



## THE IMPORTANCE OF IMPROVING THE MENTAL STATE OF PATIENTS WITH TUBERCULOSIS

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### Annotation

Currently, tuberculosis is one of the most common socially significant diseases in the world and is accompanied by certain mental disorders, known as a serious somatic disease. Ipoxondric disorders occupy an important place in the psychological picture of tuberculosis. Alienation, separation personality disorder is accompanied by schizoid thinking and reasoning, which leads to a violation of mutual relations. Disorders of the psychological state are characteristic both for patients with tuberculosis, which are detected for the first time, and for men and women who have been sick for a long time. From the resulting interdependence, it follows that the replacement of the patient's usual coping strategies (moving away, avoiding) with flexible strategies (social assistance taking responsibility) can positively change the patient's attitude to the disease. This in turn leads him to achieve greater efficiency in the fight for the prospects of treatment, the recovery of Health. Almost all patients with pulmonary tuberculosis, who participated in the work of Correction and development, have increased their flexibility abilities. An important result was that the medical staff showed positive changes in the behavior of patients with pulmonary tuberculosis, their willingness to show sympathy and, most importantly, their willingness to cooperate in the fight against the disease.

**Keywords:** ftiziatics, patient, medical staff, social assistance, treatment.





## Relevance

Currently, tuberculosis is one of the most common socially significant diseases in the world and is accompanied by certain mental disorders, known as a serious somatic disease. Ipoxondric disorders occupy an important place in the psychological picture of tuberculosis. Alienation, separation personality disorder is accompanied by schizoid thinking and reasoning, which leads to a violation of mutual relations. Disorders of the psychological state are characteristic both for patients with tuberculosis, which were first detected, and for men and women who have been ill for a long time [2,9,11,13].

**Relevance.** Currently, tuberculosis is one of the most common socially significant diseases in the world and is accompanied by certain mental disorders, known as a serious somatic disease. Ipoxondric disorders occupy an important place in the psychological picture of tuberculosis. Alienation, separation personality disorder is accompanied by schizoid thinking and reasoning, which leads to a violation of mutual relations. Disorders of the psychological state are characteristic both for patients with tuberculosis, which were first detected, and for men and women who have been ill for a long time [2,9,11,13].

**Purpose of the study.** To develop a psychological support program for patients in this group, identify strategies for combating the disease of patients with pulmonary tuberculosis, the individual's defenses, and the types of attitudes towards the disease.

**Materials and methods of verification.** As an experimental research subject, 145 patients aged 25 to 55 years of age, i.e. 83 women and 62 men were studied. Control group - individuals without somatic diseases (n= 81) at the time of the study, research groups - patients with first identified pulmonary tuberculosis (n = 37), patients with chronic pulmonary tuberculosis (n = 27). The following methods were used in the study: R.Lazarus and S.Folkman's survey of ways of Coping Questionnaire (WCQ) overcoming methods; V.V. Boycott's methodology for determining the dominant strategy of psychological protection in communication; method for determining the type of attitude to the disease (GMT).

Statistical processing of the results of the survey was carried out using the MS Exel program and statistical data analysis computer program. Non-parametric criterion, Mann-Whitney criterion were used to compare the data for the analysis.

**The results** of the examination and their discussion. At the first stage of processing the received data using the KMT method, the sum of the selection (n = 145) was checked by the criteria of meyorga Kolmogorov - Smirnov, but it turns out



exactlylanm. At the second stage, the differences between the research groups and their significance were studied. Since the sum of the choices did not correspond to the law of Meyor, a non-parametric criterion, Mann-Whitney criterion, was used to compare the data for further analysis.

Compared with patients with pulmonary tuberculosis detected for the first time, a clearly developed coping - strategy in the  $p < 0.05$  N°2 – group with moderate significance, IE, resistance to aging, social assistance izlash, escape strategy was observed-the control group (N°1-healthy people) and the Research Group N° 2.

In addition, when the dominant strategy of communication was studied, a high score on the scale of avoidance was found: in 58% of cases, patients who were first identified had a tendency to avoid solving the problem, in 13% of cases to solve the problem peacefully, and in 29% of cases to respond sharply.

In comparison with Control (N° 1 - healthy individuals) and research groups (N° 3 - patients with chronic pulmonary tuberculosis), large differences in  $P < 0.05$  N°3 group attitude to the disease and coping strategies at the level of moderate severity were detected. Thus, the anosognosic, neurasthenic, melancholic, egocentric and dysphoric reactions to the disease have become evident, but the sense of peacefulness and responsibility towards healthy people have become increasingly developed, the sense of responsibility for behavior has become sluggish. In addition, concern about the disease in them, ipoochondricity, apathic and paranoid relationships were less pronounced than in meyyor.

This suggests that individuals with chronic pulmonary tuberculosis are prone to aggressive relationships due to the development of negative mental characteristics(dysphoria). Usually, doctors and nurses classify such patients into the category of "complex patients", because in chronic tuberculosis, in addition to the fact that resistance to many drugs is observed, such patients have high emotional lability, aggressive behavior with respect to minor problems, as well as cases of violation of the treatment regimen. Perhaps this is a specific requirement that people around them pay attention to their personality kuchaytirishga because of chronic illness.

Comparing the two research groups, namely patients with pulmonary tuberculosis identified for the first time N° 2, and patients with chronic tuberculosis N° 3, the indicators in Group  $p < 0.05$  N° 2 at the level of moderate severity were the same as those in Group N° 1 (healthy individuals). In addition, patients with pulmonary tuberculosis, which is detected for the first time, are distinguished from chronic patients by a high degree of sensitivity to the disease, an ergonomic and anxious attitude.





It is interesting that with the transition of the disease to a chronic form, the scale of yergopathy and sensitivity decreases sharply. Perhaps this is due to the fact that a person with a socially dangerous disease remains the most vulnerable in exactly these areas - communication and labor activity. The only source of compensation for the values "pulled" by the disease is the demand for attention to one's personality, which in turn significantly complicates relations with medical personnel. Thus, if the doctor and the patient have different positions, that is, the patient does not adhere to the treatment regimen, this in turn leads to more serious medical consequences for the patient, which is naturally reflected in his personality.

The third stage of data processing was the correlation analysis using the Pearson correlation coefficient. At an earlier stage of data processing, the challenge strategies such as anti-dependence, remitting, social assistance izlash, problem avoidance izlash, as well as the yergopathic and sensitive types of attitudes towards the disease, neurasthenic, melancholic, dysphoric in the yekperimental groups (№ 2 and 3) were of particular interest in the analysis of correlations.

The dysphoric type of attitude towards the disease is directly related to the aggressive attitude strategy ( $U = p < 0,810$ ) with the social assistance izlash strategy in reverse ( $p < 0,05$  in  $U = -0,530$ ), which means that in times of distress, in an angry mood, patients will be in an aggressive attitude towards those around them, knowing that they are guilty of the social

The neurasthenic type of attitude to the disease is directly related to taking responsibility ( $U = -0,568$   $p < 0,05$ ), escape strategy ( $U = p < 0,477$ ) and social assistance ( $U = p < 0,05$  at  $0,609$ ). Such a relationship shows that somatic and rukhan weakened patients do not recognize their role in solving the problem, they consider themselves to be unable to help themselves and tend to transfer responsibility to someone from their immediate environment.

The type of anxious attitude towards the disease, according to the correlation analysis, is directly related to the strategy of taking social support izlash ( $P < 0,698$ ) at  $U = 0,05$  and responsibility ( $P < 0,711$ ) at  $U = -0,05$ . This may indicate the following: the higher the specific characteristics of the disease and the level of anxiety for the future associated with its treatment, the more such a patient will be inclined to seek help from the social environment, family members, as well as other patients with a similar diagnosis yega.

Among patients diagnosed with pulmonary tuberculosis for the first time, high rates of ergopathic type response were known. The correlation analysis shows that such an approach is directly related to social assistance seeking ( $p = 0.05$  at  $U = 0.357$ ) and escape strategy ( $U = 0.420$   $p < 0.05$ ). This means that the more the patient devotes



himself to work in order to “escape” the disease, the more he wants to find emotional comfort in the environment of other people, not to come “face to face” with the disease. Sensitive attitudes to the disease are also present in patients with newly diagnosed pulmonary tuberculosis, who are more likely to overcome distance ( $U = 0.586$   $p < 0.05$ ) and seek social assistance ( $U = 0.887$   $p < 0.01$ ). *ridan* is inversely related to the direct and aggressive response ( $U = -0.395$   $p < 0.01$ ). This indicates a high sensitivity of patients to public opinion, which naturally means that they want to know as much as possible about what others think about their disease, and what other patients with similar diagnoses have succeeded in treatment.

It is clear from the interrelationships that replacing the patient's usual coping strategies (avoidance, avoidance) with flexible strategies (seeking social assistance, taking responsibility) can positively change the patient's response to the disease. This, in turn, will lead to greater prospects in the fight for its treatment prospects and recovery.

## Conclusion

Mathematical processing of the data obtained at the level of  $P < 0.05$  significance proved that patients with chronic pulmonary tuberculosis use a more constructive behavioral strategy than patients who were initially identified who were prone to adverse reactions. According to the results of the study, a correction program was developed to work with patients with pulmonary tuberculosis who had difficulties in social adaptation. This program consists of 6 sections: Section 1-providing information, that is, explaining the pathogenetics to patients, treatment prospects, methods of disease prevention. Chapter 2-identifying the difficulties faced by patients in the diagnosis, their attitude to the disease, overcoming fears. 3 section is designed to formulate harmony in the group, to teach effective teamwork, to teach the skills of *yampathy*. Chapter 4-working with aggressiveness, teaching skills of self-regulation and constructive behavior in conflict situations; development of the ability to express negative emotions to a understandable level. Chapter 5 focuses on self-acceptance, the ability to make choices and take responsibility; aims at identifying opportunities for personal development. Chapter 6 includes summarizing the results of the work, diagnosing possible changes after the completion of Group correction exercises. The re-conducted tests showed that almost all patients with pulmonary tuberculosis who participated in the correction and development work increased their flexibility abilities: first of all, this was manifested by the fact that the problem-oriented fight against those who were emotionally oriented-the use of behavioral strategies. An important conclusion is that the medical staff working with patients with pulmonary



tuberculosis showed positive changes in the behavior of patients, their willingness to show sympathy and, most importantly, their willingness to cooperate in the fight against the disease.

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