Volume 3, Issue 6, June 2025 ISSN (E): 2938-3765

PSYCHOSOCIAL PROBLEM OF PATIENTS WITH CHRONIC HEART FAILURE: A MODERN VIEW ON INPATIENT TREATMENT

Mukhsinov Nodir Tokhirovich
Bukhara State Medical Institute, Bukhara, Uzbekistan
email: muxsinov.nodir@bsmi.uz
https://orcid.org/0009-0002-8985-4936

Abstract
The article presents the results of the analysis of the psychoemotional state of patients with CHF, with an emphasis on the impact of anxiety-depressive symptoms on their quality of life. The relationship between the severity of emotional disorders and the severity of heart failure is described.

Keywords: Chronic heart failure, myocardial infarction, anxiety and depressive disorders, psychoemotional state, quality of life.

Introduction

In recent years, the problem of concomitant mental disorders in coronary heart disease (CHD) has attracted increasing interest. Studies show a high prevalence of anxiety and depressive states in this category of patients and their negative impact on the course of the disease and prognosis. According to the WHO, mental illnesses will continue to grow and may account for up to half of all diseases by 2020, overtaking even cardiovascular diseases.

A combination of anxiety and depressive symptoms occurs in general clinical practice in 60-70% of patients. Depression is often accompanied by anxiety, and in some cases, anxiety precedes its development. These disorders not only worsen the course of CHD, but also increase the risk of complications and death. They also have a negative impact on treatment adherence and quality of life.

The results of many years of research confirm that psychoemotional disorders, including anxiety and depression, are independent predictors of an unfavorable prognosis in CHD, especially after myocardial infarction. Their timely diagnosis and correction are becoming an important task of clinical practice, especially in patients with CHF.

Research objective

To assess the presence and severity of anxiety and depressive states in patients with CHF after a large-focal Q-wave myocardial infarction, as well as to analyze their impact on the quality of life.

Web of Medicine: Journal of Medicine, Practice and Nursing
webofjournals.com/index.php/5

Web of Medicine: Journal of Medicine, Practice and Nursing
webofjournals.com/index.php/5

Materials and methods

The study included 78 patients (aged 65.2±3.5 years) who had suffered a large-focal Q-wave myocardial infarction and were diagnosed with CHF of NYHA functional class II–III. Females made up 1,2. 9 %, males-87.1%. The average duration of a heart attack is 5.6±3.2 years. Angina pectoris of FC I-II was diagnosed in half of the patients, arterial hypertension-in 53.8%.

The degree of CHF was determined based on the recommendations of the European Society of Cardiology (2012). To assess the functional class, a 6-minute walking test was used. Averagedistance covered by patients: 368.24,24 m (FC II) and 283.2 m (FC III).

All patients underwent a comprehensive examination, including echocardiography. The HADS scale was used to assess anxiety and depressive symptoms. Quality of life was assessed using the Minnesota Health Questionnaire (MLHFQ). Physical activity (average number of steps and distance traveled) was also recorded.

Statistical analysis was performed using STATISTICA 6.0 and MS -xcel. The significance of differences was assessed by the Student's criterion. The significance level is $p<0.05$. The Pearson correlation was used to analyze the relationships.

Results

The average values on the HADS scale did not exceed the normal range: anxiety — 6.02±3.07 points, depression- 5.36±3.84. However, 51.3% of the examined patients showed signs of anxiety and/or depressive disorders: 32.6% — depression, 20.4% — anxiety. Clinically significant forms were found in 3.5% (anxiety) and 5.1% (depression). Subclinical — in 14.2% and 17.4%, respectively.

All patients showed a low level of physical activity-an average of 3.28 km per day at 68.38 steps per minute. People with psychoemotional disorders had a 2.1-fold lower quality of life. In patients with a combination of anxiety and depression, the reduction reached 1.9 times.

Significant positive correlations were found between quality of life and levels of anxiety ($r=0.36$) and depression ($r=0.39$), as well as between anxiety and depression ($r=0.41$). A negative association was found between the level of depression and physical activity ($r=-0.49$).

53.4% of patients with FC II CHF had anxiety-depressivedisorders. Anxiety prevailed in this group. In patients with FC III CHF, such disorders were more pronounced and occurred more frequently — in 61.22% of cases. Depression prevailed. Their severity exceeded the HADS norm by 1.6-1.8 times. The decline in quality of life in this group was particularly significant.

Discussion

Psychoemotional disorders were detected in almost half of patients with CHF. Even a few years after a heart attack, anxiety and depression persist, which negatively affect the quality of life. These manifestations are especially pronounced in FC III CHF. Anxiety probably precedes the development of depression, being its early manifestation.

It has been proven that when anxiety and depression combine, the quality of life suffers significantly more than when one of these disorders is present. The progression of heart failure is accompanied by an increase in psychoemotional symptoms, which indicates the need for early detection and treatment of such disorders.

Conclusions

Anxiety and depressive disorders are frequent companions of CHF and significantly worsen the quality of life. Their timely diagnosis and correction should be an important part of the management of patients with chronic heart failure.

References

1. Lloyd JD, Adams R, Carnethon M. Heart disease and stroke statistics—2009 update: A report from the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Circulation 2009;119:e21–e181.
2. Badan Penelitian dan Pengembangan Kesehatan Kementrian Republik Indonesia. Riset Kesehatan Dasar 2013. Jakarta 2013.
3. Yancy WD, Jessup M, Bozkurt B, Butler J, Casey ED, Drazner MH, et al. 20 13 ACCF/AHA Guideline for the Management of Heart Failure. Circulation 2013; 128: e240-e327.Kodirova et al. Psychosocial features of patients with IHD / / Biology and integrative Medicine. 2021. - No. 4. pp. 64-79/
4. Kodirova Sh. S., Jabbarova M. B., Arashova G. A. Psychosomatic aspects of the course of chronic heart failure / / Biologiya va tibbiiet muammolari, Samarkand -2019. -№4.2 (115). – P. 57-60
5. Kodirova Sh. S. Izuchenie emotsional'nykh sostoyaniy i kachestva zhizni bol'nykh s khronicheskoi serdechnoi nedostatost'nosti [Study of emotional states and quality of life in patients with chronic heart failure]ва тиббиёт муаммолари, Самарқанд-2019. -№4.2 (115).- Pp. 232-236
6. Kodirova Sh.S., Djabbarova M.B., Arashova G.A., Hudoydodova S. G., Farmonova M.A., Elmuradova A.A. Features of the Clinical Course of Chronic Heart Insufficiency Depending on the Psychological Status of Patients// American Journal of Medicine and Medical Sciences.-2020.- P.- 127-131
7. Kadirova Sh. S., Kamilova U. K. Study of the psychological state in patients with post-infarction cardiosclerosis complicated by chronic heart failure. 4th International Educational Forum "Russian Heart Days" April 21-23, 2016, Russia. Saint Petersburg, Russian Journal of Cardiology, 2016,pp. 37-38
8. Kodirova Sh. S., Kamilova U. K., Nuritdinov N. A. Study of quality of life and prognosis indicators in patients with chronic heart failure //Materials of the V International Educational Forum "Russian Days of the Heart". Moscow, 2017, p. 85.

Web of Medicine: Journal of Medicine, Practice and Nursing
webofjournals.com/index.php/5