

## ASSESSMENT OF THE PSYCHOEMOTIONAL COMPONENTS OF PHARMACOTHERAPY PATIENTS SUFFERING WITH HYPERTENSION DISEASE

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**Actuality.** In the last decade, among medical scientists and doctors all over the world, the interest in the problems of patients' commitment to the treatment process is increasing, which is explained by the fact that the effectiveness of the treatment of most common chronic diseases is directly related not only to adequate treatment, but also to the level of patients' adherence to the treatment process. Among the developed countries, according to the results of epidemiological studies conducted in our Republic, the prevalence rate of arterial hypertension (AG) among the population ranges from 20 to 40%, and taking into account the fact that this rate increases with age, it is necessary to improve the effectiveness of hypotensive treatment and support patients with hypertension. relevance arises. [5, ]. Research shows that only about 50% of patients with cardiovascular disease follow the doctor's instructions [6]. It should be noted that a high level of adherence has a positive effect on the quality of life of patients and the course of the disease [7].

According to the results of studies conducted so far, it has been proven that the level of adherence to the treatment of patients with hypertension (HK) is an important factor in increasing the effectiveness of hypotensive therapy, which, in turn, allows to reduce the risk of cardiovascular complications [8]. When studying the causes of low adherence to treatment, it is necessary to assess the patient's personality characteristics, which may be one of the main reasons for this problem.

It is well known that clearly expressed anxiety-depressive conditions sharply reduce patients' adherence to treatment and appear as a psychological obstacle for patients to follow the doctor's instructions [1,3]. Evaluating the level of adherence to the treatment process in a tool that takes into account the mental and personal characteristics of the patient and monitoring it over a long period of time increases the effectiveness of pharmacotherapy based on an individual approach to the patient, reduces the frequency of disease attacks and the risk of developing early complications, and makes it possible to improve the quality of life.

**The purpose of the study.** Assessment of personality and mental characteristics of patients with GK in inpatient and polyclinic conditions and study of adherence to pharmacotherapy in relation to mood-depressive conditions in patients of different psychotypes.

**Research materials and methods.** In order to determine the socio-psychological characteristics of the compliance of the population with hypertension to hypotensive therapy, Tashkent Medical Academy 1- Department of Cardiology and consultative polyclinic treated Hypertensive disease (II-III stage), AG (I-III stage) of both sexes, age 59+ 7, A survey was conducted among 102 patients aged 23 years. G.Yu Aysenka's test was used to determine which temperament type a person belongs to. The results determined on the basis of the questionnaire, in turn, serve as a basis for the development of recommendations for the development of the strengths of a certain psychotype, and for the control of the weaknesses in the formation of the patient's mental health in terms of his commitment to treatment.

The Hans Eysenck Questionnaire assesses a person's temperament type based on whether they are introverted or extroverted, as well as emotionally stable. By analyzing the results of the survey, psychological and typological characteristics of the central nervous system of patients with GK were determined. The Morisky-Green questionnaire was used to determine compliance with antihypertensive treatment using short questions in patients with AG.

HADS (A.S. Zigmond) questionnaire was used to assess psychoemotional status. The questionnaire is a subjective type scale consisting of 14 statements, which allows determining the severity of anxiety and depression in outpatient and inpatient settings. To interpret the data, the total index of each subscale is taken into account, where 3 different levels are distinguished: 0-7 points - normal; Subclinically expressed anxiety or depression of 8-10 points; 11 and above clinically expressed anxiety or depression. The obtained data were analyzed using a standard program ("Microsoft Excel-2010") and scientifically proven medical indicators were used.

**Research results and discussion.** According to the results of the survey, extroverts predominated among patients with GK, making up 46% ( $r < 0.05$ ), active extroverts – 18%, extroverts – 28%, tendency to extraversion – 2% of them. Similarly, 14% of patients were introverts, 4% were prone to introversion, and 34% were ambroverts.



According to the results of the comparative assessment of personality traits and levels of complacency, social emotional and behavioral complacency was clearly expressed in introverted patients, while phlegmatics were characterized by cautiousness, discretion, controllability. A slightly lower level of overall compliance, an average of 68.5 points, was found in extraverts, according to which they were more willing to facilitate the treatment process than patients with low compliance. Patients with a low level of social, emotional and behavioral complacency were clearly introverted and total introversion (UK) was 54.5 points ( $r < 0.05$ ).

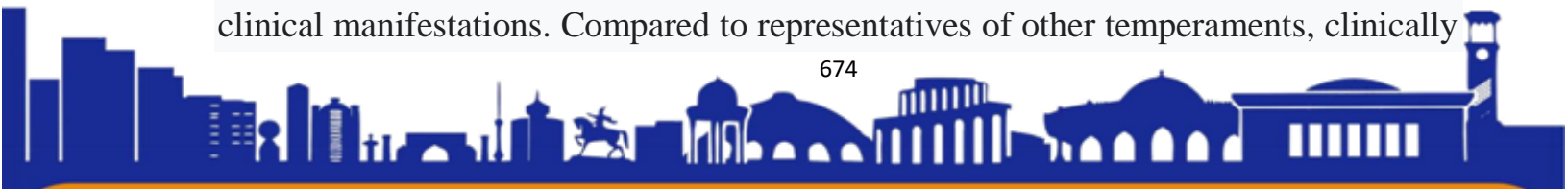
Typical extraverts scored 48.5 points on UK ( $r < 0.05$ ), and this group of patients is sensitive, restless, aggressive, excitable, and changeable, which in turn is characteristic of choleric type of temperament.

G. Yu. According to the results of temperament type evaluation based on the Eysenka test, phlegmatics slightly predominated among patients with AG -32.3%, choleric and sanguine in almost the same proportion -23.5% and 22.5% of cases, respectively, and melancholics in 21.5 made up %. When assessing the psychoemotional status of patients with GB, comorbid anxiety-depressive conditions of various degrees were found in most of the examined patients, that is, in 79 (77.4%) cases.

Depression was detected in 29 (28.4%) patients, subclinically expressed in 16 (15.6%) and clinically expressed depression in 13 (12.7%).

Among the patients included in the study, 28 (27.4%) cases of asthma were observed, of which 19 (18.6%) were subclinical and 9 (8.8%) were clinically expressed. Similarly, 22 (21.5%) of the patients with GK had co-occurring major depressive disorder (HDB). According to the results of assessment of psychoemotional status of patients with AG, subclinically manifested anxiety and accompanying HDBs prevailed reliably ( $r < 0.05$ ).

A comparative analysis of the level of expression of HDB depending on temperament revealed differences according to the typological and psychological characteristics of the central nervous system. Among patients with choleric temperament, HDB was diagnosed the most in 95.7% of cases, and in 8 (34.2%) of them, clearly expressed airiness prevailed. Among sanguine patients, the presence of HDB is relatively less, in 59.8% of cases, and most of them have a low level of clinical manifestations. Compared to representatives of other temperaments, clinically





expressed depression was diagnosed among melancholics in 50.6% of cases, that is, statistically significantly more ( $r < 0.05$ ). In addition, subclinical depression was detected in 33.3% of phlegmatic patients. Coexistence of anxiety and depression was observed more often among choleric and melancholics, 7 (29.1%) and 6 (27.3%) respectively. When the level of adherence to the treatment process of outpatients was analyzed by the Morisky-Grinn questionnaire, the average score on the scale was  $1.65 + 0.94$ , while patients who scored 4 points were considered fully compliant with treatment.

This indicator is very low compared to the process of pharmacotherapy in the primary system and is directly related to the presence of widespread anxiety and depressive states. Accordingly, the level of compliance in patients with AG without HDB was  $1.92 + 0.86$  points, while in patients with HDB it was  $1.23 + 0.82$  points on average. According to the results of the analysis of the reasons for non-regular intake of drugs among patients with GK, 35.1% of patients said that they could not always buy drugs from the pharmacy, while some patients (41.2%) said that treatment was not necessary or that it was necessary to take the drug regularly. stated that it was not (53.3%), so most patients forgot to take medicines in 75.8% of cases ( $r < 0.005$ ). 77.5% of patients stopped taking medication after normalization of blood pressure indicators, 76.7% of patients noted that they sometimes skip taking medication which shows that they underestimate the importance and importance of regular use of hypotensive drugs. In some cases (12.5%), the reason for the irregularity of pharmacotherapy was the change of hypotensive drugs by the general practitioner. 46.7% of patients reduced the dose of the drug according to the recommendation of their relatives, while 20.8% of the patients refused to take the drug without reason. Allergic reactions were observed in 31.7% of surveyed patients, which in turn caused them to stop taking the drug.

The results of the assessment of the effect of comorbid HDB and personality psychostatus on the level of adherence to treatment showed that Sanguines were the least adherent to treatment compared to patients of other temperaments, scoring an average of  $1.0 + 0.76$  points. decreased and averaged  $0.5 + 0.73$  points. Among melancholics, the average level of complacency was  $1.6 + 0.87$  points, regardless of the presence of HDB. Despite the fact that phlegmatics follow the doctor's recommendations relatively well, when they have depressive conditions, the degree of compliance on the Morisky-Green scale is sharp, the average decrease to  $0.82 + 0.70$



points proves that depression has a negative effect on the level of compliance ( $p < 0.05$ ). It is worth mentioning that patients of the choleric type of temperament without XDB and phlegmatics with subclinical asthmatic conditions had a higher treatment preference than other patients and amounted to  $2.0 + 0.74$  points. From this, it can be assumed that non-psychotic or mildly neurotic states exacerbate the subjective symptoms of AG, which in turn may increase the degree of bias towards hypotensive treatment.

**Summary.** Thus, according to the results of the research, it should be noted that the level of compliance corresponds to the attitude of patients to the treatment process and the psychological and typological characteristics of the individual. Sanguines and phlegmatics are more responsible about their health than choleric and melancholics, and they follow the recommendations of doctors. 3 vqvod Comorbid anxiety and depressive conditions, especially depression, negatively affect patients' adherence to pharmacotherapy and, on the contrary, increase compliance with antihypertensive treatment.

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