IMPACT OF GASTRODUODENAL PATHOLOGY ON QUALITY OF LIFE IN PATIENTS

Tagaeva M.Kh.,
Bahranova D.F.,
Togaeva H.U.,
Ibragimov O.
Tashkent Medical Academy

Abstract
Study of the influence of chronic gastroduodenal pathology on the quality of life in patients. Used standard methods of diagnosis and treatment. The assessment of the quality of life was carried out in dynamics according to the SF-36 questionnaire. The study revealed that gastroduodenal pathology affects not only the functions of the gastrointestinal tract, but also significantly reduces overall health, vitality, limits the social functioning of the patient, after a course of therapy, patients need additional rehabilitation.

Keywords: gastroduodenal pathology, quality of life assessment.

IMPACT OF GASTRODUODENAL PATHOLOGIES ON PATIENTS' QUALITY OF LIFE INDICATORS

Study of the impact of gastroduodenal pathologies on quality of life indicators of patients. Standard diagnostic and treatment methods were used. Assessment of quality of life was carried out according to the dynamic SF-36 questionnaire. The research revealed that gastroduodenal pathologies affect not only the functioning of the gastrointestinal tract, but also significantly reduce the general condition and indicators of viability, limit the patient's social abilities, and patients need additional rehabilitation after the course of treatment.

Key words: gastroduodenal pathology, assessment of quality of life.

INFLUENCE OF GASTRODUODENAL PATHOLOGY ON QUALITY OF LIFE INDICATORS IN PATIENTS

The aim of the research was to study the influence of chronic gastroduodenal pathology on life quality indexes of parents. There were used standard methods of diagnostics and treatment. Estimation of life quality was conducted in dynamics by

SF-36 questionnaire. The research detected that gastroduodenal pathology influence not only functions of the gastrointestinal tract but also significantly reduces indexes of general health, vital capacity, limits of social functioning of the individual, after course therapy patients are in need of additional rehabilitation.

Keywords: gastroduodenal pathology, life quality index.

The human gastrointestinal tract (GIT), as one of the most ancient phylogenetic systems with its variety of functions, is directly involved in maintaining the processes of homeostasis and adaptation. Diseases of the gastroduodenal zone, one of the most functionally active and regulatory zones, in a figurative expression, "the pituitary gland of the gastrointestinal tract", lead to a violation of adaptive capabilities, especially inevitably affects the patient's vital functions [3]. At the same time, it should also be taken into account that for the doctor, the most significant indicators of the disease are objective symptoms, which include, along with clinical signs, data from laboratory and instrumental studies, while for the patient, the main indicator is subjective sensations [4,5]. It is impossible to ignore this fact in modern society, where the authoritarian approach to the patient is increasingly giving way to a relationship of cooperation between doctor and patient. There is a need, along with laboratory and instrumental monitoring of the patient's condition, to assess the quality of his life.

In the practice of research, the quality of life (QOL) expands the possibilities of standardizing treatment methods, provides individual monitoring of the patient's condition with an assessment of early and long-term results of treatment, the development of prognostic models for the course and outcome of the disease, and many other diseases of the gastrointestinal tract. According to the WHO definition, QoL is a set of factors that determine the physical, psychological, emotional, social state of the patient and are based on his subjective perception [1]. To date, the effectiveness of the QoL study method has been proven in obtaining information about a person's individual response to a disease and ongoing therapy [2,4]. To assess QoL in gastroduodenal pathology, such clinically tested questionnaires as Inflammatory Bowel Disease Questionnaire [4], Rating Formof Inflammatory Bowel Disease Patient Concerns and Ulcerative Colitis and Crohn's Disease Health Status Scales are optimal [1,3]. Using these questionnaires, it was found that the level of QoL in patients with gastroduodenal pathologies varies significantly depending on the degree of activity. The degree of decrease in QOL is directly proportional to the severity of the disease. The level of quality of life in gastroenterological patients in

general is directly dependent on the severity and duration of the disease [5]. The SF-36 questionnaire is a general health questionnaire and can be used to assess the quality of life of healthy people and patients with various diseases.

Chronic diseases of the gastroduodenal zone - chronic gastroduodenitis (CGD) - occupy an average of 70% in the structure of pathological changes in the gastrointestinal tract. Unfortunately, today many medical workers treat such a common pathology among the population with disdain, which leads to formal treatment and observation, as a result of this - a belated onset of clinical remission and, accordingly, a decrease in quality of life indicators. Under such conditions, it is the criteria for assessing the quality of life that make it possible to assess the effectiveness of providing medical care to the population.

Purpose of the Study

To study the indicators of quality of life in patients with gastroduodenal pathology, depending on the stage of the disease, to evaluate the effectiveness of the therapy.

Material and methods. Under supervision there were 66 patients with CHD. The protocol for examining patients included general clinical and specialized methods: the diagnosis was verified by gastroduodenoscopy, the diagnosis of HP infection was carried out by the morphological method, and all patients underwent ultrasound examination of the abdominal organs. The study of the quality of life in patients was carried out using the international questionnaire of general health - MOS SF-36 (author Ware J.E., 1992) (Table 1.1). Таблица 1.1

Definition of health concepts using the SF-36 questionnaire

Scale	Number of points	Definition
1. PF (Physical Functioning).	10	A person's ability to perform physical activity during their normal day
2. RP (Role Physical2. RP (Role Physical). The role of physical problems in disability	4	The physical ability of a person to perform their professional work or household work (retired)
3. BP (Bodily Pain). Physical pain	2	Severity of pain
4. GH (General Health). General perception of health	5	Subjective assessment of general health
5. VT (Vitality). Viability	4	Subjective assessment of mood, energy
6. SF (Social Functioning). Social activity	2	Emotional and physical ability to communicate with other people
7. RE (Role Emotional). The role of emotional problems in disability	3	Emotional ability of a person to engage in professional work or housework (retired)
8. MH (Mental Health). mental health	5	Subjective assessment of the emotional state
9. CH (Change Health). Comparison of well-being with the previous year	1	Changes in health assessment during the last year

The SF-36 questionnaire includes 36 questions that reflect 9 concepts (scales) of health: physical performance, social activity, the degree of limitation of physical performance and social activity, mental health, energy or fatigue, pain, overall health assessment and its changes. The study was carried out when the patient applied to the doctor, at the time of the onset of clinical and laboratory remission on day 10 and 3 months after treatment (Table 1.2).

Clinical periods (points) of the study of quality of life

1.	When a patient contacts a doctor - 1 day;
2.	At the time of the onset of clinical and laboratory remission of the disease - 10 days;
3.	3 months after the start of the study;

🌙 Hilola, [07.02.2023 12:16]

The SF-36 questionnaire provides a quantitative determination of QoL according to the indicated scales. In this case, the indicators can range from 0 to 100 points. The higher the value of the indicator, the better the score on the chosen scale. The survey was conducted by the interview method and entering data into a computer program for data processing. The data obtained were subjected to statistical processing with the calculation of the reliability of differences.

Results and discussion. In 51 patients, chronic gastroduodenitis was diagnosed as the main disease, in 6 patients, duodenal ulcer was diagnosed, the comorbidity most often (88%) was biliary tract dyskinesia. The criterion for the initial study of the effect of diseases of the gastroduodenal zone on the quality of life indicators was the exacerbation of the process. Prior to the start of treatment, a distinct pain syndrome was observed in 100% of patients. HP infection was detected in 62% of cases, and the presence of HP did not affect the clinical course of the disease ($p > 0.05$). The groups were divided by gender and age. Treatment was carried out on an outpatient basis. Patients received complex drug therapy, in case of detection of HP infection, eradication therapy was prescribed according to the triple scheme in accordance with the recommendations of the Maastricht consensus on the study of HP, sedatives, choleretic drugs, symptomatic treatment. Under the influence of complex therapy, positive results were obtained in all patients. However, the onset of complete clinical remission on the 21st day from the start of treatment was noted only in 42% of patients on the background of drug treatment, although earlier in hospital treatment, the onset of clinical remission within these terms was noted in 62% of patients. The average terms for the disappearance of symptoms were as follows: spontaneous pain in the

abdomen disappeared after 8–12 days, pain on palpation after 15–17 days, dyspeptic disorders and asthenic syndrome stopped after 15–19 days, earlier, according to our data, with inpatient treatment, such dynamics was noted 1–2 weeks earlier for each syndrome. The initial study of QOL indicators in patients before the start of treatment according to the SF-36 questionnaire showed that during exacerbation of gastroduodenal pathology, QoL indicators on the pain scale significantly (in relation to healthy people) decrease (which is clinically manifested by pain syndrome and which does not surprise doctors), but draws attention is drawn to a significant decrease in indicators on scales of general health, vitality, social functioning is limited and indicators on a scale of psychological health are reduced (p 0.01). The decline in physical functioning was transient and coincided with a period of spontaneous abdominal pain.

🌙 Hilola, [07.02.2023 12:18]
There were no significant differences in the group of HP "+" and HP "-" in patients. CHD according to the clinical variant can be divided into ulcer-like and gastritis-like forms. It turned out that depending on the clinical variant, there is a different change in QoL indicators. Thus, with a lesser manifestation of the pain syndrome in patients with damage to the body of the stomach, there is the greatest decrease in QOL indicators on the scales of general viability, general health, role emotional functioning (p 0.05). When analyzing the questionnaires filled out by patients, it was revealed that in 74% of cases there was an underestimation of the severity of the disease, especially in the absence of a pronounced pain syndrome. A similar underestimation is possible on the part of clinicians. By the end of treatment, after 3 weeks, there was only a tendency to restore QOL parameters. After a course of eradication therapy, an even greater decrease in QOL indicators on scales of general health and viability was noted, which is most likely due to the toxicity of combined eradication therapy.
 The study after the end of the course of treatment showed that, despite the improvement in well-being, the disappearance of pain, dyspeptic, asthenoneurotic symptoms, after the end of therapy, when, according to the doctor, the patient is healthy, in fact, his vital signs remain significantly reduced and reach healthy values. as dynamic observation showed, only 3 months after the start of treatment.
 Thus, the conducted study by the method of determining the quality of life revealed the following: gastroduodenal pathology affects not only the functions of the gastrointestinal tract, but also significantly reduces the indicators of general health, vitality, and limits the social functioning of the patient; after a course of eradication therapy, patients need additional rehabilitation; the duration of therapy and

observation during exacerbation of chronic gastroenteritis should be at least 3 months from the start of treatment, even in the absence of complaints and physical changes; the QoL assessment technique allows to determine the necessary time for observation of the patient.

Literature

1. Quality of life of the population // Russian Medical Review. – 2002. http://ruscience.newmail.ru/medicine/qol.htm.

2. Novik A.A., Ionova T.I. The concept of the study of the quality of life in clinical medicine // Study of the quality of life in medicine: Mater.international. conf. - SPb., 2002. - S. 21–23.

3. Rustamova M.T., Isroilov R.I., Tagaeva M.Kh. Clinical and endoscopic condition and morphological changes in the upper gastrointestinal tract // Bulletin of the club of pancreatologists. - Kyiv (Ukraine), 2011. - No. 2. - 49-51-pp.

4. Glise H., Wiklund I. Health Arelated quality of life and gastrointestinal disease // J. of Gastroenterol. Hepatol. - 2003. -suppl. 17. - S. 72-84.

5. Novik A.A., Ionova T.I. Guidelines for the study of quality of life in medicine. SPb., 2002. 314 p.

6. Lukyanova E.M., Belmer S.V., Gasilina T.V. Preliminary results of the application of the Russian version of the TACQOL questionnaire to study the quality of life of children with diseases of the upper digestive tract associated with Helicobacter pylori // Proceedings of the 11th congr. det. Russian gastroenterologists. M., 2004. S. 245–246.