



THE EFFECT OF PHARMACOTHERAPY ON THE QUALITY OF LIFE OF PREGNANT WOMEN WITH ARTERIAL HYPERTENSION

Kamolova Diyora Djamshedovna
Khusainova Munira Alisherovna
Ergasheva Ma'mura Tashtemirovna
Uzokov Jurabek Bakhtiyorovich
Samarkand State Medical University

Article history:

Received: August 14th 2023
Accepted: September 14th 2023
Published: October 16th 2023

Abstract:

However, women, due to their biological and social characteristics, also have problems specific to them related to their reproductive function.

In this regard, the question cannot but arise on the definition and study of the quality of life of pregnant women. Despite the short duration and transience of the pregnancy period in a woman's life, it is at this time that she is most exposed to adverse physical, psychological, and social factors, which determines the change in the quality of her life. Arterial hypertension (AH) during pregnancy more than 20 years ago was characterized by the World Health Organization as one of the most important international medical problems. The frequency of hypertensive conditions in pregnant women in different regions of Russia ranges from 7 to 29%.

THE PURPOSE OF THE WORK

To determine the effect of antihypertensive therapy on the change in the quality of life in pregnant women with hypertension.

MATERIALS AND METHODS

The study involved 52 pregnant women aged 30-36 weeks (third trimester), who had an increase in blood pressure (BP) to 140/90 mm Hg before pregnancy or during the first 20 weeks of pregnancy. The average age was 27 years, 40 pregnant women (76.9%) were under 30 years old. However, despite their youth, more than half of pregnant women (53.8%) were overweight (body mass index > 29). 11 women (21%) smoked before and continued to smoke during pregnancy. The majority of pregnant women – 40 people (78.8 %) – had a burdened po family history of hypertension, 18 pregnant women (34.6%) led a sedentary lifestyle.

RESEARCH RESULTS AND THEIR DISCUSSION

The distribution of the sum of the response points after treatment significantly differed from the results of the survey before treatment. If , before treatment, patients with the sum of responses up to 30 points prevailed , they were 69,2 % (54,9–81,3 %), – after treatment, the proportion of such patients was only 44.2% (30.5–58.7%; $p = 0.0115$).

There was also a significant increase in the number of responses "3" and "4" after treatment. If before treatment 63.5% (49.0–76.4%) were patients whose responses had negative ratings of "3" and "4" no more than 2 times, then after treatment, the proportion of such patients decreased to 46.2% (32.2–60.5%). At the same time, the treatment did not lead to extremely negative shifts in the self-assessment of the condition, since there was no significant increase in the number of "4" ratings.

CONCLUSION

Thus, against the background of hypotensive treatment of pregnant women with hypertension significantly worsens quality of life. The most pronounced negative self-esteem is observed in matters of psychological well-being. The deterioration of physical well-being is associated with the progression of pregnancy, not with the disease.

Keywords: arterial hypertension, pregnant woman, quality of life, antihypertensive therapy.



INTRODUCTION

The health of a nation is determined mainly by the health of persons of fertile age, their ability to reproduce the population and the quality of offspring. As numerous gender studies show, men and women have the same health problems caused by social factors, the environment, working conditions, and psychological state. However, women, due to their biological and social characteristics, also have problems specific to them related to their reproductive function.

In this regard, the question cannot but arise on the definition and study of the quality of life of pregnant women. Despite the short duration and transience of the pregnancy period in a woman's life, it is at this time that she is most exposed to adverse physical, psychological, and social factors, which determines the change in the quality of her life.

Experience in practical healthcare shows that when patients have almost the same objective data, they differ in their perception of their own position in life, needs, goals, prospects, interests, i.e. quality of life (QOL). The negative demographic situation in Uzbekistan dictates the need to identify and analyze the causes affecting the health of pregnant women.

Arterial hypertension (AH) during pregnancy more than 20 years ago was characterized by the World Health Organization as one of the most important international medical problems. The frequency of hypertensive conditions in pregnant women in different regions of Russia ranges from 7 to 29%.

Chronic hypertension (hypertension, renal hypertension) is detected in 6 % pregnant women, and patients with hypertensive conditions – in every third or fourth observation. Hypertension is a common cause of maternal and perinatal morbidity and mortality worldwide. Therefore, an urgent problem is effective antihypertensive therapy in pregnant women, prescribed and conducted jointly by therapists and obstetricians.

This topic has been the subject of long-standing study and discussion. However, we were also interested in another aspect of this problem. We have not found any data in the literature on the study of QOL in pregnant women suffering from hypertension.

THE PURPOSE OF THE WORK

To determine the effect of antihypertensive therapy on the change in the quality of life in pregnant women with hypertension.

MATERIALS AND METHODS

The study involved 52 pregnant women aged 30-36 weeks (third trimester), who had an increase in blood pressure (BP) to 140/90 mm Hg before pregnancy or during the first 20 weeks of pregnancy. The average age was 27 years, 40 pregnant women (76.9%) were under 30 years old. However, despite their youth, more than half of pregnant women (53.8%) were overweight (body mass index > 29). 11 women (21%) smoked before and continued to smoke during pregnancy. The majority of pregnant women – 40 people (78.8 %) – had a burdened family history of hypertension, 18 pregnant women (34.6%) led a sedentary lifestyle.

Despite the young age of the examined pregnant women and the absence of a long history of the disease, damage to target organs (left ventricular hypertrophy, retinal angiopathy) was registered in 19 women (36.5%). Treatment of hypertension before pregnancy was received by 27 women (51.9%), but only 2 (3.8%) took verapamil on a planned basis, the rest were more characterized by an irregular one-time intake of sedatives, antispasmodics and other drugs of symptomatic therapy.

All pregnant women were admitted to the department of pregnancy pathology of the SAMMU clinic in the direction of a women's consultation due to increased blood pressure and the lack of effect from outpatient treatment. All pregnant women were examined, which included a standard set of general clinical and obstetric studies according to "Industry standards for the scope of examination and treatment in obstetrics, gynecology and perinatology." Also, all pregnant women underwent daily blood pressure monitoring (SMAD) using the OMRON MIT device (Germany) to determine the daily blood pressure profile and prescribe adequate hypotensive therapy.

Based on the SMAD data, assessment of the daily blood pressure profile, type of blood circulation, pregnant women were prescribed dopegit (250-750 mg / day.), atenolol (10-100 mg / day.), cordaflex (5-20 mg / day.), as well as sedatives, antiplatelet agents, antispasmodics, magnesia therapy.

QL was studied using a questionnaire including 31 questions. The pregnant woman fills out the questionnaire herself, reflecting in it various aspects of physical, psychological and social well-being, giving an assessment in points from 0 to 4 (0 – no, 1 – slightly, 2 - significantly, 3 – strongly, 4 – very strongly).

The data analysis was carried out by summing up the values of the indicators obtained during the survey.



The presence of the total indicator made it possible to compare the obtained data on QOL in the same patient in dynamics. The study of QL was performed before the appointment of antihypertensive therapy (on the day of admission to the hospital) and 3 weeks after the start of treatment.

RESEARCH RESULTS AND THEIR DISCUSSION

The distribution of the sum of the response points after treatment significantly differed from the results of the survey before treatment. If , before treatment, patients with the sum of responses up to 30 points prevailed , they were 69,2 % (54,9–81,3 %), – after treatment, the proportion of such patients was only 44.2% (30.5–58.7%; $p = 0.0115$).

There was also a significant increase in the number of responses "3" and "4" after treatment. If before treatment 63.5% (49.0–76.4%) were patients whose responses had negative ratings of "3" and "4" no more than 2 times, then after treatment, the proportion of such patients decreased to 46.2% (32.2–60.5%). At the same time, the treatment did not lead to extremely negative shifts in the self-assessment of the condition, since there was no significant increase in the number of "4" ratings.

According to the qualitative analysis, the revealed changes in the responses concerned all groups (physical, psychological, social well-being). To the greatest extent, this affected psychological issues, in 7 cases, pregnant women's self-esteem deteriorated. In particular, anxiety for the child's health has increased, concern about the negative effects of medications taken on the fetus, the need to stay in the hospital and be constantly treated, an increased sense of depression and deterioration For example, pregnant women noted an increase in involuntary fixation on blood pressure, expecting its increase. The deterioration of self-esteem in social terms was caused by the need for additional material costs for treatment, difficulties in implementing the usual rest, the need to limit yourself in eating, quitting smoking. Physically, the negative assessments concerned the need to limit physical exertion and the difficulty of housework, which are most likely related to pregnancy as such, and not to hypertension.

CONCLUSION

Thus, against the background of hypotensive treatment of pregnant women with hypertension significantly worsens quality of life. The most pronounced negative self-esteem is observed in matters of psychological well-being. The deterioration

of physical well-being is associated with the progression of pregnancy, not with the disease.

LITERATURE

1. Alisherovna, K. M., Djamshedovna, K. D., Totlibayevich, Y. S., & Boymamatovna, E. F. (2022). The Effectiveness of the Original Drug Trimetazidine MV in Patients with Stable Ischemic Heart Disease and Persistent Angina Attacks Against the Background of the Use of Trimetazidine Generics. *Miasto Przyszłości*, 30, 235-238.
2. Alisherovna, K. M., Jamshedovna, K. D., Totlibayevich, Y. S., & Xudoyberdiyevich, G. X. (2022). FEATURES OF THE QUALITY OF LIFE OF PATIENTS WITH CHRONIC RENAL FAILURE IN THE TREATMENT OF HEMODIALYSIS. *Spectrum Journal of Innovation, Reforms and Development*, 7, 76-81.
3. Djamshedovna, K. D. (2021). Echocardiographic signs F chf in patients with essential hypertension.
4. Djamshedovna, K. D., Alisherovna, K. M., Xudoyberdiyevich, G. X., & Rustamovich, T. D. (2023). EFFECTIVENESS OF ANTIHYPERTENSIVE THERAPY IN PREGNANT WOMEN. *Spectrum Journal of Innovation, Reforms and Development*, 12, 137-144.
5. Erkinovna, K. Z., Khabibovna, Y. S., & Abrorovna, V. N. (2023). MONITORING OF QUALITY OF LIFE IN PATIENTS WITH ARTERIAL HYPERTENSION OF OLDER AGE GROUPS. *Academia Science Repository*, 4(5), 276-285.
6. Habibovna, Y. S., & Bo'Riboyevich, N. M. (2020). Surunkali Glomerulonefrit Bilan Og 'Rigan Bemorlarda Arterial Qon Bosimining Sutkalik Monitoring Ko 'Rsatkichlarini Baxolash. *Journal of cardiorespiratory research*, 1(1), 103-108.
7. Jamshedovna, K. D., Alisherovna, K. M., Davranovna, M. K., & Xudoyberdiyevich, G. X. (2022). Epidemiology And Features Of Essential Therapy Hypertension In Pregnant Women.
8. Jamshedovna, K. D., Alisherovna, K. M., Erkinovna, K. Z., & Davranovna, M. K. (2022). LEFT VENTRICULAR SYSTOLIC DYSFUNCTION IN PREGNANT WOMEN WITH PRE-ECLAMPSIA WITHOUT PROTEINURIA. *Spectrum Journal of*



- Innovation, Reforms and Development*, 10, 135-140.
9. Khabibovna, Y. S., Alisherovna, K. M., Nizamitdinovich, K. S., & Totlibayevich, Y. S. (2023). FEATURES OF HEART FAILURE IN PATIENTS WITH THYROTOXICOSIS. *Journal of new century innovations*, 29(1), 89-97.
 10. Khabibovna, Y. S., Alisherovna, K. M., Tashtemirovna, E. M. M., & Baxtiyorovich, U. J. (2023). THE EFFECTIVENESS OF THYROSTATICS IN THE TREATMENT OF. *Journal of new century innovations*, 29(1), 79-88.
 11. Khabibovna, Y. S., Alisherovna, K. M., Tashtemirovna, E. M. M., Totlibayevich, Y. S., Nizamitdinovich, K. S., & Baxtiyorovich, U. J. (2023). DIAGNOSTIC VALUE OF CYSTATIN C IN PATIENTS WITH HYPERTENSION AND OBESITY. *World Bulletin of Public Health*, 22, 55-59.
 12. Khabibovna, Y. S., Zhamshedovna, K. D., Davranovna, M. K., & Yusuphovich, N. F. (2022). FUNCTIONAL STATE OF THE MYOCARDIA IN DEVELOPMENTAL PATHOGENESIS CHRONIC HEART FAILURE IN PATIENTS WITH HYPERTENSION. *Novateur Publications*, 1-72.
 13. Khusainova, M. A., Ergashova, M. M., Eshmamatova, F. B., & Khayitov, S. M. (2023). Features of quality of life indicators in patients with pneumonia. *Science and Education*, 4(2), 138-144.
 14. Khusainova, M. A., Toirov, D. R., Khaydarov, S. N., & Kamolova, D. D. (2023). MORPHOFUNCTIONAL PARAMETERS OF THE HEART IN WOMEN SUFFERING FROM ESSENTIAL ARTERIAL HYPERTENSION IN POSTMENOPAUSE AND ON THE BACKGROUND OF TREATMENT. *Oriental renaissance: Innovative, educational, natural and social sciences*, 3(1), 322-330.
 15. Nazarov, F. Y., & Yarmuxamedova, S. X. (2023). Shifoxonadan tashqari pnevmoniyaning kattalarga uchraydigan klinik xususiyati. *Science and Education*, 4(5), 608-616.
 16. Rustamovich, T. D., Alisherovna, K. M., Djamshedovna, K. D., & Nizamitdinovich, K. S. (2023). Features of the Psychoemotional Status of Patients with Rheumatoid Arthritis. *Miasto Przyszłości*, 32, 23-30.
 17. Rustamovich, T. D., Alisherovna, K. M., Nizamitdinovich, K. S., & Djamshedovna, K. D. (2022). Gastrointestinal Conditions in Rheumatoid Arthritis Patients. *Texas Journal of Medical Science*, 15, 68-72.
 18. Tashtemirovna, E. M. M., & Jamshedovna, K. D. (2023). Arterial hypertension in postmenopausal women. *Eurasian Medical Research Periodical*, 17, 74-78.
 19. Totlibayevich, Y. S. (2022). Circadian rhythm blood pressure in patients heart failure in renal dysfunction.
 20. Uzokov, J. B., Khusainova, M. A., Eshmamatova, F. B., & Mamadiyorova, M. M. (2023). Correction of violations rheology of blood in ischemic heart disease. *Science and Education*, 4(2), 153-159.
 21. Xudoyberdiyevich, G. X., Alisherovna, K. M., Rustamovich, T. D., & Djamshedovna, K. D. (2023). QUALITY OF LIFE IN PATIENTS WITH GOUT. *Spectrum Journal of Innovation, Reforms and Development*, 12, 156-164.
 22. Xusainova, M. A., Bekmurodova, M. S., & Kamolova, D. D. (2023). Postmenopauza davridagi ayollarda arterial gipertenziya. *Science and Education*, 4(5), 653-660.
 23. Yarmukhamedova, S., Nazarov, F., Mahmudova, X., Vafoeva, N., Bekmuradova, M., Gaffarov, X., ... & Xusainova, M. (2020). Features of diastolic dysfunction of the right ventricle in patients with hypertonic disease. *Journal of Advanced Medical and Dental Sciences Research*, 8(9), 74-77.
 24. 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).
 25. Эргашева, М. Т. (2022). АРТЕРИАЛЬНАЯ ГИПЕРТЕНЗИЯ У ЖЕНЩИН В ПОСТМЕНОПАУЗЕ. *Журнал кардиореспираторных исследований*, (SI-2).
 26. Ярмухамедова, С. Х. (2016). Структурно-функциональное состояние правого желудочка у больных артериальной гипертензией. *Национальная ассоциация ученых*, (1 (17)), 17-17.
 27. Ярмухамедова, С. Х., & Норматов, М. Б. (2020). Изучение особенностей суточного мониторинга артериального давления



- у больных хроническим
гломерулонефритом. *Молодой ученый*, (38),
48-51.
28. Ярмухамедова, С. Х., Бекмурадова, М. С., &
Назаров, Ф. Ю. (2020). Диагностическая
ценность натрийуретического пептида при
выявлении пациентов с бессимптомной
систолической или диастолической
дисфункцией. *Достижения науки и
образования*, (8 (62)), 84-88.
29. Ярмухамедова, С. Х., Норматов, М. Б., &
Вафаева, Н. А. (2020). Особенности
суточного профиля артериального давления
у больных хроническим
гломерулонефритом. *Достижения науки и
образования*, (11 (65)), 69-72.
30. Ярмухамедова, С., & Амирова, Ш. (2021).
Оценка геометрических параметров сердца
у больных аг по данным стандартной
эхокардиографии. *Журнал биомедицины и
практики*, 1(3/2), 105-110.