (Mental Component Summary – MCS).

In statistical analysis, the Student's t-test was used to assess intergroup differences in QOL. 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. To study the degree of influence of psychological and clinical-laboratory variables on QOL indicators, multiple linear step-by-step regression analysis and single-factor analysis of variance were performed.

The indicators of seven of the eight scales of the SF-36 questionnaire in HD patients are significantly lower than in healthy individuals. So, the parameters of all scales of physical health are significantly below the norm. The ability to perform activities related to physical exertion (walking, climbing stairs, lifting weights, etc.) (PF), and assessment of general health (GH) are sharply reduced. Physical condition severely restricts daily activities (RP). Pain syndrome (BP) is pronounced. Patients' satisfaction with their mental state and social functioning is reliably differs from the norm. In HD patients, lower than in healthy individuals, overall activity, energy (VT), physical and emotional state interferes with the performance of work, prevents normal social activity (spending time with family, friends, etc.) (SF and RE). It is interesting to note that the scores on the mental health scale (MH) exceed the normative data, i.e. satisfaction The GD of patients with their mental health is even higher than that of healthy Uzbekistans. Thus, the satisfaction of patients with their physical abilities is significantly lower than that of healthy people persons, while the decrease in the psychological and social components of the quality of life is less pronounced, and on the scale of mental health there is an excess over the normative data.

Indicators of the quality of life of patients on hemodialysis in comparison with healthy individuals (M±SD)

Quality of life indicators	Patients on hemodialysis n=47	Healthy persons n=47	Validity of differences
PF	61,2±25,8	79,6±22,0	p<0,0001
RP	33,4±42,3	64,9±37,0	p<0,0001
BP	55,6±28,8	66,4±25,0	p<0,0001
GH	37,3±16,9	54,1±19,4	p<0,0001
VT	49,3±19,8	56,2±18,2	p<0,0001
SF	64,6±26,7	68,0±22,1	P=0,0006
RE	53,2±45,4	66,5±36,7	p<0,0001
MH	61,3±18,0	58,0±16,4	p<0,0001

As far as we know, this study is the first large study of QOL of patients with HD in Uzbekistan. The data obtained indicate a significant decrease in comparison with
healthy individuals in most indicators of life satisfaction in patients undergoing treatment with chronic HD. A similar trend has been registered in a number of foreign studies carried out using the SF-36 questionnaire. They also show that, compared with a healthy population, patients with HD first of all, the physical component of QOL suffers, while the parameters of the psychological component are less susceptible to decrease, and in some indicators they

approach the population norm. In our study, the satisfaction indicator The DG of patients with their mental health (MH) even exceeded the regulatory data. At first glance, it was possible It could be explained by the fact that in the sample of patients with HD, the percentage of people in the older age group (over 70 years old) was lower than in the standard sample (1% vs. 7%).

RESULTS

And such a willingness to deteriorate can reduce the traumatic effect of a real deterioration: nothing really bad has happened – it's already good. A healthy person has higher expectations of the future than a sick person, a higher level of claims. A healthy person is more optimistic about projecting hopes for improving his life into the future, he is not ready for deterioration. Therefore, if the future, becoming the present, does not justify hopes, the trauma of unfulfilled expectations in a healthy person is stronger. A healthy person reacts violently to various negative events in life, which the patient will not even pay attention to, will ignore (as not particularly significant). Thus, a sudden disaster is more traumatic than usual. The fact that the patient has an opportunity written into the mode of the future Features of the quality of life of patients with chronic renal insufficiency deterioration, gives him a psychological head start. For the sick, things are not going as bad as he feared, while for the healthy, they are not as good as he'd hoped. For a healthy person, the deterioration of his affairs is a deviation from what was expected in the negative, while for a patient, if the deterioration is not too sharp, it is a deviation from what was expected in the plus: he assumed that it would be even worse. A decrease in the level of claims, the absence of inflated expectations from the future, a willingness to deteriorate, may be the basis for a fairly high assessment of their mental health by AH patients.

CONCLUSION

Our comparison with a healthy population and patients from other countries allowed us to draw a portrait of a typical Russian patient on HD in terms of his quality of life. The Uzbek HD patient has a higher satisfaction with his mental health and social activity than with physical capabilities. A similar trend is typical for the countries of Europe, the USA and Japan. The differences between countries relate to the extent to which the total indicator of mental health exceeds the integral indicator of physical health. Psychological, socio-demographic and clinical and laboratory variables were included as independent variables in the regression analysis, which demonstrated a reliable relationship with the indicators of QOL according to the correlation analysis. These include age, duration of hemodialysis treatment, severity of depression, personal and situational anxiety, asthenia, hemoglobin and albumin levels. The analysis showed that the main predictors of the total indicator of physical health are age, the level of depression, the durationof treatment of HD and serum albumin.

LITERATURE

1. Alisherovna, K. M., Alisherovich, B. Z., Ilyosxonovich, K. I., & Oybekovna, E. E. (2022). CHANGES IN HEMODYNAMICS OF THE CARDIOVASCULAR SYSTEM IN PATIENTS WITH FIBROSIS ALVEOLITIS. *Spectrum Journal of Innovation, Reforms and Development*, *4*, 203-209.
2. 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.
3. Buribayevich, N. M. (2022). APPLICATIONS THE DRUG NICOMEX AT TREATMENT OF PATIENTS WITH CHRONIC HEART FAILURE AND TYPE 2 DIABETES MELLITUS. *Web of Scientist: International Scientific Research Journal*, *3*(5), 597-605.
4. Buribayevich, N. M. (2022). Treatment of Chronic Heart Failure in Patients with Type 2 Diabetes Mellitus. *CENTRAL ASIAN JOURNAL OF MEDICAL AND NATURAL SCIENCES*, *3*(1), 183-186.
5. Gaffarov, X. X. (2021). DISEASES OF THE THYROID GLAND. *Scientific progress*, *2*(3), 938-940.
6. Totilboyevich, Y. S. (2021). CHARACTER OF IHD COURSE IN WOMEN OF CLIMACTERIC AGE. *Web of Scientist: International Scientific Research Journal*, *2*(11), 175-178.
7. Xudoyberdiyevich, G. X. (2022). HEART FAILURE, DIABETES MELLITUS, BETA BLOCKERS AND THE RISK OF HYPOGLYCEMIA. *Spectrum Journal of Innovation, Reforms and Development*, *4*, 42-48.
8. Yarmatov, S. T. (2021). YURAK ISHEMIK KASALLIGI VA BACHADON MIOMASI BO'LGAN BEMORLARNI DAVOLASHDA ANTIKOUGULYANT VA ANTITROMBOSITAR TERAPIYANI O'TKAZISH BO'YICHA KLINIK KUZATUVNI OLIB BORISH. *Scientific progress*, *2*(3), 792-797.
9. Zikriyaevna, S. G., & Muhtorovna, E. M. (2019). The features of the early diagnostics of osteoporosis in patients with rheumatoid arthritis. *Достижения науки и образования*, (12 (53)), 110-112.
10. Камолова, Д. Ж. (2022). STRUCTURAL-GEOMETRICAL CHANGES OF THE MYOCARDIUM AND THE PARTICULARITIES OF THE LEFT VENTRICLE OF THE HEART IN A PREGNANT WOMEN WITH A DIFFERENT TYPES OF ARTERIAL HYPERTENSION. *Журнал кардиореспираторных исследований*, *3*(1).
11. Мирзаев, Р. З., Ташкенбаева, Э. Н., & Абдиева, Г. А. (2022). ПРОГНОСТИЧЕСКИЕ КЛИНИЧЕСКИЕ МАРКЕРЫ ПОЧЕЧНОЙ НЕДОСТАТОЧНОСТИ ПРИ МЕТАБОЛИЧЕСКОМ СИНДРОМЕ. *Журнал кардиореспираторных исследований*, (SI-2).
12. Норматов, М. Б. (2022). EFFICACY OF AMLODIPINE IN ARTERIAL HYPERTENSION COMBINED WITH TYPE 2 DIABETES MELLITUS. *Журнал кардиореспираторных исследований*, *3*(1).

13. Хусаинова, М. (2021). CHRONIC HEART FAILURE IN PATIENTS WITH EARLY RHEUMATOID ARTHRITIS. *Журнал кардиореспираторных исследований*, *2*(4), 67-69.

14. 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).

15. 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).