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**PERSONALITY CHANGES AND FEATURES OF QUALITY OF LIFE IN
ELDERLY PATIENTS WITH CARDIOVASCULAR PATHOLOGY**

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Abstract. For many years one of the most common psychological complications in the IBS clinic is the occurrence of cognitive disorders, the etiology and risk factors of which from a psychological point of view remain insufficiently studied. In this connection, a deep comparative study of the main clinical, psychosocial and emotional-personal characteristics of elderly IBS patients with different dynamics (improvement and deterioration) of cognitive functioning after coronary bypass surgery was conducted. The study showed that patients with the worst cognitive development differed in a number of clinical and psychosocial characteristics (lifestyle characteristics); the presence of some degree of obesity in the history; the large number of affected arteries; Burdened with hereditary GCC male line.

Key words: ischemic heart disease, cognitive disorders rehabilitation; labor prognosis.

**KARDIOVASKULYAR PATOLOGIYASI BO'LGAN KEKSA
BEMORLARDA SHAXSIY O'ZGARISHLAR VA HAYOT SIFATINING
XUSUSIYATLARI**

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Annotatsiya. Ko'p yillar davomida YuIK klinikasida eng ko'p uchraydigan psixologik asoratlardan biri bu kognitiv buzilishlarning paydo bo'lishi bo'lib, ularning etiologiyasi va xavf omillari psixologik jihatdan yaxshi tushunilmagan. Shu munosabat bilan, koronar bypassdan keyin kognitiv faoliyatning turli dinamikasi (yaxshilanishi va yomonlashishi) bo'lgan keksa yoshdagi YuIK bilan og'riqan bemorlarning asosiy klinik, psixososyal va hissiy-shaxsiy xususiyatlarini chuqur qiyosiy o'rganish o'tkazildi. Tadqiqot shuni ko'rsatdiki, kognitiv dinamikasi yomonroq bo'lgan bemorlar bir qator klinik va psixososyal xususiyatlar (turmush tarzi xususiyatlari) bilan ajralib turadi; ma'lum darajada semirish tarixi mavjudligi; ta'sirlangan arteriyalarning ko'pligi; erkak chizig'i bo'ylab CVD orqali og'ir irsiyat. Kognitiv funktsiyalarning turli dinamikasiga ega bo'lgan keksa bemorlarning hissiy va shaxsiy xususiyatlarini qiyosiy tahlil qilish ishonchli natijalarni ko'rsatmadi.

Kalit so'zlar: ishemik yurak kasalligi, kognitiv buzilish reabilitatsiya; mehnat prognozi.

**ЛИЧНОСТНЫЕ ИЗМЕНЕНИЯ И ОСОБЕННОСТИ КАЧЕСТВА
ЖИЗНИ У ПАЦИЕНТОВ ПОЖИЛОГО ВОЗРАСТА С
КАРДИОВСКУЛЯРНОЙ ПАТОЛОГИЕЙ**

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Аннотация. В течение многих лет одним из наиболее распространенных психологических осложнений в клинике ИБС является возникновение когнитивных нарушений, этиология и факторы риска которых с

психологической точки зрения остаются недостаточно изученными. В связи с этим, было проведено глубинное сравнительное изучение основных клинических, психосоциальных и эмоционально-личностных характеристик больных ИБС пожилого возраста с различной динамикой (улучшением и ухудшением) когнитивного функционирования после коронарного шунтирования. Проведенное исследование показало, что пациенты с худшей когнитивной динамикой отличаются по ряду клинических и психосоциальных характеристик (характеристики образа жизни); наличием в анамнезе ожирения той или иной степени; большим количеством пораженных артерий; отягощенной наследственностью по ССЗ по мужской линии. Сравнительный анализ эмоционально-личностных характеристик пациентов пожилого возраста с различной динамикой когнитивных функций не показал достоверных результатов.

Ключевые слова: ишемическая болезнь сердца, когнитивные нарушения реабилитация; трудовой прогноз.

Coronary artery disease (CVD), currently the most common in cardiovascular disease, is one of the main therapeutic problems, and according to statistics from the World Health Organization, it has become almost epidemic in modern society. For many years, CVD has been the leading cause of population Death [7].

In recent years, the number of patients who have undergone CVD surgery has been constantly growing [6], since with demographic changes in the age structure of the population, the proportion of elderly and elderly patients increases.

Aging of the population is considered the most pressing problem of modernity, one of the most important social trends of the 21st century. According to international criteria, the population is considered old if the proportion of people aged 65 and

older exceeds 7%. At the beginning of 2010, according to Rosstat, almost every eighth Russian, that is, 12.9% of the country's population, was 65 years of age or older. In the future, the scale of aging of the population of Russia will be even greater. According to the official demographic forecast, in 2030, the share of the population aged 65 years and older will increase to 18% (according to the most optimistic variant of the growth of the total population of Russia) and up to 19.4% (with a pessimistic variant) [3].

In this regard, an important function of modern clinical medicine is the prevention and treatment of cardiovascular diseases, including CVD, common in old age.

Recently, CVD has been very common in young people, such as men under 40 [9]. Cardiovascular diseases, including CVD, lead to a decrease in individual cognitive functions and a deterioration in cognitive health in general. The study of cognitive status is not included in the standards for examining cardiac patients. However, early detection of cognitive impairment helps to take a number of measures aimed at preventing cognitive decline and serves as a long-term guide to adequately treat cardiovascular pathology. Almost all patients with CVD have more or less clear signs of impaired concentration and retention, and difficulty distributing and replacing attention from one trait to another [2].

— Patients with CVD, arterial hypertension and heart failure perform neuropsychological tests that are aimed at diagnosing memory, attention and thinking worse. When diagnosing cognitive dysfunction, full somatic examination of the patient and active therapy for identified somatic pathology are necessary [3].

Research objective - The study of the dynamics of cognitive activity of patients with CVD, a comparative analysis of the main clinical, psychosocial and emotional

- personal characteristics of patients with CVD in old age with different dynamics of cognitive activity.

Research materials and methods. The study was conducted on the basis of the dispensary Department of the Samarkand Regional Psychiatric Hospital and the Department of Psychiatry, medical psychology of the Samarkand State Medical University.

The study involved 60 patients diagnosed with YuIK. The study included non-dementia patients with clinical diagnoses. The ratio of elderly and middle-aged CVD patients was 30 elderly and 30 middle-aged patients. In addition, 24 elderly patients with KSH were selected for comparative analysis, among them: 13 patients with positive dynamics of cognitive functions and 11 patients with negative dynamics.

The study was conducted in two stages. The first stage of the study included a structured conversation that collects socio-demographic, clinical - psychological and clinical data, a collection of clinical indicators from medical documents and the first block of experimental - psychological research conducted using psychodiagnostic methods: "techniques of sequential compounds"; for the study of Adult Intelligence " (WAIS), pathopsychological "10 words", "memorizing stories", samples of "simple analogies"; A. Benton's "visual retention test"; " Toronto alexithymic scale " (TAS). The second stage of the study included a structured interview that collected clinical data, a collection of clinical indications from medical documents, and a second block of experimental psychological research.

Research results. The results of studies of the dynamics of cognitive functions of patients with CVD indicate that cognitive impairments in elderly people after surgery occur in the areas of short-term mechanical memory, verbal-logical thinking ($p < 0.05$), mental activity rate, concentration and active attention switching. Possible causes of such deterioration include the negative effects of changes in brain

activity due to coronary bypass surgery, as well as a decrease in the level of mental activity of patients due to lifestyle changes compared to the preoperative stage. Positive dynamics has been identified in the areas of long-term mechanical memory, visual memory, logical memory ($p < 0.05$), and spatial-creator thinking. A psychodiagnostic study conducted found that coronary bypass surgery can have not only negative but beneficial effects on the cognitive field of patients.

After the coronary bypass, a comparative analysis was carried out to in-depth study of the main clinical, psychosocial and emotional-personal characteristics of patients with CVD in old age with various dynamics (improvement and deterioration) of cognitive activity.

A comparative analysis based on the improvement/deterioration of cognitive status included 24 elderly patients (60 – 74 years old), who participated in two stages of the study, as well as performing all (without exception) psychodiagnostic tasks proposed. The grouping of patients was done through the mathematical expression of the dynamics of cognitive functions, represented by two definitions of cognitive impairment, as tested in foreign studies [10].

Based on the above method, 24 elderly patients who underwent coronary bypass surgery were selected in this study, among them: 13 (54.1%) with positive dynamics of cognitive function and 11 (45.9%) with negative dynamics. It is important to note that in the rest of elderly patients who are not part of groups, it is impossible to talk about the orientation (deterioration/improvement) of cognitive changes, based on the definition introduced.

Only clinical and clinical-psychological characteristics are given, from which statistically reliable differences are obtained. It turned out that most of the violations among patients with cognitive impairment (59.55%) did not follow a diet until hospitalization, despite the recommendations of doctors, and among patients with

cognitive impairment, 79.8% of patients followed a diet. Also, reliable differences in the indicator of physical activity before hospitalization were found. It turned out that the majority of patients without cognitive impairment (71.2%) were physically active prior to surgery, and 87.9% of patients with diagnosed cognitive impairment were found to lack physical activity. Additionally, patients with cognitive impairment (69.7%) were diagnosed with a certain degree of obesity compared to those without cognitive impairment (18.1%). It should be noted that physical inactivity and excess weight are one of the risk factors for the development of CVD.

Statistically reliable differences in the number of affected arteries were also found. In patients with cognitive impairment, three or more arteries were found to have more reliable effects than those with cognitive improvements (89.9% versus 48.8%).

Based on the data presented in Table 1, reliable differences between elderly patients with and without cognitive improvements were obtained, as well as the degree of severity of heredity with cardiovascular diseases along the male line. Thus, patients who showed cognitive improvement after surgery had significantly more non-hereditary coronary bypass surgery (71.3% versus 31.3%) and their fathers did not suffer from CVD. Conversely, severe inheritance in CVD form was observed in patients without cognitive improvement in 20.2% of cases, and in the form of hypertension and / or stroke in 39.4% of cases. In elderly patients with different dynamics of cognitive activity in psychosocial and emotional-personal indicators, statistically reliable differences were not found.

Conclusions. 1. The presented results of a comparative analysis of the clinical and clinical and psychological characteristics of elderly patients with different dynamics of cognitive function indicate that patients with poorer cognitive dynamics are

characterized by the number of affected arteries, a history of obesity to some extent, and often have a male lineage aggravated by CVD.

2. Subsequent comparative analysis has shown that patients with worse cognitive dynamics in the preoperative stage differ in a number of clinical and psychosocial characteristics: non-adherence to a diet until hospitalization; lack of physical activity until hospitalization; the presence of a history of obesity to a certain extent; a large number of affected arteries; severe heredity through CVD along the male line.

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