

Article

Tashvish va depressiyaning o'tkir miyokard infarkti va barqaror bo'lmagan angina bilan bemorlarning reabilitatsiya natijalariga ta'siri

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Xulosa:

Maqsad. Ushbu tadqiqot, og'ir miokard infarkti (OMI) va barqaror bo'lmagan angina bilan og'rigan bemorlarda tashvish va depressiv buzilishlarning reabilitatsiya natijalari va uzoq muddatli prognozga ta'sirini o'rganishga qaratilgan. Maqsad - boshlang'ich psixo-emotsional holatning tiklanish jarayoniga qanday ta'sir ko'rsatishini tushunish.

Materiallar va usullar. Tadqiqotga PSSMCning kardiologik intensiv terapiya bo'limida davolangan 44 bemor kiritildi. Bemorlar ikki guruhga bo'lingan: birinchi guruhga OMI tashxisi qo'yilgan bemorlar, ikkinchi guruhga esa boshqa shakldagi barqaror bo'lmagan koronar yurak kasalligi bo'lgan bemorlar kiritildi. OMI tashxisi Evropa klinik qo'llanmalariga asoslangan. Tashvish va depressiyani baholash uchun psixoemotsional testlar o'tkazildi.

Natijalar. Tadqiqot natijalari tashvish va depressiv buzilishlarni erta aniqlash va davolashning muhimligini ta'kidladi, shuningdek, psixogen omillar va miya tomir yetishmovchiligining bu buzilishlarning rivojlanishiga ta'sirini o'rganish zarurligini ko'rsatdi. Vaqtida psixologik tuzatish reabilitatsiya jarayonini yaxshilash va depressiyaning davomiy rivojlanishining oldini olishda katta ahamiyatga ega.

Xulosa. Depressiv alomatlar OMI bemorlarida ko'proq uchraydi, bu esa uzoq muddatli koronar yurak kasalligi tarixiga va kelajakdagi imkoniyatlarga nisbatan pessimist baholash bilan bog'liq bo'lishi mumkin. Boshqa tomondan, barqaror bo'lmagan angina bilan bemorlarda reaktiv tashvish ko'proq uchraydi, bu esa klinik holatdagi noaniqlik va hayot uchun tezkor prognozning o'zgarishi bilan bog'liq. Ushbu natijalar erta psixologik aralashuvni amalga oshirish zarurligini va bemorlarning reabilitatsiyasi va umumiy farovonligini yaxshilashga yordam berishini ko'rsatadi.

Kalit so'zlar: tashvish buzilishlari, depressiya, o'tkir miyokard infarkti, barqaror bo'lmagan angina, psixokorreksiya, reabilitatsiya natijalari, koronar yurak kasalligi, psixogen omillar.

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




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The impact of anxiety and depression on the rehabilitation outcomes of patients with acute myocardial infarction and unstable angina

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Abstract:

Background. This study explores the impact of anxiety and depressive disorders on the rehabilitation outcomes and long-term prognosis of patients with acute myocardial infarction (AMI) and unstable angina. The aim is to understand how the initial emotional and psychological states influence recovery trajectories.

Materials and methods. A total of 44 patients from the cardiac intensive care unit of PSSPMC were included in this study. They were divided into two groups: one consisting of patients diagnosed with AMI, and the other with unstable angina. AMI diagnosis was based on European clinical guidelines. Psychological assessments were conducted to evaluate anxiety and depression levels, alongside other relevant factors.

Results. The findings emphasize the necessity of early detection and intervention for anxiety and depression, alongside an understanding of how psychogenic factors and cerebrovascular insufficiency contribute to the development of these disorders. Timely psychological correction is essential to prevent the worsening of depression and reduce persistent phobic reactions in these patients.

Conclusion. The findings emphasize the necessity of early detection and intervention for anxiety and depression, alongside an understanding of how psychogenic factors and cerebrovascular insufficiency contribute to the development of these disorders. Timely psychological correction is essential to prevent the worsening of depression and reduce persistent phobic reactions in these patients.

Keywords: anxiety disorders, depression, acute myocardial infarction, unstable angina, psychocorrection, rehabilitation outcomes, coronary heart disease, psychogenic factors.

Kirish

Hozirgi vaqtda, koronar arteriya kasalligi (KAK) dunyo miqosida eng ko'p tarqalgan noinfekcion kasalliklardan biri hisoblanadi [1,3]. Xususan, ST-segmentining ko'tarilishi bilan kuzatiladigan o'tkir miokard infarkti (OMI) koronar arteriya kasalligining eng og'ir shakllaridan biri bo'lib, bemorlar orasida o'lim va nogironlik darajasi eng yuqori bo'lishi bilan ajralib turadi. So'nggi o'n yilliklarda olib borilgan tadqiqotlar shuni ko'rsatadiki, affektiv spektr buzilishlarining, ya'ni depressiya va tashvishning birgalikda mavjudligi, OMI prognoziga salbiy ta'sir ko'rsatadi [4,5]. Hozirgi vaqtda OMI bilan kasalxonaga yotqizilgan bemorlarning yarmidan ko'pida depressiv spektr buzilishlari aniqlanadi [5,6]. Biroq, maxsus skrining o'tkazilmagan taqdirda, OMI o'tkazgan bemorlarda depressiya ko'pincha aniqlanmaydi [7,11]. Yurak-qon tomir kasalliklari bilan og'rigan bemorlarning psixo-emotsional holatiga oid ko'plab tadqiqotlar mavjud bo'lsa-da, ushbu kasalliklar bilan bog'liq psixologik holatlar va ularning natijalariga ta'siri haqida ko'proq ma'lumotga ega bo'lish zarurati saqlanib qolmoqda [11,13].

Ushbu tadqiqotning asosiy maqsadi — o'tkir miokard infarkti va barqaror stenokardiya bilan og'rigan bemorlarda xavotir-depressiv buzilishlarning dastlabki tuzilishi va og'irligiga qarab yillik prognozlarni baholashdir. Tadqiqot, shu bilan birga, ushbu psixo-emotsional omillarning uzoq muddatli tiklanish va reabilitatsiya jarayonlariga ta'sirini o'rganishni maqsad qilgan. Affektiv buzilishlarni erta aniqlashga e'tibor qaratish orqali, ushbu tadqiqot, bemorlarning davolash usullarini takomillashtirish va ularning prognozini yaxshilashga qaratilgan qimmatli ma'lumotlar taqdim etishni maqsad qilgan.

Materiallar va usullar

Tadqiqotda RIKIATM kardioreanimatsiya bo'limida davolanayotgan 44 bemor ishtirok etdi. Bemorlar ikki guruhga bo'lingan. Birinchi guruhga o'tkir miokard infarkti (OMI) bilan og'rigan bemorlar (keyingi o'rinlarda O'MI guruhi deb ataladi) kiritilgan, ikkinchi guruhga esa miokard infarkti mezonlariga javob bermaydigan, boshqa shakldagi barqaror bo'lmagan ishemik yurak kasalligi (YuK) bilan og'rigan bemorlar (keyingi o'rinlarda rivojlanib boruvchi stenokardiya guruhi deb ataladi) kiritilgan. O'MI diagnostikasi uchun Evropa klinik tavsiyalariga asoslangan mezonlar qo'llanilgan [14].

Barcha bemorlarga standart davolash protokollari amal qilingan, ularga asetilsalitsil kislotasi (ASK), klopidogrel, beta-adrenoblokator bisoprolol (2,5-5 mg/kun), va APF ingibitori rosuvastatin (20 mg/kun) dorilari tayinlangan.

Tadqiqotda quyidagi klinik natijalar baholangan: o'lim, miokard infarkti (o'limga olib kelmaydigan), koronar etishmovchilikning rivojlanishi, yurak etishmovchiligining rivojlanishi (V. Mareev modifikatsiyasidagi SHOKS ma'lumotlariga ko'ra), koronar etishmovchilikning og'irlashuvi bilan bog'liq takroriy kasalxonaga yotqizish, va jarrohlik aralashuvi zarurati (KSH).

Bemorlarning psixologik holatini baholashda Spilberger-Hanin shkalasi yordamida xavotir darajasi baholangan bo'lib, Tsung shkalasi esa depressiya va depressiyaga yaqin holatlarni differentsial tashxislash uchun qo'llanilgan. Psixologik baholashlar suhbat-intervyu usulida amalga oshirilgan.

Natijalar

Ikki guruh asosiy demografik va klinik ko'rsatkichlar bo'yicha taqqoslandi. Gipertenziv kasallik, surunkali obstruktiv o'pka kasalligi, pielonefrit, oshqozon va o'n ikki barmoqli ichak yarasi hamda kasalxonaga yotqizilganida (3-5-sinf, QE, BX) yurak ritmining buzilishi kabi kasalliklar bo'yicha guruhlar o'rtasida sezilarli farqlar kuzatilmagan. Biroq, beqaror stenokardiya (BS) guruhida quyidagi nozologiyalarning paydo bo'lishi ishonchli tarzda yuqori bo'lgan: anamnezda o'tkazilgan miokard infarkti (BS guruhida 78,6%, O'MI guruhida 31,25%, P = 0,02). Shuningdek, O'MI guruhida Killip klassifikatsiyasiga ko'ra III-IV darajadagi o'tkir yurak etishmovchiligi ko'proq uchragan (18,75% O'MI guruhida, 3,6% BS guruhida, P = 0,05).

Bemorlarning psixo-emotsional holatini baholashda guruhlar o'rtasida tashvish va depressiya darajalari bo'yicha sezilarli farqlar aniqlangan. Ikkala guruhda ham reaktiv tashvishning o'rtacha darajasi aniq ustunlik ko'rsatgan. Shu bilan birga, beqaror stenokardiya guruhida shaxsiy tashvish darajasi sezilarli darajada yuqori bo'lib, guruh ichida (67,86% dan 0% gacha va 32,14%, P = 0,0000001) hamda O'MI guruhidagi reaktiv tashvish darajasiga nisbatan (67,86% dan 31,25% gacha, P = 0,02) yuqori bo'lgan. Aksincha, O'MI guruhida reaktiv tashvish darajasi o'rtacha darajaga moyil bo'lib, (50% dan 18,5% gacha va 31,25% gacha, P = 0,06) (1-jadval).

Jadval 1. Guruhlar va guruhlar o'rtasidagi tashvish va depressiyaning qiyosiy ma'lumotlari.

Table 1. Comparative data on anxiety and depression among groups and between groups.

Guruh	Darajasi	Spilberger-hanin shkalasi bo'yicha reaktiv (situatsion) baholash		
	past	o'rta	yuqori	P1
O'MI	2 (12,5%)	11 (68,75%)	3 (18,75%)	0,001
P2	0,05	0,76	0,23	
Nostabil steno	0 (0%)	18 (64,29%)	10 (35,71%)	0,0000003
		Spilberger-hanin shkalasi bo'yicha shaxsiy baholash		
O'MI	3 (18,75%)	8 (50%)	5 (31,25%)	0,06
P2	0,02	0,24	0,02	
Nostabil steno	0 (0%)	9 (32,14%)	19 (67,86%)	0,0000001
		Sungu depressiya shkalasi		
O'MI	2 (12,5%)	14 (87,5%)		0,000001
P2	0,02	0,11	0,002	
Nostabil steno	13 (46,43%)	4 (14,29%)	11 (39,29%)	0,01

* Zung shkalasi bo'yicha aniq depressiyaga uchragan bitta bemor qayd etilmagan, ** P1 - guruh ichida, *** P2 – guruhlar o'rtasida, **** farqlar ishonchli, p0,05 da

* No single patients with pronounced depression were recorded on the Zung scale, ** within group P1, *** between groups P2, **** differences are reliable, at p0.05

Depressiya darajasini baholash bo'yicha natijalar Depressiya darajasini baholashda birinchi navbatda shuni ta'kidlash lozimki, og'ir depressiya holatida bo'lgan bemorlar aniqlanmagan. Biroq, beqaror stenokardiya (NS) guruhida depressiya belgilari bo'lmagan bemorlar ko'pchilikni tashkil etgan: engil depressiya darajasi 46,43% dan 14,29% gacha, o'rtacha depressiya esa 39,29% tashkil qilgan (P = 0,01). Aksincha, O'MI guruhida o'rtacha depressiya bilan og'rigan bemorlar ancha yuqori darajada ustunlik qildi: depressiya belgilari bo'lmagan bemorlar faqat 12,5% tashkil qilib, engil depressiya holati 0% ni tashkil etdi (P = 0,000001). Guruhlar o'rtasida o'rtacha depressiya

bilan og'rigan bemorlarning nisbati O'MI guruhida 87,5% va NS guruhida 39,39% ni tashkil etdi ($P = 0,002$).

Klinik natijalar bo'yicha baholash O'MI guruhida kasalxonaga yotqizishni talab qilmaydigan angina pektorisining nisbatan yuqori chastotasi qayd etildi: bu ko'rsatkich 43,75% dan 17,9% gacha o'zgargan ($P = 0,05$). Shu bilan birga, rejalashtirilgan yoki kasallikning yomonlashuvi bilan bog'liq kasalxonaga yotqizish darajasi guruhlar o'rtasida sezilarli farq qilmagan (2-jadval).

O'lim, reinfarkt, o'tkir yurak etishmovchiligi (ONMC) va qon ketish bilan bog'liq oxirgi nuqtalar bo'yicha guruhlar o'rtasida sezilarli farqlar aniqlanmagan.

Jadval 2. Guruhlardagi so'nggi nuqtalar

Table 2. Final points within groups

YuKdan o'limi	1 (6,25%)	0,62	3 (10,7%)
Boshqa sabablar tufayli o'lim	0 (0%)	0,44	1 (3,6%)
Qayta infarkt	0 (0%)		0 (0%)
Stent trombozi	0 (0%)		0 (0%)
BMQAO'B	1 (6,25%)	0,18	0 (0%)
Qon ketishi	0 (0%)	0,44	1 (3,6%)
Rejalashmagan kasalxonaga yotish	3 (18,75%)	0,47	8 (28,6%)
Rejali ravishda kasalxonaga yotish	3 (18,75%)	0,63	7 (25%)
Qayta stentkash	0 (0%)	0,27	2 (7,1%)
Qayta AKSh	2 (12,5%)	0,55	2 (7,1%)
Kasalxonaga yotqizilmagan stenokardiya	7 (43,75%)	0,05	5 (17,9%)
Asoratlanmagan	3 (18,75%)	0,24	10 (35,7%)

* farqlar p 0,05 da ishonchli

* differences are reliable at p 0.05

Bundan tashqari, shuni ta'kidlash kerakki, SAPR bilan bog'liq 4 o'limdan 3 tasi yuqori reaktiv tashvishli bemorlarda qayd etilgan ($P = 0,02$)

Muhokama

Ma'lumki, shoshilinch yurak kasalliklarini, shu jumladan, o'tkir miokard infarkti (OMI)ni boshdan kechirgan bemorlarning aksariyati kasallikning qaytalanishining oldini olish bo'yicha tavsiyalarni, shu jumladan, davolanishga rioya qilishni e'tiborsiz qoldiradilar [15]. Bu holatda, kardioreabilitatsiyaning turli bosqichlarida bemorlarning psixologik holatiga etarlicha e'tibor bermaslik va yurak-qon tomir falokatiga moslashish uchun individual dasturlarning mavjud emasligi muhim rol o'ynaydi. Natijada, tibbiy va psixososyal prognoz ma'lumotlarining nomuvofiqligi yuzaga keladi va bu bemorning tiklanishini va uzoq muddatli natijalarini yomonlashtiradi [16]. I. Spilberger va Y. Xaninning ta'kidlashicha [17], reaktiv va vaziyatli tashvish, odamning tashqi xatti-harakatiga bog'liq bo'lib, bu uning shaxsiy tashvishi bilan to'g'ridan-to'g'ri bog'liq emas. Shaxsiy tashvish esa, shaxsning turli hayotiy vaziyatlarda, shu jumladan, ob'ektiv sabablarsiz ham, doimiy tarzda xavotirni boshdan kechirishga moyilligini ifodalaydi. Beqaror angina bilan og'rigan bemorlarda reaktiv tashvishning yuqori tarqalishi, albatta, bemorning klinik vaziyatdagi noaniqlik bilan bog'liq bo'lib, hayot uchun prognozning noaniq bo'lishi va mumkin bo'lgan noxush ssenariyni kutishdagi doimiy tashvish (psixogen omil) bilan izohlanadi. EPIC_Norfolk Buyuk Britaniya Prospektiv Koxorta Tadqiqoti og'ir xavotir-depressiv kasalliklarga chalingan bemorlarning o'limga olib keladigan koronar hodisani rivojlanish xavfi, xavotir-depressiv kasalliklarga chalingan bemorlarga qaraganda 2,7 baravar yuqori ekanligini isbotladi, boshqa an'anaviy boshqariladigan yoki o'zgartirilmaydigan xavf omillari mavjud yoki yo'qligidan qat'i nazar [18]. Olingan ma'lumotlarga ko'ra, reaktiv tashvishli SAPR bilan og'rigan bemorlar orasida yil davomida o'lim darajasi yuqori bo'lgan.

O'MI bilan og'rigan bemorlarda depressiv tendentsiyalarning ustunligi saprning uzoq tarixi — "kasallik tajribasining mavjudligi", vaziyat va kelajak istiqbollarini yanada dramatik baholash bilan bog'liq bo'lishi mumkin. O'MI va beqaror angina bilan og'rigan bemorlarda tashvish va depressiyani erta tashxislash, reaktiv psixogen omil va qon tomir-miya etishmovchiligining xavotir-depressiv kasalliklarning rivojlanishiga qo'shgan hissasini aniqlash juda muhimdir. Bu differentsial psixokorreksiya, davolanishga rioya qilishni kuchaytirish, doimiy fobik qo'shimchalar

bilan depressiyaning rivojlanishining oldini olish va salbiy prognoz xavfini kamaytirish uchun zarurdir. Kardioreabilitatsiya jarayonida psixologik qo'llab-quvvatlash bemorlarni ko'plab masalalar haqida chuqurroq o'ylashga undaydi. Xususan, bu kasallikning psixosomatik jihatlariga, shuningdek, bemorlarning klinik, ijtimoiy va psixologik xususiyatlarini hisobga olgan holda psixoterapiyaning turli usullariga tegishli. Kardioreabilitatsiyaning har bir bosqichida turli xil omillar, shu jumladan kasallikning rivojlanishiga ma'lum darajada ta'sir ko'rsatadigan ijtimoiy omillar hamda individual omillar paydo bo'ladi. Shuning uchun, YuIK bilan og'rigan bemorlarda xavotir-depressiv kasalliklarni o'rganish va o'z vaqtida, tabaqalashtirilgan psixokorreksiyaning amalga oshirish uchun qo'shimcha tadqiqotlar olib borish zarur.

Xulosa

O'MI bilan og'rigan bemorlarda depressiv tendentsiyalarning ustunligi uzoq muddatli SAPR tarixi va vaziyat hamda kelajak istiqbollarni yanada dramatik baholash bilan bog'liq bo'lishi mumkin. Bunga qarshi, beqaror angina bilan og'rigan bemorlarda reaktiv xavotirning ustunligi, bemorning klinik vaziyatning noaniqligi, hayotning qisqa muddatli prognozi va yuzaga kelishi mumkin bo'lgan noxush stsenariyni kutish bilan bog'liq bo'lib, bu psixogen omil sifatida alohida ahamiyatga ega.

Xavotir va depressiyaning erta tashxislash, shuningdek, reaktiv psixogen omil va qon tomirmiya etishmovchiligining beqaror angina va O'MI bilan og'rigan bemorlarda xavotir-depressiv kasalliklarning rivojlanishiga qo'shgan hissasini aniqlash, tabaqalashtirilgan psixokorreksiya va doimiy fobik qo'shimchalar bilan depressiyaning rivojlanishining oldini olish uchun muhim ahamiyatga ega.

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Authors' contribution.

Conceptualization: S.A. and N.S.; Methodology: A.N.; Software: S.A.; Validation: S.S. and Sh.B.; Formal Analysis: G.M.; Investigation: S.A. and A.N.; Resources: S.A.; Data Curation: N.S.; Manuscript Preparation and Writing — Original Draft: S.A.; Writing and Editing: G.M.; Visualization: S.S.; Supervision: Sh.B.; Project Administration: A.N. All authors reviewed and approved the published version of the manuscript.

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Data Availability Statement

No new data were created, or data are unavailable due to privacy or ethical restrictions.

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Conflict of interest

The authors declare no conflicts of interest.

Qisqartmalar

O'MI	O'zbekiston milliy innovatsiyalari
SAPR	Sistema avtomatizirovannogo proektirovaniya
EPIC	Electronic Privacy Information Center
ONMC	O'tkir miya qon-tomir kasalligi
KSH	Ko'krak suti bezi hibsiyeti
SHOKS	Shoshilinch o'tkir koron sindrom
ASK	orta stenoz kasalligi
RIKIATM	Respublika ixtisoslashtirilgan kardiologiya ilmiy-amaliy tibbiyot markazi

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Nashriyot javobgar emas/ eslatmasi:

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