



THE INFLUENCE OF STRESS LEVELS ON THE QUALITY OF LIFE OF DERMATOVENEROLOGICAL PATIENTS.

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Article history:	Abstract:
Received: 22 th January 2024 Accepted: 14 th March 2024	Today, skin diseases are classified as psychosomatic pathologies. For this purpose, studying the concept of "stress" and determining its impact on the quality of life of dermatovenerological patients represents an urgent problem for the healthcare system. Considering that the connection between disorders of the nervous system and skin diseases has been known for a long time, diagnosing disorders in the psycho-emotional sphere of the patient has always remained problematic, therefore changes in the psychological status of patients with various dermatoses were classified as secondary phenomena, and were considered a consequence of the underlying disease.

Keywords: Stress, quality of life, skin diseases, HADS

INTRODUCTION:

Stressful influences associated with various emotional experiences accompany us throughout our lives. If a little stress, in the opinion, can be stimulating in nature and contribute to fruitful activity, bringing positive emotions, then the consequences of excessive, especially chronic, stress are difficult to overestimate. G. Selye formulated the theory of stress response, which he called the general adaptation syndrome. General adaptation syndrome is a universal reaction of the body to stress, consisting of three phases: anxiety, resistance and exhaustion. If stress continues, the body enters the resistance stage, during which physiological changes stabilize and the body begins to function under increased stress. Physiological arousal continues to be higher than normal, but may begin to decrease as the body becomes accustomed to the threat. Next, the body's reaction can move into the third stage, called the exhaustion stage. The body's resources for coping with stress are limited. If stress cannot be overcome, these resources are depleted and physiological arousal decreases. The body may die from exhaustion. "Adaptation diseases" arise: stomach ulcers, hypertension, neurodermatosis. Thus, the initiating factor in the occurrence of diseases is stress [5, 8, 9]. Stress is associated with certain pathophysiological changes, an imbalance in the mechanism of response to stress leads to illness, and the need to adapt for a long time to one or another unfavorable factor, and even worse, to their abundance, leads to exhaustion and disruption of adaptation mechanisms [4, 10]. Psycho-emotional stress in a person throughout life can be caused by a variety of traumatic situations and factors: family conflicts, quarrels, divorce, betrayal,

loneliness; change of place of residence, conflicts with colleagues, insults from others, own illness, injuries, operations; serious illness or death of loved ones; material and living conditions, serious material damage; the shame of falling prestige; change of job (study), conflicts and overstrain at work (study), fright, etc. It has been noted that all of these, even one-time traumatic situations, can become a trigger for one or another pathophysiological process. In this case, psychotraumatic influences should be divided into external ones, coming from the surrounding everyday and social environment, and internal ones, caused by the patient having a cosmetic defect in the form of the psychosomatic illness itself. Thus, studying the influence of stress in patients with skin diseases is very interesting.

PURPOSE OF THE STUDY: To study the effect of stress on the quality of life of patients with skin and sexually transmitted diseases.

MATERIALS AND METHODS:

To achieve the purpose of the study, the following methods were chosen: Analysis and synthesis of literary sources on the research topic, analysis of medical documentation, psychodiagnostics (questionnaire and survey), quantitative and qualitative data analysis. We used a questionnaire that included information on the level of anxiety and depression according to the hospital HADS scale, the value of the dermatological quality of life index DLQI, and the quality of life index according to the SF-36 questionnaire.

The sample of people involved in the study consisted of 60 people, of which 30 people had skin and venereal



diseases and 30 were healthy (control group). The study was conducted on the basis of the regional and Republican dermatovenerological dispensary in the city of Tashkent.

RESULTS AND ITS DISCUSSION:

When analyzing the data obtained during the study, it was revealed that the severity of anxiety and depression in dermatovenerological patients (30 patients) exceeds that in the control group (30 people): 17.0 ± 1.5 and 11.6 ± 1.2 respectively ($P=0.005$). Moreover, according to the HADS scale, these patients on average have clinically significant anxiety and depression (with a HADS score >11). The average value of the dermatological index of quality of life in dermatovenerological patients is 9.1 ± 1.4 points, which, of course, means a moderate impact of the skin process on the patient's quality of life. Accordingly, among individuals in the control group, the average value is 1.8 ± 0.6 points, which indicates an insignificant effect ($P=0.0001$). A high value of the dermatological index in most cases occurs in dermatovenerological patients with a high level of anxiety/depression (with DIQ: 21-30 / HADS = 32.3 ± 1.2). In women (9.8 ± 2.1 points) compared with men (8.0 ± 1.5 points) and in persons over 50 years of age (10.3 ± 2.1 points) compared with patients under 50 years of age (5.5 ± 1.8 ; 9.5 ± 3.9 points) the dermatological index significantly exceeds the indicators of the control group (1.8 ± 0.6 points). Thus, the level of the physical component decreases (GH= $50.0 \pm 3.4\%$, 4% general health, RP= $39.2 \pm 7.5\%$ physical functioning) and psychological (RE= $37.6 \pm 7.8\%$ emotional functioning, SF= $70.8 \pm 4.8\%$ social functioning, VT= $47.8 \pm 4.4\%$ vital activity, MH= $51.7 \pm 4.1\%$ mental health). Due to deteriorating health status, the physical activity of dermatovenerological patients decreases (RP= $39.2 \pm 7.5\%$), which limits a person's daily activities (SF= $70.8 \pm 4.8\%$), the patient's assessment of the health status also decreases significantly (GH= $50.0 \pm 3.4\%$), the person gets tired faster and regains strength more slowly, his vital activity decreases. (VT= $47.8 \pm 4.4\%$) In patients with skin diseases and sexually transmitted infections, social contacts are significantly limited, the level of communication decreases due to deterioration of physical and emotional condition (RE= $37.6 \pm 7.8\%$). These patients have depressive and anxious experiences, which indicate their obvious mental ill-being (MN = $51.7 \pm 4.1\%$). When analyzing the data obtained, attention is paid to justifiable patterns. The maximum values of the dermatological index (a very strong influence of the skin process on the quality of life

- 14.7 ± 6.4 points) and the level of anxiety/stress (clinically pronounced depression - 26.7 ± 3.3 points) are those patients who experienced the death of a spouse /spouses. It was noted that the better and more friendly the surrounding people treat the patient's illness, the lower the level of anxiety/depression (15.1 ± 2.1 points).

CONCLUSION:

1. In dermatovenerological patients, the physical and psychological components are significantly reduced.
2. With age, both the level of anxiety/depression and the value of the dermatological index increase in dermatovenerological patients.
3. Women are more prone to anxiety and depression compared to men and have clinically more severe skin conditions.
4. The maximum values of the dermatological index and level of anxiety/stress are found in those patients who experienced the death of their spouse.
5. The better and more friendly the surrounding people treat the disease of a dermatovenerological patient, the lower the patient's level of anxiety/depression.

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