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QUALITY OF LIFE IN PATIENTS WITH BRONCHIAL ASTHMA AND THE ROLE OF THE ASTHMA SCHOOL IN ITS PREVENTION

Solihodjaeva R. K., Alikulova D. Ya

Center for Advanced Training of Medical Personnel

✓ ***Resume***

In patients with bronchial asthma, the quality of life deteriorates because of physical activity, depression and negative social impacts. In these cases, the system of training and retraining of personnel in this area does not meet modern requirements; there is a need to organize asthma schools in medical institutions with the involvement of qualified allergists and nurses at the asthma school. Bronchial asthma plays an important role in patient self-management and patient-centered approach to nursing. To improve the quality of life of patients, it is necessary to establish an asthma school in primary health care facilities.

Key words: bronchial asthma, risk factors, prevention, nurses, primary health care

BRONXIAL ASTMA BILAN KASALLANGAN BEMORLARDA HAYOT SIFATI VA UNING OLDINI OLISHDA ASTMA MAKTABI ROLI

Solixodjaeva R. K., Aliqulova D. Ya.

Tibbiy xodimlar malakasini oshirish Markazi

✓ ***Rezyume***

Bronxial astma bilan og'rigan bemorlarda jismoniy faoliyat, ruhiy tushkunlik va salbiy ijtimoiy ta'sir tufayli hayot sifati yomonlashadi. Ushbu holatlarda ushbu sohada kadrlarni tayyorlash va qayta tayyorlash tizimi zamonaviy talablarga javob bermaydi; tibbiy muassasalarda astma maktabida malakali allergistlar va hamshiralarni jalb qilgan holda astma maktablarini tashkil etish zarurati mavjud. Bronxial astma bemorning o'zini o'zi boshqarishida va hamshiralikka bemorga yo'naltirilgan yondashuvda muhim rol o'ynaydi. Bemorlarning hayot sifatini yaxshilash uchun birlamchi tibbiy-profilaktika muassasalarida astma maktabini tashkil etish zarur.

Kalit so'zlar: bronxial astma, xavf omillari, profilaktika, hamshiralar, birlamchi tibbiy yordam

КАЧЕСТВО ЖИЗНИ БОЛЬНЫХ БРОНХИАЛЬНОЙ АСТМОЙ И РОЛЬ ШКОЛЫ АСТМЫ В ЕЕ ПРОФИЛАКТИКЕ

Солиходжаева Р. К., Аликулова Д.Я.

Центр повышения квалификации медицинских кадров

✓ ***Резюме***

У пациентов с бронхиальной астмой качество жизни ухудшается из-за физической активности, депрессии и негативных социальных воздействий. В этих случаях система подготовки и переподготовки кадров в данной сфере не отвечает современным требованиям; необходимо организовать школы астмы при медицинских учреждениях с привлечением квалифицированных аллергологов и медсестер в школе астмы. Бронхиальная астма играет важную роль в самоуправлении пациентов и подходе к уходу, ориентированному на пациента. Для улучшения качества жизни пациентов необходимо создать школу астмы в учреждениях первичной медико-санитарной помощи.

Ключевые слова: бронхиальная астма, факторы риска, профилактика, медсестры, первичная медико-санитарная помощь.

Relevance

Bronchial asthma is a disease that reduces the quality of life of patients, causing disability and disability of the population, progressing like other chronic diseases, lambing period, important conditions for human life: permanent limitation of physical, mental and social conditions. In this case, the reduction of symptoms and the normalization of clinical and laboratory parameters are among the main tasks of the doctor. Improving the quality of life of patients through improvement in the dynamics of the disease clinic is the main goal of disease treatment [1,2,3,4].

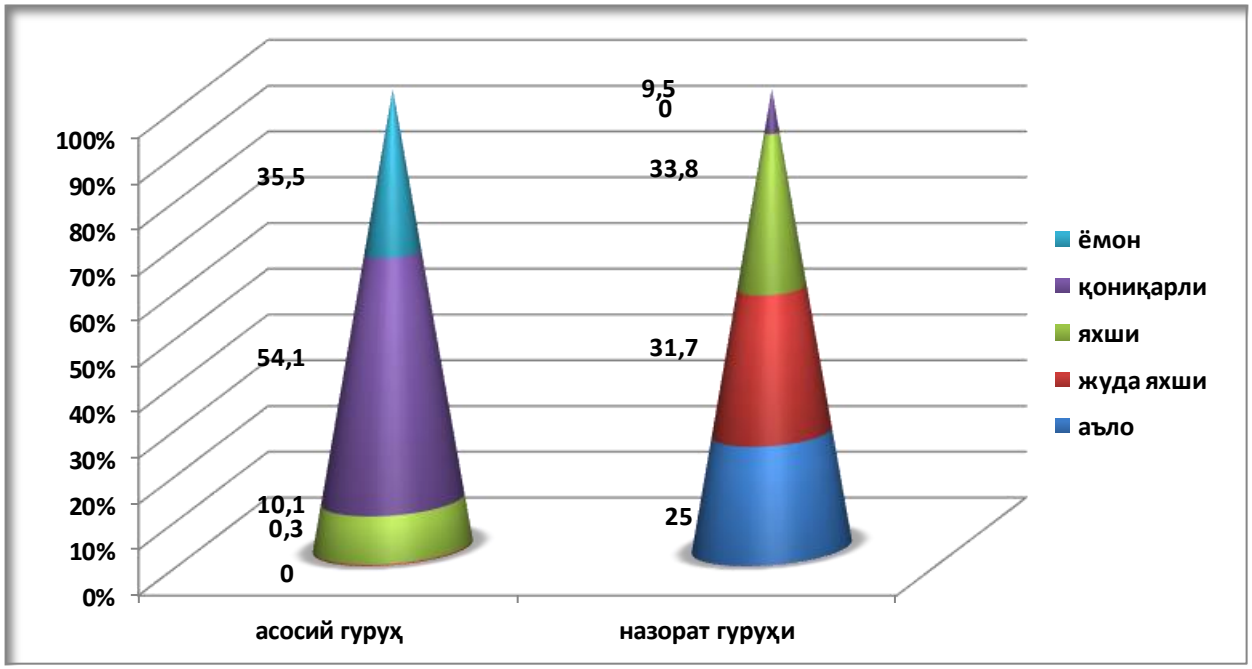
The purpose of the work. To study the quality of life of patients with bronchial asthma and to substantiate the role of asthma schools in improving the quality of life of patients.

Materials and methods

A total of 400 patients with bronchial asthma (case group) and 420 individuals living in analogous conditions but not with bronchial asthma (control group) were randomly selected to study the quality of life of patients with bronchial asthma. Patients included in the sociological study accounted for 16% of the total average number of patients. The SF-36 questionnaire proposed by the World Health Organization was used to determine the quality of life of the respondents involved in the study. During the survey, special attention was paid to criteria such as physical activity of patients, general health, pain, the impact of mental and physical conditions on life activities. The survey questions provided information on the presence of bronchial asthma according to the patient's complaint, anamnesis, feature of allergological status, the presence of hereditary predisposition. Thus, a total of 1,090 individuals were screened. The survey consisted of the following sections: general information, lifestyle and conditions, work activities, daily routine, harmful habits and family attitudes, quality of life, medical knowledge and activity

Result and discussion

The health status of asthmatics living in Tashkent was found to be relatively satisfactory (picture). In particular, 35.5% of respondents assessed the state of health as unsatisfactory (bad), satisfactory 54.1%, good 10.1%, very good 0.3%. Respondents who rated their health as excellent were not observed at all. There were no respondents in the control group who considered their health condition to be poor.



Note: The difference between the main and control groups was r <0.001

Picture. The rate of self-assessment of the health status of the main and control groups (%).

When we compared the health status of the previous year with the survey, 23.2% of patients reported a slight deterioration in their health and

2.0% a significant deterioration. In these patients, the clinical signs characteristic of bronchial asthma increased, the number of suffocation attacks increased, and the interval between attacks decreased.

Compared to the previous year, the number of patients whose health status remained unchanged was 51.2%. Compared to the previous year, the health status of patients improved by 4.0%. 6.8% of those in the control group said that their health was much better than last year, and 16.2% said that it was slightly better.

Table 1.

Attitude of health status to physical exertion in the main and control groups (%)

Gradations	yes, it is quite disturbing		yes, it disturbs significantly		no, it does not disturb at all	
	main group	control group	main group	control group	main group	control group
Running, strenuous exercise	51,6±3,2	5,4±1,3	38,8±3,1	16,9±2,2	9,6±1,9	77,7±2,4
Some light types of exercise	24,8±2,7	-	61,6±3,1	12,2±1,9	13,6±2,2	87,8±1,9
Lighter exercises	24,0±2,7	1,0±0,6	46.8±3,1	12,2± 1,9	29,2±2,9	86,8±1,9
Climb up a few sections of the stairs	27,6±2,8	9,5±1,7	59,2±3,1	22,6±2,4	13,2±2,1	67,9±2,7
Climb to the 1st section of the stairs	25,2±2,7	2,0±0,6	61,6±3,1	17,9±2,2	13,2±2,1	80,1±3,3
Bending, sitting on your knees	26,4±2,8	-	47,6±3,1	14,5±2,0	26,0±2,8	85,5±2,0
Walking a distance of more than 1km	32,0±2,9	8,1±1,6	47,6±3,1	27,0±2,6	20,4±2.5	64,9±2,8
Walk a few quarter away	50,4±3,2	2,4±0,9	31,2±2,9	15,2±2,1	18,4±2,4	82,4±2,2
Walk a quarter distance	29,6±2,9	1,7±0,7	41,6±3,1	15,5±2,1	28,8±2,9	82,8±2,2
Independent dressing, washing	20,4±2,5	-	49,2±3,2	9,8±1,7	30,4±2,9	90,2±1,7

Note: The difference between patients and control groups was r <0.01 in all cases; r <0.001.

The health status of the patients had a negative impact on their ability to perform tasks that required some physical effort (Table 1). As can be seen from the table, in the majority of patients some physical exertion: running, engaging in certain sports, walking long distances, climbing several steps, etc., caused significant difficulty. The ability of patients with bronchial asthma to perform certain types of exercise was 25% lower than that of the control group respondents who did not do the exercises. The physical condition of patients with bronchial asthma had a negative effect on their performance over the next 4 weeks (Table 2). As a result, in the main group, 83.2% of patients were forced to reduce the time spent on work, 76.8% did less work than they wanted, 80.8% had difficulty doing certain tasks, and 76.4% had limited physical activity. The results of the study show that the health status of patients has a negative impact on their physical activity. In particular, it was found to be more pronounced in patients with a severe course of the disease and was observed 1.6 times more often than in patients with a mild course.

According to the survey, the emotional state of the patients also made it difficult for them to perform some physical tasks.

Table 2.

The negative impact of patients' physical and emotional state on their performance (%).

Parameters		Physical condition		Emotional state	
		the main group	control group	the main group	control group
Reduced time spent at work	yes	83,2±2,4	10,8±1,8	74,8±2,7	8,4 ± 1,6
	no	16,8±2,4	89,2±1,8	25,2±2,7	91,6±1,6
He did less than expected	yes	76,8±2,7	9,8 ± 1,7	42,7±3,1	11,8±1,9
	no	23,2±2,7	90,2±1,7	57,3±3,1	88,2± 19
He could not do his job as he wanted	yes	80,8±2,5	10,8±1,8	48,4±3,2	11,1±1,8
	no	19,2±2,5	89,2±1,8	51,6±3,2	88,9±1,8

Note: *The difference between patients and control groups was r <0.01*

As a result of the emotional state, most patients were forced to reduce the time they spent working. This was observed in the main group 8.0 times more than in the control group. The emotional state of patients also had a negative impact on their relationships with those around them: family, relatives, friends. In particular, in 46.7% of patients the condition was significant, in 8.2% it was strong, in 2.4% it was very strong, in which 76% of the control group the emotional state did not affect the relationship with others, in 19.6% it was slightly adversely affected. Physical pain was one of the most common cases in bronchial asthma, with 3.2% of such patients experiencing severe pain within the next 4 weeks. Also, in 22.8% of patients from Bukhara the pain was strong, in 45.6% moderate, in 17.6% slightly weak, and in 6.4% the pain was very weak. 5% of patients did not feel any physical pain at all for the next 4 weeks. In the control group, the feeling of not feeling physical pain at all was 57.8%. In the rest, the pain was noted to be in some cases and very mild in nature.

The disease also affected the mood of patients. Depressed mood was observed in the majority of patients due to frequent outbreaks of the disease (Table 3). In particular, 78.2% of the patients in the study did not feel well at all during the next 4 weeks in the main group, and 79% in the control group.

Table 3.

Distribution of health of main and control groups according to their effect on mood (%).

Gradations	Mostly		Sometimes		Once	
	the main group	control group	the main group	control group	the main group	control group
to feel refreshed	2,4	79,0	19,4	20,2	78,2	0,8
strong nervousness	49,2	25,1	49,2	37,1	1,6	37,8
feeling very depressed	42,8	12,6	54,4	39,8	2,8	47,6
to feel calm, at peace	27,8	74,3	62,4	25,7	9,8	0
a sense of fullness of power	1,8	75,4	32,8	19,9	65,4	4,7
feeling sad	41,2	10,1	52,0	62,8	6,8	27,0
feeling of pain	35,6	15,9	58,4	55,4	6,0	28.7
feeling of happiness	31,6	79,0	62,8	19,6	5,6	1,4
feeling tiredness	49,2	24,4	43,2	58,8	7,6	16,8

Note: *The difference between patients and control groups was r <0.01*

It was also found that feelings of pain, fatigue, and extreme depression were 60% more common in the main group. Among the patients in the main group, the feeling of happiness, the feeling of fullness of strength, the feeling of feeling refreshed were recorded at very low rates compared to the control group. These cases, of course, indicate that patients'quality of life is not good. After the survey, patients came to the following conclusions about their health. 45.2% of patients consider themselves more susceptible to the disease than others. 40.4% said their health was not worse than others. 44.8% of patients are concerned about the possibility of deteriorating health. 80,7% of those in the control group said they were in good health after the survey. An

analysis of the study results showed that physical and social activity was higher in the control group (individuals without bronchial asthma).

In order to further improve allergology services and increase the physical and social activity of the population, increase the level of knowledge of specialists in this field, the Ministry of Health of the Republic of Uzbekistan on September 3, 2008 adopted Order No. 393 "On further improvement of allergology services", "School of Allergy and Asthma" was established. The center has developed legal regulations and, based on the approved program, conducts trainings on the quality of life and prevention of patients with bronchial asthma, helping clients to master the skills that allow them to work on themselves, to fully control the disease.

Classes at this asthma school are conducted individually and in groups, and lectures are given by leading scientists and researchers in the field. This allows each client who attends the session to receive important medical information and share ideas with others.

"Asthma School" – implementation of anti-disease measures in cooperation with doctors, nurses, patients and clients, continuous cooperation with the attached medical staff, knowledge of the doctor about his client, ability to help him in cases of depression and anxiety, effective treatment of the disease in treatment helps the client and his relatives to achieve the intended goal by having medical knowledge about the disease. At the same time, the "Asthma School" helps to teach patients with bronchial asthma the skills of self-care, self-assessment and prevention of complications during a stroke. Bronchial asthma requires clients to approach a drug program long, sometimes without breaks, and responsibly.

"Asthma School" classes are designed to keep patients and clients from becoming overwhelmed by their own problems and depression, and to ensure that their lives are not judged to the last day, but are a way of life.

Conclusions

1. The health status of patients with bronchial asthma suggests a negative impact on their physical activity. In the majority of patients, some physical exertion: running, engaging in certain sports, walking long distances, climbing several steps, etc., caused significant difficulty.

2. The disease has affected the mood and emotional state of patients. 78.2% of patients in Tashkent did not feel refreshed at all for the next 4 weeks. As a result of the emotional state, most patients were forced to reduce the time they spent working.

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