New Day in Medicine
Новый День в Медицине
NDM

TIBBIYOTDA YANGI KUN

Ilmiy referativ, marifiy-ma'naviy jurnal

AVICENNA-MED.UZ

ISSN 2181-712X.
EiSSN 2181-2187

5 (55) 2023

Сопредседатели редакционной коллегии:

Ш. Ж. ТЕШАЕВ,
А. Ш. РЕВИШВИЛИ

Ред. коллегия:

М.И. АБДУЛЛАЕВ
А.А. АБДУМАЖИДОВ
А.Ш. АБДУМАЖИДОВ
Р.Б. АБДУЛЛАЕВ
М.М. АКБАРОВ
Х.А. АКИЛОВ
М.М. АЛИЕВ
С.Ж. АМИНОВ
Ш.Э. АМОНОВ
Ш.М. АХМЕДОВ
Ю.М. АХМЕДОВ
Т.А. АСКАРОВ
Ж.Б. БЕКНАЗАРОВ (главный редактор)
Е.А. БЕРДИЕВ
Б.Т. БУЗРУКОВ
Р.К. ДАДАБАЕВА
М.Н. ДАМИНОВА
К.А. ДЕХКОНОВ
Э.С. ДЖУМАБАЕВ
А.Ш. ИНОЯТОВ
С. ИНДАМИНОВ
А.И. ИСКАНДАРОВ
С.И. ИСМОИЛОВ
Э.Э. КОБИЛОВ
Д.М. МУСАЕВА
Т.С. МУСАЕВ
Ф.Г. НАЗИРОВ
Н.А. НУРАЛИЕВА
Б.Т. РАХИМОВ
Ш.И. РУЗИЕВ
С.А. РУЗИБОЕВ
С.А.ГАФФОРОВ
С.Т. ШАТМАНОВ (Кыргызстан)
Ж.Б. САТТАРОВ
Б.Б. САФОЕВ (отв. редактор)
И.А. САТИВАЛДИЕВА
Д.И. ТУКСАНОВА
М.М. ТАДЖИЕВ
А.Ж. ХАМРАЕВ
А.М. ШАМСИЕВ
А.К. ШАДМАНОВ
Н.Ж. ЭРМАТОВ
Б.Б. ЕРГАШЕВ
Н.Ш. ЕРГАШЕВ
И.Р. ЮЛДАШЕВ
Д.Х.ЮЛДАШЕВА
А.С. ЮСУПОВ
М.Ш. ХАКИМОВ
К.А. ЕГЕЗАРЯН (Россия)
DONG JINCHENG (Китай)
КУЗАКОВ В.Е. (Россия)
Я. МЕЙЕРНИК (Словакия)
В.А. МИТИШ (Россия)
В И. ПРИМАКОВ (Беларусь)
О.В. ПЕШИКОВ (Россия)
А.А. ПОТАПОВ (Россия)
А.А. ТЕПЛОВ (Россия)
Т.Ш. ШАРМАНОВ (Казахстан)
А.А. ЩЕГОЛОВ (Россия)
Prof. Dr. KURBANHAN MUSLUMOV(Azerbaijan)
Prof. Dr. DENIZ UYAK (Germany)

www.bsmi.uz
https://newdaymedicine.com
E: ndmuz@mail.ru
Тел: +99890 8061882

ТИББИЁТДА ЯНГИ КУН
НОВЫЙ ДЕНЬ В МЕДИЦИНЕ
NEW DAY IN MEDICINE

Илмий-рефератив, маънавий-маърифий журнал
Научно-реферативный,
духовно-просветительский журнал

УЧРЕДИТЕЛИ:

БУХАРСКИЙ ГОСУДАРСТВЕННЫЙ МЕДИЦИНСКИЙ ИНСТИТУТ
ООО «ТИББИЁТДА ЯНГИ КУН»

Национальный медицинский исследовательский центр хирургии имени А.В. Вишневского является генеральным научно-практическим консультантом редакции

Журнал был включен в список журнальных изданий, рецензируемых Высшей Аттестационной Комиссией Республики Узбекистан (Протокол № 201/03 от 30.12.2013 г.)

РЕДАКЦИОННЫЙ СОВЕТ:

М.М. АБДУРАХМАНОВ (Бухара)
Г.Ж. ЖАРЫЛКАСЫНОВА (Бухара)
А.Ш. ИНОЯТОВ (Ташкент)
Г.А. ИХТИЁРОВА (Бухара)
Ш.И. КАРИМОВ (Ташкент)
У.К. КАЮМОВ (Тошкент)
Ш.И. НАВРУЗОВА (Бухара)
А.А. НОСИРОВ (Ташкент)
А.Р. ОБЛОКУЛОВ (Бухара)
Б.Т. ОДИЛОВА (Ташкент)
Ш.Т. УРАКОВ (Бухара)

5 (55)

2023

май

Received: 20.04.2023, Accepted: 30.04.2023, Published: 15.05.2023.

UDC 616-006.611-69

ASSESSMENT OF PSYCHOLOGICAL SIGNS IN CANCER PATIENTS WITH BREAST CANCER

Mukhsinov Nodir Tohirovich https://orcid.org/0009-0002-8985-4936

Bukhara State Medical Institute named after Abu Ali ibn Sina Uzbekistan Bukhara, A.Navoi st. 1 Tel: +998(65) 223-00-50 e-mail: info@bsmi.uz

✓ ***Resume***

Constant emotional stress leads to a violation of the secretion of stress hormones, among which cortisol plays an important role. The symptoms of a psychological disorder include anxiety, depression, deconstructed emotional reactions and interpersonal relationships, communication. According to the literature, the differences in dividends in the severity of psychological disorders are due to age, the individual's stress resistance, level of education, knowledge of diseases and treatment methods, social status and support. The results of our empirical studies confirm the assumption that we have put forward. Based on the data obtained, it is possible to formulate an assumption that requires further confirmation that the psychological characteristics of women with breast cancer are psychological mechanisms for the formation of quality of life.

Keywords: breast cancer, anxiety, depression, quality of life, psychotherapy, correlation.

KO'KRAK BEZI SARATONI BILAN OG'RIGAN BEMORLARDA PSIXOLOGIK BELGILARNI BAHOLASH

Mukhsinov Nodir Tohirovich https://orcid.org/0009-0002-8985-4936

Abu Ali ibn Sino nomidagi Buxoro davlat tibbiyot instituti, O‘zbekiston, Buxoro, st. A. Navoiy. 1 Tel: +998 (65) 223-00-50 e-mail: info@bsmi.uz

✓ ***Rezyume***

Doimiy hissiy stress stress gormonlari sekretsiyasining buzilishiga olib keladi, ular orasida kortizol muhim rol o'ynaydi. Psixologik buzilishning alomatlariga tashvish, depressiya, dekonstruksiya qilingan hissiy reaktsiyalar va shaxslararo munosabatlar, aloqa kiradi. Adabiyotlarga ko'ra, psixologik kasalliklarning og'irligidagi dividendlardagi farqlar yoshga, shaxsning stressga chidamliligiga, ta'lim darajasiga, kasallik va davolash usullarini bilishga, ijtimoiy mavqega va qo'llab-quvvatlashga bog'liq. Biz olgan empirik tadqiqotlar natijalari biz ilgari surgan taxminni tasdiqlaydi. Olingan ma'lumotlarga asoslanib, ko'krak bezi saratoni bilan og'rigan ayollarning psixologik xususiyatlari hayot sifatini shakllantirishning psixologik mexanizmlari ekanligini qo'shimcha tasdiqlashni talab qiladigan taxminni shakllantirish mumkin.

Kalit so'zlar: ko'krak bezi saratoni, tashvish, depressiya, hayot sifati, psixoterapiya, korrelyatsiya.

ОЦЕНКА ПСИХОЛОГИЧЕСКИХ ПРИЗНАКОВ У ОНКОЛОГИЧЕСКИХ БОЛЬНЫХ С РАКОМ МОЛОЧНОЙ ЖЕЛЕЗЫ

Мухсинов Нодир Тохирович https://orcid.org/0009-0002-8985-4936

Бухарский государственный медицинский институт имени Абу Али ибн Сины, Узбекистан, г. Бухара, ул. А. Навои. 1 Тел: +998 (65) 223-00-50 e-mail: info@bsmi.uz

✓ ***Резюме***

Постоянные эмоциональные нагрузки приводят к нарушению секреции гормонов стресса, среди которых кортизол играет важнейшую роль. К симптомам психологического расстройства относятся беспокойство, депрессия, деконструированные эмоциональные реакции и межличностные отношения, общение. Согласно литературе, различия в дивидендах в тяжести психологических расстройств обусловлены возрастом, стрессоустойчивостью

индивида, уровнем образования, знанием болезней и методов лечения, социальным положением и поддержкой.Результаты полученных нами эмпирических исследований подтверждают предположение, которое мы выдвинули. Исходя из полученных данных, можно сформулировать предположение, требующее дальнейшего подтверждения того, что психологические особенности женщин с раком молочной железы являются психологическими механизмами формирования качества жизни.

Ключевые слова: рак молочной железы, тревога, депрессия, качество жизни, психотерапия, корреляция.

Relevance

In cases of a significant increase in the number of women with breast cancer, information about the factors affecting the patient's life is becoming increasingly important: they can be used when choosing tactics for the treatment and rehabilitation of patients, as well as when taking measures to ensure the best comfort in life during and after the disease [1]. Because of the teaching about the quality of life of cancer patients, many studies by foreign authors are devoted to [1-5], but there are very few of them in the domestic literature. It is proved that age, stage of the disease, education, socio-demographic factors, type of surgery and complications affect the quality of life [1, 6-8].

The trigger point of changing the quality of life is a stressful situation associated with obtaining information about the presence of a malignant, but malignant formation associated with a fatal outcome, subsequent expectation of an upcoming operation, treatment associated in most cases with breast loss (MRI) and numerous side effects, lack of a guarantee of full recovery, fear of relapse [9, 10]. Constant emotional stress leads to the decomposition of the secretion of stress hormones, among which cortisol plays an important role.

The symptoms of a psychological disorder include anxiety, depression, deconstructed emotional reactions and interpersonal relationships, communication. According to the literature, the differences in dividends in the severity of psychological disorders are due to the age, stress resistance of the individual, level of education, knowledge of diseases and treatment methods, social status and support of those who are in the region [9].

The indicator of the quality of life of sick patients today is an additional criterion for the effectiveness and safety of the treatment of malignant neoplasms [1]. Assessment of the quality of life allows you to determine the effectiveness of treatment of a particular patient and use the data obtained to correct the treatment schedule. In addition, the quality of life research method is a reliable and informative way to determine the October parameters of human well-being [2]. Assessment of the quality of life in medicine is associated with "the need to deconstruct a holistic, complex picture of the world of a sick person, an objective vision of the patient and the disease by doctors, to supplement it with a subjective assessment of the patient's own position, that is, the need to collect objective and subjective criteria for assessing his condition" [4].

The purpose of the study

The study of mental disorders at different stages of cancer in breast cancer patients, taking into account the influence of premorbid personality traits and psychosomatic correlations in their development.

Materials and methods

The study included 102 patients with histologically confirmed MSG. The first sample included 50 patients who were diagnosed with breast cancer for the first time (average age 46.7 ± 11.1 years). This sample was created in patients with mental disorders arising from conditions of somatic diseases in accordance with ICD-10 (neurotic and somatoform disorders associated with stress). The second sample consisted of 52 patients with the duration of the disease and signs of personality disorder in ICD-10 (mean age 58.6 ± 5.8 years) with catamnesia for 4 years or more (in some cases up to 18 years) accordingly. The main research methods were clinical-psychopathological, catamnetic and statistical. The criteria for inclusion of patients in the study were: 1) the presence of histologically confirmed breast cancer 2) signs of varying degrees of mental disorders that the attending oncologist considers necessary for referring patients to a psychiatrist.

The exclusion criteria were the conditions of patients who do not allow psychopathological examination to the necessary extent (severe somatic withdrawal, mental retardation, gross organic release of the central nervous system, progressive schizophrenia with pronounced personality changes, substance abuse). The main research methods were clinically psychopathological, catamnetic, and statistical.

Result and discussion

As a result of the correlation analysis, the relationship between psychological specialists in breast cancer and the assessment of the quality of life of patients with breast cancer was revealed. Quality of life indicators have a strong direct connection with basic beliefs and vital activity, internationalism in various spheres of life. According to other indicators, no significant relationship was found with the assessment of the quality of life in women with breast cancer.

Life indicators do not have a significant positive correlation with 6 parameters of quality of life. In our opinion, the higher the improvement in women with breast cancer, the higher the quality of life indicators. Participation in what is happening reflects self-confidence and the belief that one's own voice makes sense and gives a positive result. The lower the internalized control of health and diseases in women with breast cancer, the higher the indicators of vital activity and physical activity and the lower the indicators of pain severity. Perhaps, if the disease is considered as a result of one case and hopes for recovery from the actions of other people, primarily doctors, there is an assessment of the physical condition, improvement of vital activity and reduction of pain. In general, many of all the connections are connected with the basic beliefs, the vitality inherent in women with breast cancer in various fields, with such indicators of quality of life as mental health, vital activity, role functioning due to emotional state. The smallest association of these psychological characteristics of women with breast cancer was determined by their assessment of their physical health, treatment expectations and physical functioning.

Therefore, based on the empirical data obtained, it can be assumed that a person's personal parameters, such as his vital activity, basic beliefs, inner identity, form the basis of psychological mechanisms for the formation of an assessment of the quality of life.

Conclusions

A thorough study of the psychological true adaptation of an individual in difficult life conditions contributes to the understanding of the psychological mechanisms of quality of life. The relations that we define with the assessment of the quality of life of psychological signs in breast cancer patients indicate the possible influence of the components of vital activity, fundamental beliefs on the formation of a subjective assessment of the degree of satisfaction with the physical and mental states of internationalism in various spheres of life.

The results of our empirical studies confirm the assumption that we have put forward. Based on the data obtained, it is possible to formulate an assumption that requires further confirmation that the psychological characteristics of women with breast cancer are psychological mechanisms for the formation of quality of life.

LIST OF REFERENCES:

1. Dyachenko V.G. Prospects for studying the quality of life of breast cancer patients (literature review) / V. G. Dyachenko, V. L. Kovalenko Far Eastern Medical Journal. 2013 3:134- 138. (in Russian)
2. Ionova, T. I. The significance of the study of the quality of life in modern healthcare / T. I. Ionova Quality and life. 2019 1(21):3-8. (in Russian)
3. Kotelnikova A.V. Psychosocial factors of health-related quality of life in patients with impaired motor functions / A.V. Kotelnikova, A. A. Kukshina Clinical and special psychology. 2017 6(1):63-78. (in Russian)
1. Nepomnyashchaya V.A. Psychological mechanisms of quality of life formation / V.A. Nepomnyashchaya Siberian Psychological Journal. 2004 20:28-33. URL: https:cyberleninka . ru/article/n/psihologicheskie-mehanizmy-formirovaniya-kachestva-zhizni (accessed 09.06.2020) (in Russian)
2. Psychological structure of the quality of life of patients with epilepsy: a manual for doctors and medical psychologists / L. I. Wasserman et al. / Ministry of Health and Social Development of the Russian Federation. Federation, St. Petersburg. scientific-research. psychoneurol. V. M. Bekhterev Institute. St. Petersburg : SPbNIPNI, 2008 44. (in Russian)
3. Clarke D, Cook K, Coleman K, Smith G. A qualitative examination of the experience of «depression» in hospitalized medically ill patients. Psychopathology. 2006 39:303-312. https:doi.org/10.1159/000095778(in Russian)
4. Smulevich A.B., Volel B.A., Medvedev V.E. Personality development in somatic diseases (to the problem of acquired hypochondria). Mental disorders in general medicine (Appendix "Psychiatry and psych pharmacotherapy"). 2008 2:4-11. (in Russian)
5. Lichko A.E. Adolescent psychotherapy. L.: Medicine 1985. [Lich- ko AE. Adolesccuk Psychiatry. L.: Medicine 1985. (In Russ.)].
6. Calhoun LG, Tedeschi RG. The foundations of posttraumatic growth: An ex- panded framework. Eds. Calhoun L.G., Tedeschi R.G. In: Handbook of post- traumatic growth. Mahwah. NJ: Lawrence Erlbaum Associates. 2006 3:23(in Russian)

Entered 20.04.2023