



## FEATURES OF THE QUALITY OF LIFE IN PATIENTS WITH PNEUMONIA

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### Abstract:

Over the past decade, there has been an increased interest in the study of quality of life (QOL) as a new integral indicator describing the most important human functions and allowing for a deep multidimensional analysis of changes in these functions during the development of the disease and their recovery against the background of treatment. Approaches to the study of quality of life in various diseases have the necessary time intervals: short-term and long-term indicators of quality of life. The analysis of the nearest parameters is mainly based on subjective feelings of the patient. In this category, the symptoms of the disease, complaints, temporary disability are considered, which determine a short-term decrease in the quality of life. The assessment of long-term indicators depends on the survival rate of patients and the frequency of necessary hospitalizations. At the same time, symptoms and complaints affecting the long-term prognosis of the disease are analyzed (the rate of progression of the process, persistent disability, reduced life expectancy, loss of social activity, dependence on medications or constant medical supervision monitoring, etc.).

**Keywords:** Quality of life, functional abilities, general health, life satisfaction

### INTRODUCTION

To assess QOL in clinical and population studies, it is advisable to identify 3 main components that characterize the medical aspects of quality of life:

1. Functional abilities are the ability to perform daily activities, social, intellectual, emotional functions and achieve economic security;
2. Perception is a person's views and judgments about the values of the above components, the perception of the general state of health, the level of well-being, life satisfaction;
3. Symptoms and their consequences - they are a consequence of the underlying or concomitant diseases that decrease or disappear as a result of the intervention, may appear due to side effects of drugs or the progression of the process.

It is important to understand that with the help of quality of life analysis, it is not the degree of violations that is assessed, but how a person tolerates the disease. Study QL can show an improvement in the emotional, psychological, social and physical status of the patient, but the disease does not regress and can even progress significantly. Thus, many experts consider the functional state to be an indicator of the quality of life, but it should be considered as the ability of an individual at a given time to perform a task or function that should have a specific result.

Traditionally, the criteria for the effectiveness of treatment in clinical trials are physical data and laboratory parameters. Despite the fact that standard biomedical parameters are often the main criteria for the effectiveness of treatment in clinical tests, they do not reflect the well-being of the patient and his functioning in everyday life.

In some diseases, the patient's assessment of his condition is the most important indicator of health.

The purpose of the study. To establish the relationship between the severity of the disease and the level of quality of life in hospitalized patients with VP and to evaluate the clinical and cost-effectiveness of therapy.

### MATERIALS AND METHODS

It is generally recognized that QL is a multidimensional concept and reflects the impact of the disease and treatment on the patient's well-being. The patient has QL characterizes how the physical, emotional and social well-being of the patient changes under the influence of the disease or its treatment. In some cases, this concept also includes the economic and spiritual aspects of the patient's functioning.

Currently, the patient's quality of life is important, and in some cases, the main criterion for determining the effectiveness of treatment is carried out in clinical trials, therefore serious attention should be paid to the methods of its assessment and analysis. We used the



methodology of the Quality of life research (International Society for Quality of Life). Research - ISOQOL), which has passed scientific examination and is generally recognized. The main components to be studied during the development of the disease and evaluation of the effectiveness of its treatment are the physical, psychological and social well-being of the patient. The results obtained became the basis for the development of recommendations for the standardization of treatment methods based on the quality of life of patients and the introduction of principles of evidence-based medicine in clinical practice.

Acute and chronic nonspecific lung diseases (COPD) are accompanied by impaired exercise tolerance due to prolonged tissue hypoxia. The palette of disorders in patients is quite diverse - it is a lack of energy, a decrease in vitality, a sense of anxiety, increasing dependence on other people and a number of other psychological and social problems, including disability. The study of QOL in acute and chronic heart failure provides important additional information about the effect diseases and treatments on the patient's condition.

Comparing the indicators with those of healthy subjects allows us to assess the severity of the disease's impact on the physical, psychological and social functioning of the patient, helps to expand the range of standard parameters for evaluating the effectiveness of therapy and to more accurately and reasonably judge the effectiveness of treatment.

Acute and chronic non-obstructive pulmonary diseases (CHF) are progressive diseases and, as a rule, are accompanied by a marked decrease in quality of life indicators. The study of QOL in this category of patients allows us to evaluate both the positive results of therapy and its side effects. Comparing the indicators of QOL in patients with NSL with those in healthy ones, we got an idea of the nature and severity of the disease's effect on the physical, psychological and social status of the patient. The results of the QL study indicate that compared with the general population, patients with NSL have lower levels of energy, physical activity and more pronounced sleep disorders.

The control group consisted of 25 people from a representative sample the population of Samarkand, who by gender and age corresponded to the group of patients with community-acquired pneumonia (VP).

The quality of life was assessed using the SF-36 questionnaire. Patients independently filled out the SF-36 questionnaire on the following points:

- at the time of admission to the hospital, in the acute phase of the disease - before starting treatment (1st point);
- 21 days after the start of treatment in the early recovery phase (2nd point); remission occurs 2 months after the start of treatment (3rd point).

## **RESULTS AND DISCUSSION**

Below are the results of the study of the quality of life of 25 patients with VP and healthy people obtained during our study. Men prevailed among the patients (69.3%), the average age was  $44 \pm 0.6$  years, the vital capacity of the lungs was  $56.3 \pm 14.8\%$ , the volume of forced exhalation in 1 s was  $49.7 \pm 6.9\%$  (from normal values). All patients were hospitalized for inpatient treatment in the acute phase of the disease.

During their stay in the clinic, all patients received standard therapy: antibiotics, expectorants, bronchodilators, inhalation bronchodilators. The lowest indicators QL on all scales of the questionnaire were before the start of treatment; the indicators of role functioning suffered more (RFF -  $32.4 \pm 5.4$  points, FF -  $38.2 \pm 5.6$  points, REF -  $42.4 \pm 5.7$  points), to a lesser extent - related to the psychological component of health (SF -  $44.7 \pm 5.7$  points, PP -  $58.1 \pm 5.7$  points). 21 days after the start of treatment, all indicators of quality of life improved statistically significantly ( $p < 0.01$ ). The most positive dynamics was characteristic of the city's schools. In general, the indicators of the scales of the physical component of health (FF, B, RFF) on the 21st day of treatment, they significantly improved and were not inferior to the parameters of psychological health, with the exception of the O3 scale (this indicator was the lowest -  $53.2 \pm 5.7$  points). After 2 months after the start of treatment, QOL indicators continued to improve. Statistically significant changes compared to the previous point of the survey were obtained on all scales ( $p < 0.01$ ; PZ -  $p < 0.05$  scale), except for the oz scale. Thus, during the treatment there was a significant improvement in all parameters of the quality of life. To a greater extent, against the background of therapy, the indicators of role functioning (RFF and REF) improved, which 2 months after the start of treatment reached the maximum value ( $92.1 \pm 3.1$  and  $89.3 \pm 3.5$  points, respectively), as well as the index of the FF scale (increased by 1.8 times). To a lesser extent, the positive dynamics concerned the OZ indicator, which remained the lowest after 21 days and 2 months of treatment among all the parameters of the quality of life. To assess the severity



of the changes, the quality of life indicators of patients were compared with those in the control group. In the active phase of the VP, the QL indicators were significantly lower than in the control group (the differences are statistically significant on all scales). during the treatment, the role, psychological and social functioning of patients have significantly improved. So, 2 months after the start of treatment, the indicators of the G, PZ, SF and OZ scales became commensurate with those in healthy people, and the role of functioning, especially the RFF index, was higher than in the control ( $p < 0.05$ ). Nevertheless, the FF index remained below the population norm after 2 months ( $p < 0.01$ , respectively). Thus, a study of the quality of life of patients with VP using SF-36 was conducted. The general questionnaire revealed a significant decrease in all indicators in the active phase of the disease: role functioning (RFF and REF) suffered more; indicators of physical health in general were worse than psychological. When compared with the control group, it was found that the disease worsens the quality of life of patients, it affects all spheres of life - physical, emotional, role-playing, psychological, social functioning. After 2 months of standard therapy, a number of quality of life indicators improved significantly, and only the indicator of physical functioning remained lower than in the control group. Thus, individual monitoring of QOL should be carried out before the start of treatment, during treatment, as well as at the stages of early and late rehabilitation. Here there is a predictive value of the results of the assessment of the quality of life. The results obtained before the start of treatment provide valuable information about the possible outcome of the disease when using a particular treatment method and, thus, assistance in choosing the right tactics for the management of the patient. The assessment of the quality of life allows the doctor to conduct constant monitoring during the disease and, if necessary, adjust therapy.

## CONCLUSION

So, the main directions of modern medicine, where the assessment of the quality of life can be applied, are: first, high-quality individual monitoring of the patient's condition; secondly, the development of predictive models of the course and outcome diseases; thirdly, the development of fundamental principles of palliative medicine; fourth, the development of rehabilitation programs; fifth, the examination of new treatment methods; sixth, conducting socio-medical population studies with the identification of risk groups and

ensuring dynamic monitoring of risk groups and evaluation of the effectiveness of preventive programs; seventh, the economic justification of treatment methods taking into account the indicators "price - quality", "economic efficiency".

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