SURUNKALI LIMFOLEYKOZ KASALLIGIDA HISSIY BUZILISHLAR VA ULARNING HAYOT SIFATIGA TA'SIRI

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Maqsad. *Surunkali limfoleykoz kasalligi bilan og'rigan bemorlarda xissiy buzilishlarning ularning xayot sifatiga ta'sirini o'rganish*

Material va usullar. *Surunkali limfoleykoz bilan og'rigan 130 nafar bemor O'zbekiston Respublikasi Sog'liqni saqlash vazirligining Respublika gematologiya va transfuziologiya Ilmiy tekshirish Markazi Xorazm filialida (O'zR SSV RGvTITMXf) tekshiruvdan o'tkazildi. Ilmiy tadqiqotlar 2014 yildan 2023 yilgacha statsionar ravishda yotib davolangan surunkali limfoleykoz bilan og'rigan bemorlar natijalari asosida olindi. SHulardan 71 nafarini erkaklar (54,6%) va 59 nafarini ayollar (45,4%) tashkil qildi. Erkaklar va ayollar nisbati 1,2:1.*

Bemorlar 46 yoshdan 86 yoshgacha bo'lgan bemorlardan iborat bo'ldi, shu jumladan 13 yoshdan 44 yoshgacha -13 nafar bemorlar (15,5%), 45 yoshdan 59 yoshgacha – 25 nafar bemorlar (29,8%), 60 yoshdan 74 yoshgacha - 37 nafar bemorlar (44,0%), 75 yoshdan katta - 9 nafar bemorlar (10,7%)dan iborat bo'ldi. Bemorlarning o'rtacha yoshi 64,07±9,56 yil (p<0,05).

Surunkali limfoleykoz bilan og'rigan bemorlarning hayot sifatini baholash uchun onkologik bemorning funktsiyalarini baholash uchun FACT-G (Functional Assessment of Cancer Therapy-General, Version-4) so'rovnomasidan tadqiqot boshlangan kuni va uch oy o'tgandan so'ng foydalanildi.

Natijalar. *Hayot sifatini baholash uchun FACT-G shkalasi bo'yicha o'rtacha ball 57,5 ni tashkil etdi, maksimal 108 ballni tashkil etdi. Bu surunkali limfoleykozga chalingan bemorlarning hayot sifati sog'lom odamlarga qaraganda deyarli ikki baravar past ekanligini ko'rsatdi. Jismoniy farovonlik moduli (PWB, Physical well-being) insonning jismoniy holatini baholashga imkon berdi, shu jumladan bemorning asosiy shikoyatlarini (og'riq, ko'ngil aynish, umumiy holsizlik, davolanishning nojo'ya ta'siri) aniqlashga yordam berdi. Ushbu modulda o'rtacha ball 15,5 ni tashkil etdi (normada 28 ball), bu uning bemorlarda sezilarli, deyarli ikki baravar kamayishini ko'rsatdi. Ijtimoiy/oilaviy farovonlik moduli (SWB, Social/Family well-being) bemorning ijtimoiy rolidan qoniqishini baholadi, insonning ijtimoiy moslashish imkoniyatlarini aks ettirdi. Ushbu modulda o'rtacha ball 15,7 ni tashkil etdi (normada 28 ball), bu ham deyarli ikki baravar pasayishni aks ettirdi. Hissiy farovonlik moduli (EWB, Emotional well-being) bemorlarning psixoemotsional holatini baholadi, o'rtacha ball 14,0 (normada 24 ball). Funktsional farovonlik moduli (FWB, Functional well-being) bu baholash bemorning kundalik hayotga moslashishi. Ushbu modul uchun o'rtacha ball eng past - 12,5 ko'rsatkichni tashkil etdi va maksimal 28 balldan ikki martadan ko'proq pasayishni aks ettirdi.*

Xulosa. *Ushbu ko'rsatkichlarni dinamikada baholashda jismoniy, ijtimoiy va hissiy farovonlik sohasidagi ko'rsatkichlarning statistik jihatdan sezilarli pasayishi, shuningdek FACT-G shkalasi bo'yicha umumiy ballning pasayishi kuzatildi. Bu surunkali limfoleykozga chalingan bemorlarning hayot sifati sog'lom odamlarga qaraganda deyarli ikki baravar past darajada ekanligidan dalolat berdi.*

Kalit so'zlar: *Surunkali limfoleykoz, nevrologik asoratlar, asab tizimini shikastlanishi, stress, depressiya*

ЭМОЦИОНАЛЬНЫЕ РАССТРОЙСТВА И ИХ ВЛИЯНИЕ НА КАЧЕСТВО ЖИЗНИ ПРИ ХРОНИЧЕСКОМ ЛИМФОЛЕЙКОЗЕ

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Цель. *Изучение влияния эмоциональных расстройств на качество их жизни у пациентов с хроническим лимфолейкозом*

Материал и методы. *130 больных хроническим лимфолейкозом обследованы в Хорезмском филиале Республиканского научно-исследовательского центра гематологии и трансфузиологии Министерства здравоохранения Республики Узбекистан. Научные исследования были основаны на результатах пациентов*

с хроническим лимфолейкозом, получавших стационарное лечение в период с 2014 по 2023 год. Из них 71 мужчина (54,6%) и 59 женщин (45,4%). Соотношение мужчин и женщин составляет 1,2:1.

В состав пациентов вошли пациенты в возрасте от 46 до 86 лет, в том числе от 13 до 44 лет -13 пациентов (15,5%), от 45 до 59 лет – 25 пациентов (29,8%), от 60 до 74 лет - 37 пациентов (44,0%), старше 75 лет - 9 пациентов (10,7%).). Средний возраст пациентов составляет 64,07±9,56 года (p<0,05).

Для оценки качества жизни пациентов с хроническим лимфолейкозом анкета FACT-G (Functional Assessment of Cancer Therapy-General, версия-4) использовалась в день начала исследования и через три месяца после него для оценки функций онкологического пациента.

Результаты. *Средний балл по шкале FACT-G для оценки качества жизни составил 57,5 с максимальным баллом 108. Это показало, что качество жизни пациентов с хроническим лимфолейкозом почти в два раза ниже, чем у здоровых людей. Модуль физического благополучия (pwb, Physical well-being) позволил оценить физическое состояние человека, включая помощь в выявлении основных жалоб пациента (боль, тошнота, общая слабость, побочные эффекты лечения). Средний балл по этому модулю составил 15,5 (28 баллов в норме), что свидетельствовало о значительном, почти двукратном снижении его у пациентов. Модуль социального/семейного благополучия (SWB, Social / Family well-being) оценивал удовлетворенность пациента социальной ролью, отражал возможности социальной адаптации человека. Средний балл по данному модулю составил 15,7 (в норме 28 баллов), что также отражало почти двукратное снижение. Модуль эмоционального благополучия (EWB, emotional well-being) оценивал психоэмоциональное состояние пациентов со средним баллом 14,0 (в норме 24 балла). Модуль функционального благополучия (FWB, Functional Well-Being) - это оценка адаптация пациента к повседневной жизни. Средний балл по этому модулю был самым низким-12,5-и отражал снижение более чем в два раза по сравнению с максимумом в 28 баллов.*

Вывод. *При оценке этих показателей в динамике наблюдалось статистически значимое снижение показателей в области физического, социального и эмоционального благополучия, а также снижение общего балла по шкале FACT-G. Это показало, что качество жизни пациентов с хроническим лимфолейкозом почти в два раза ниже, чем у здоровых людей.*

Ключевые слова: *хронический лимфолейкоз, неврологические осложнения, повреждение нервной системы, стресс, депрессия.*

EMOTIONAL DISORDERS AND THEIR IMPACT ON THE QUALITY OF LIFE IN CHRONIC LYMPHOCYTIC LEUKEMIA

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Aim. *To study the effect of emotional disorders on their quality of life in patients with chronic lymphocytic leukemia*

Materials and methods. *130 patients with chronic lymphocytic leukemia were examined at the Khorezm branch of the Republican Research Center of Hematology and Transfusiology of the Ministry of Health of the Republic of Uzbekistan. The research was based on the results of patients with chronic lymphocytic leukemia who received inpatient treatment between 2014 and 2023. Of these, 71 were men (54.6%) and 59 were women (45.4%). The ratio of men to women is 1.2:1.*

The patients included patients aged 46 to 86 years, including 13 patients (15.5%) aged 13 to 44 years, 25 patients (29.8%) aged 45 to 59 years, 37 patients (44.0%) aged 60 to 74 years, and 9 patients over 75 years. (10.7%).). The average age of patients is 64.07±9.56 years (p<0.05).

To assess the quality of life of patients with chronic lymphocytic leukemia, the FACT-G (Functional Assessment of Cancer Therapy-General, version-4) questionnaire was used on the day of the start of the study and three months after it to assess the functions of an oncological patient.

Results. *The average score on the FACT-G scale for assessing the quality of life was 57.5 with a maximum score of 108. This showed that the quality of life of patients with chronic lymphocytic leukemia is almost two times lower than that of healthy people. The physical well-being module (pwb, Physical well-being) made it possible to assess a person's physical condition, including assistance in identifying the patient's main complaints (pain, nausea, general*

weakness, side effects of treatment). The average score for this module was 15.5 (28 points are normal), which indicated a significant, almost twofold decrease in patients. The module of social/family well-being (SWB, Social / Family well-being) assessed the patient's satisfaction with the social role, reflected the possibilities of social adaptation of a person. The average score for this module was 15.7 (normally 28 points), which also reflected an almost twofold decrease. The emotional well-being module (EWB) assessed the psychoemotional state of patients with an average score of 14.0 (normally 24 points). The Functional Well-Being Module (FWB) is an assessment of the patient's adaptation to everyday life. The average score for this module was the lowest-12.5-and reflected a decrease of more than two times compared to the maximum of 28 points.

Conclusion. *When evaluating these indicators, there was a statistically significant decrease in indicators in the field of physical, social and emotional well-being, as well as a decrease in the overall score on the FACT-G scale. This showed that the quality of life of patients with chronic lymphocytic leukemia is almost two times lower than that of healthy people.*

Key words: *chronic lymphocytic leukemia, neurological complications, damage to the nervous system, stress, depression.*

So‘nggi paytlarda har qanday profildagi bemorlarning psixoemotsional holatini o‘rganishga tobora ko‘proq e’tibor qaratilmoqda. Xorijiy adabiyotlarda «cancer-specific stress», «cancer-related stress» atamasi keng qo‘llaniladi, bu atamalar o‘sma kasalligi bilan bog‘liq stress bo‘lib, jismoniy faoliyatni yomonlashtiradi va psixologik buzilishlarni (kognitiv, affektiv, depressiv alomatlar) bashorat qiladi. Turli tadqiqotlarga ko‘ra, o‘sma kasalliklari orasida depressiyaning tarqalishi 1% dan 40% gacha, onkogematologiyada shunga o‘xshash tadqiqotlar hozirgi vaqtda yetarlicha o‘rganilmagan [2,5,6,8,12,17]. Surunkali limfoleyroz (SLL) davolash boshlanishidan oldin ko‘proq stressni boshidan kechirgan bemorlar aqliy faoliyat va yashovchanlik nuqtai nazaridan yomonroq oqibatlarga ega ekanligi ko‘rsatilgan [6,9,11,15]. Psixologik distress SLL bilan og‘rigan bemorlarning kamida 26% uchun jiddiy psixosotsial muammo hisoblanadi. Psixologik buzilishlarga bemorning kundalik hayotiga katta ta’sir ko‘rsatadigan klinik belgilarga doimiy tashvish, depressiv tuyg‘ular va qo‘rquv kiradi. Ba’zi bemorlar somatik alomatlar ko‘rinishidagi psixologik buzilishlarni (bosh og‘rig‘i, uyqu muammolari va oshqozon-ichak trakti kasalliklari belgilari kabi) boshdan kechirishadi va affektiv buzilishlari bo‘lmagan bemorlarga nisbatan bu muammolar uchun ikki baravar tez-tez tibbiy yordamga murojaat qilishadi va kasalxonaga yotqizish ehtimoli oshadi, bu esa ularni davolash narxining sezilarli darajada oshishiga olib keladi [5,7,10,13]. Yondosh kasalliklar, salbiy hayotiy hodisalar va yuqori darajadagi charchoq kabi omillar SLL bilan og‘rigan bemorlarda tashvish va depressiya alomatlari rivojlanish xavfi oshadi. SHuni ham ta’kidlash mumkinki, oldingi davolash kurslarining ko‘pligi SLL bilan og‘rigan bemorlarda o‘smaga xos bo‘lmagan stress bilan bog‘liq. Ehtimol, bir qator omillar - polikimyoterapiya va uning nojo‘ya ta’siri bilan bog‘liq bo‘lgan oldingi tajriba, tibbiy tizim, mavjud ijtimoiy qo‘llab-quvvatlash tuzilmalari va boshqalar bilan tanishish SLL davolash tsikllari soni oshgani sayin stressni kamaytirishga hissa qo‘shishi mumkin [1,3,14,16].

Maqsad. Surunkali limfoleykoz kasalligi bilan og‘rigan bemorlarda xissiy buzilishlarning ularning xayot sifatiga ta’sirini o‘rganish

Material va usullar. Surunkali limfoleykoz bilan og‘rigan 130 nafar bemor O‘zbekiston Respublikasi Sog‘liqni saqlash vazirligining Respublika gematologiya va transfuziologiya Ilmiy tekshirish Markazi Xorazm filialida (O‘zR SSV RGvTITMXf) tekshiruvdan o‘tkazildi. Ilmiy tadqiqotlar 2014 yildan 2023 yilgacha statsionar ravishda yotib davolangan SLL bilan og‘rigan bemorlar natijalari asosida olindi. SHulardan 71 nafarini erkaklar (54,6%) va 59 nafarini ayollar (45,4%) tashkil qildi. Erkaklar va ayollar nisbati 1,2:1.

Bemorlar 46 yoshdan 86 yoshgacha bo‘lgan bemorlardan iborat bo‘ldi, shu jumladan 13 yoshdan 44 yoshgacha -13 nafar bemorlar (15,5%), 45 yoshdan 59 yoshgacha – 25 nafar bemorlar (29,8%), 60 yoshdan 74 yoshgacha - 37 nafar bemorlar (44,0%), 75 yoshdan katta - 9 nafar bemorlar (10,7%)dan iborat bo‘ldi. Bemorlarning o‘rtacha yoshi 64,07±9,56 yil ($p<0,05$).

Bemorlarda kasallik dastlab paydo bo‘lgan vaqtiga qarab o‘rganilganda quyidagi holat aniqlandi: 6 oygacha – 32 nafar (24.62%), 6 oydan 1 yilgacha – 17 nafar (13.08%), 1 yildan 3 yilgacha – 31 nafar (23.84%), 3 yildan 5 yilgacha – 30 nafar (23.08%), 5 yildan ortiq – 20 nafar bemor (15.38%). Bemorlarning 25,38% (33) oliy ma’lumotli, qolgan 74,62% (97) o‘rta va kasb-hunar o‘rta ma’lumotiga ega.

Natijalar. SLL bilan og‘rigan bemorlarning hayot sifatini baholash uchun onkologik bemorning funktsiyalarini baholash uchun FACT-G (Functional Assessment of Cancer Therapy-General, Version-4) so‘rovnomasi ishlatildi. O‘lchovning barcha ko‘rsatkichlari bo‘yicha to‘liq tavsiflovchi statistik tahlil o‘tkazildi, natijalari 1-jadvalda keltirildi.

1 jadval.

FACT-G so‘rovnomasi asosida hayot sifatini tavsiflovchi statistik tahlil natijalari

	m, o‘rtacha	me, mediana	Q1, birinchi kvartil	Q3, uchinchi kvartil	σ, stand. og‘ish	assimetriya koeffitsienti	Ekstsess koeffitsienti
Tadqiqot boshlanganda							
FACT-G Total	58,30714	57,50000	48,10000	66,00000	12,98500	0,45116	0,02549
PWB	15,28571	15,50000	12,00000	18,00000	4,94750	0,19107	-0,23615
SWB	16,43175	15,70000	13,70000	20,00000	4,49066	0,25522	-0,15292
EWB	13,99206	14,00000	11,00000	17,00000	4,39544	-0,1238	-0,00400
FWB	12,57937	12,50000	10,00000	16,00000	5,03961	0,31797	0,51631
Tadqiqot boshlangandan 3 oydan so‘ng							
FACT-G Total	54,05319	54,00000	46,90000	58,00000	12,20855	0,28886	0,96203
PWB	14,19916	14,00000	12,00000	17,00000	3,84594	0,15095	-0,17220
SWB	16,30697	16,00000	12,90000	20,00000	4,27002	0,37679	-0,62290
EWB	13,16807	13,00000	11,00000	16,00000	4,12376	-0,2886	0,46638
FWB	11,75378	11,00000	9,00000	13,00000	6,52783	5,52601	45,59979

Xususiyatlarni taqsimlashning normalligini baholash uchun SHapiro-Uilka testi ishlatildi, uning natijalari 2-jadvalda keltirildi. Sinovda, agar p>0.1 da nol gipotezadan og‘magan bo‘lsa, xususiyatlarning normalligi tasdiqlangan deb ishonildi.

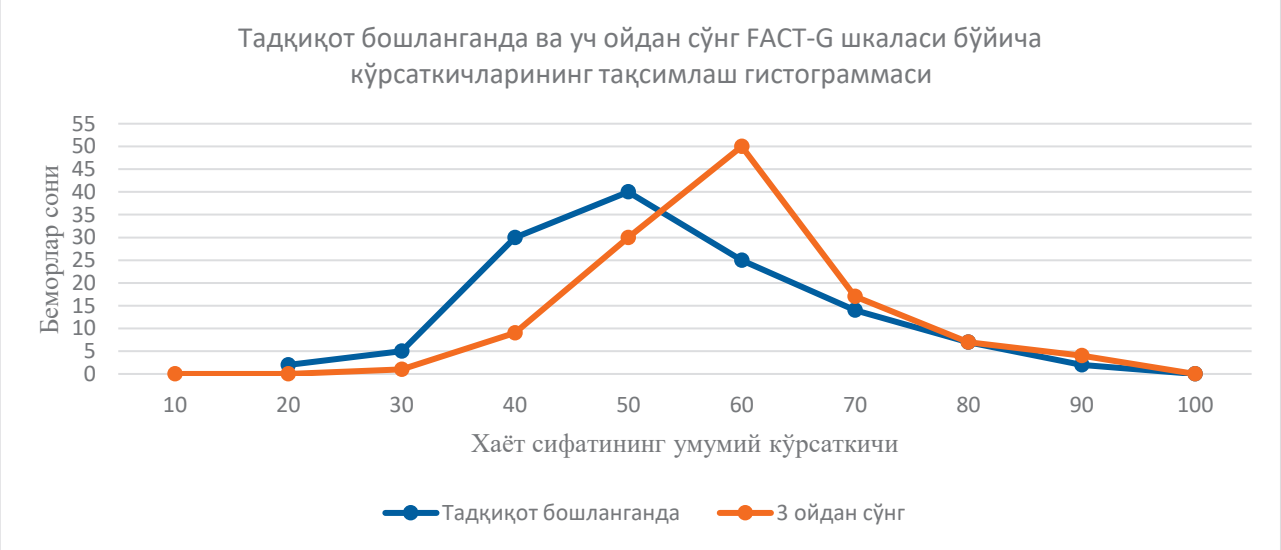
2 jadval.

FACT-G so‘rovnomasi ko‘rsatkichlari uchun SHapiro-Uilka testi natijalari

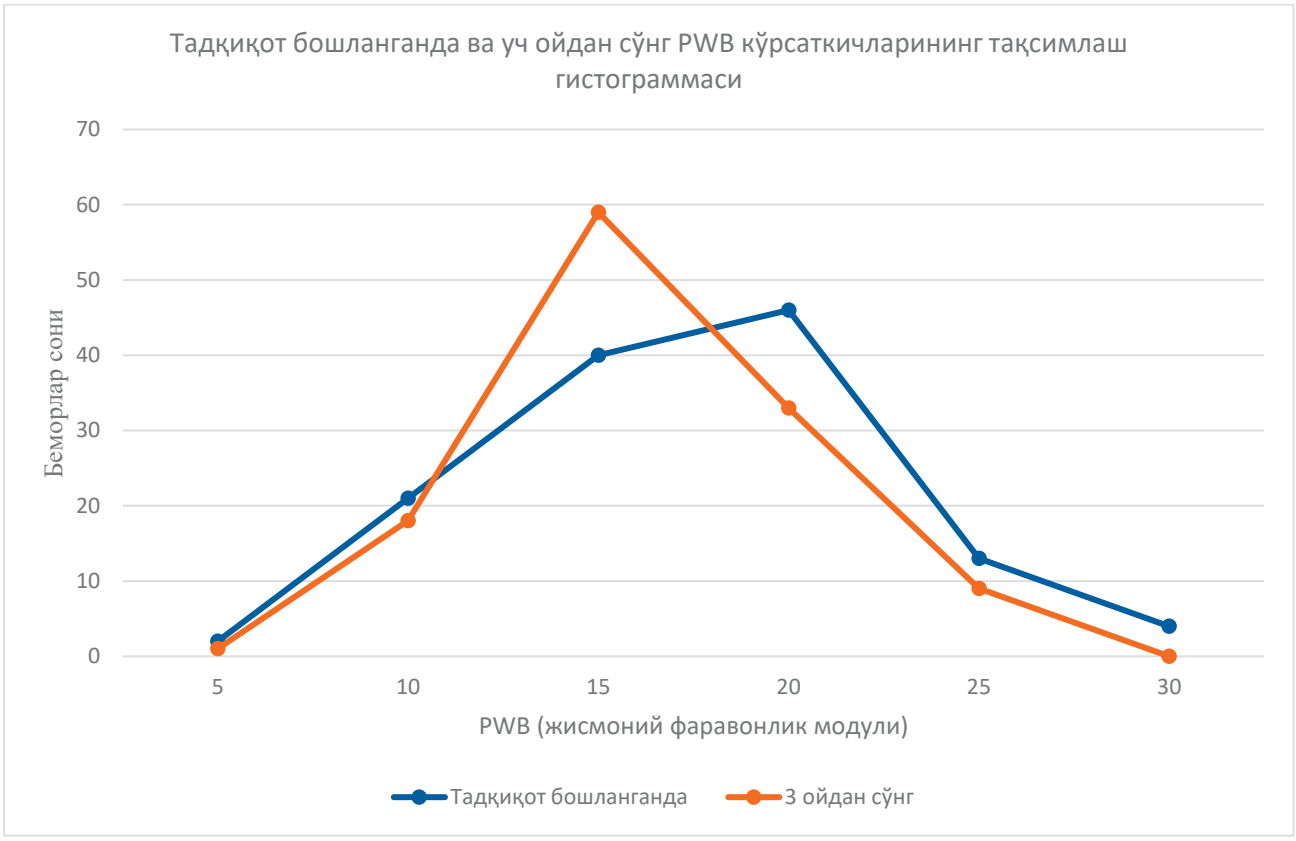
O‘lchov turi	Tadqiqot boshlanganda		Tadqiqot boshlangandan 3 oydan so‘ng	
	SHapiro-Uilka statistikasi	*r-darajasi*	SHapiro-Uilka statistikasi	*r- darajasi*
FACT-G Total	W=0,97912	p=0,04990	W=0,97957	p=0,01010
PWB	W=0,98626	p=0,23578*	W=0,97047	p=0,25572*
SWB	W=0,97964	p=0,05444	W=0,98597	p=0,00281
EWB	W=0,98709	p=0,28109*	W=0,96396	p=0,06909
FWB	W=0,98184	p=0,08908	W=0,97971	p=0,00000

** - agar nol gipoteza p>0.1 dan og‘magan bo‘lsa, belgilarning normalligi tasdiqlanadi*

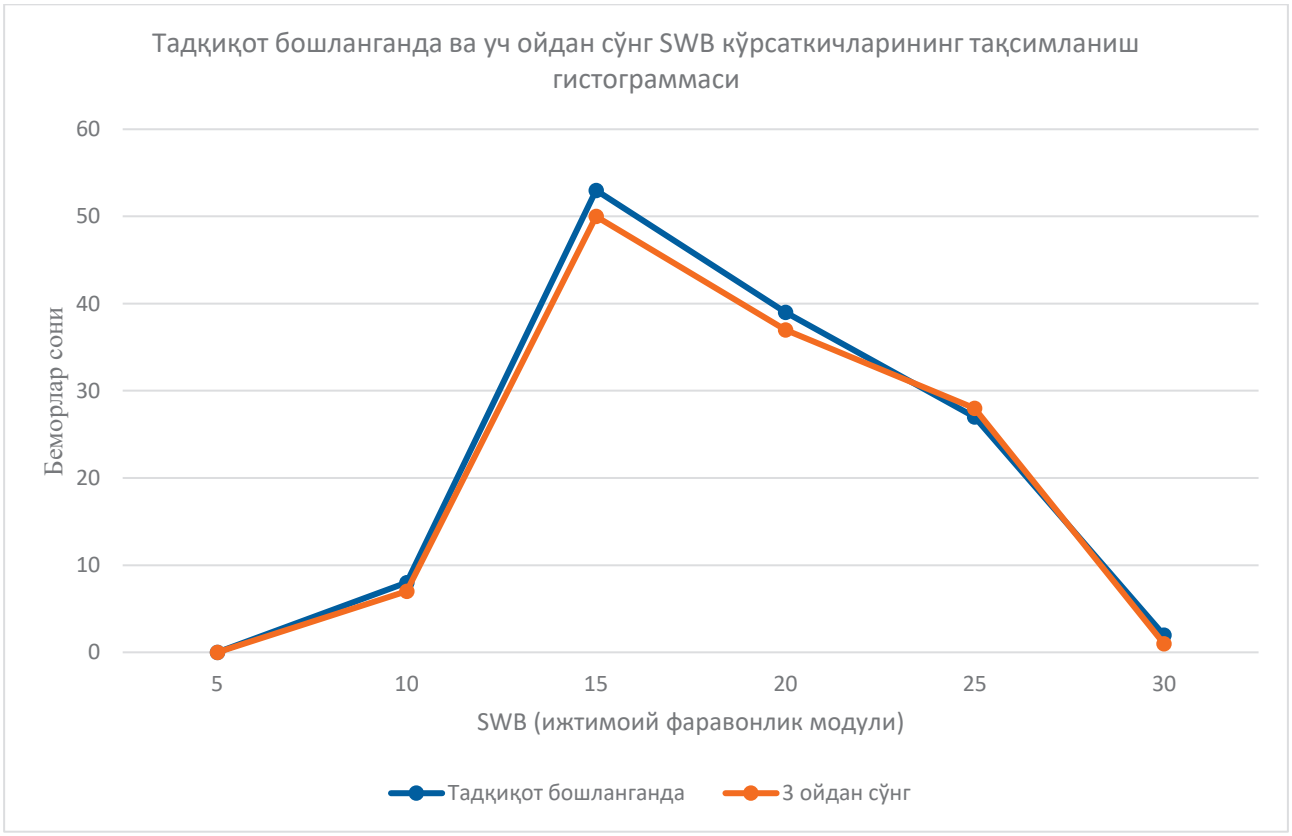
Natijada, normal taqsimlangan belgilar faqat dinamikada va tadqiqot boshlanganda PWB shkalasida, shuningdek, EWB shkalasining qiymatlari tadqiqot boshlанganda kuzatildi. Bu 1-5 rasmlarda ko‘rsatilgan belgilarning gistogrammalarida aniq ko‘rinadi.



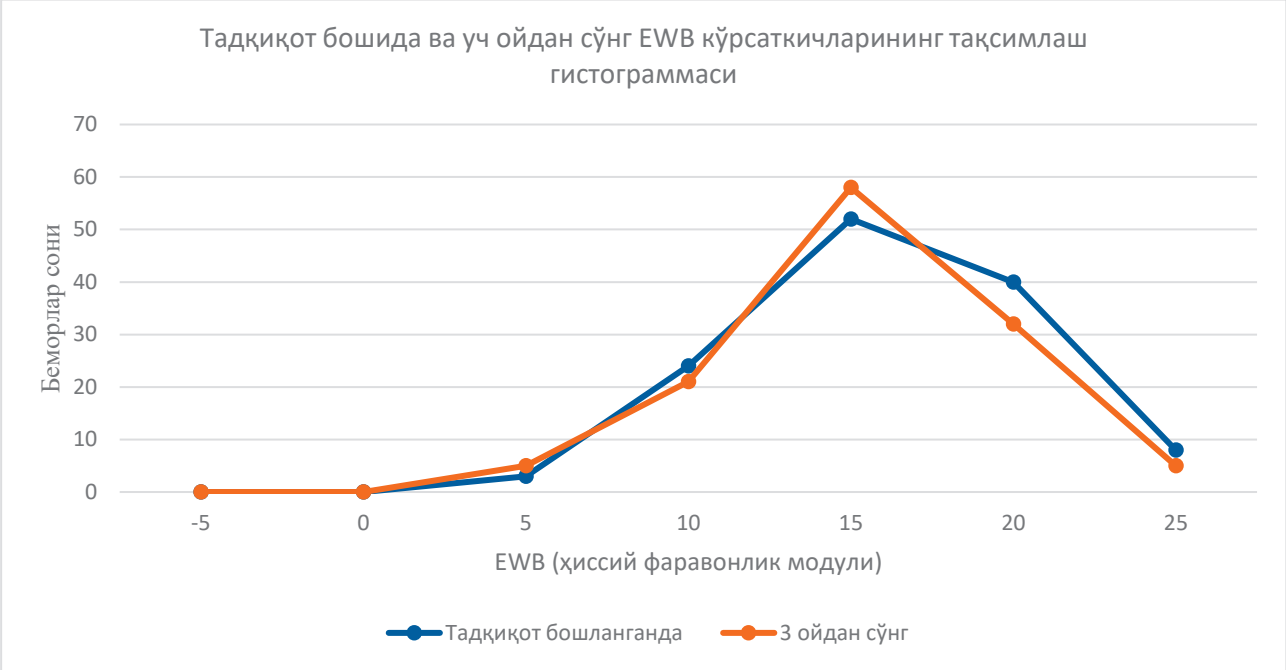
1 rasm. **Tadqiqot boshlanganda va uch oydan so‘ng FACT-G shkalasi bo‘yicha ko‘rsatkichlarining taqsimlash gistogrammasi**



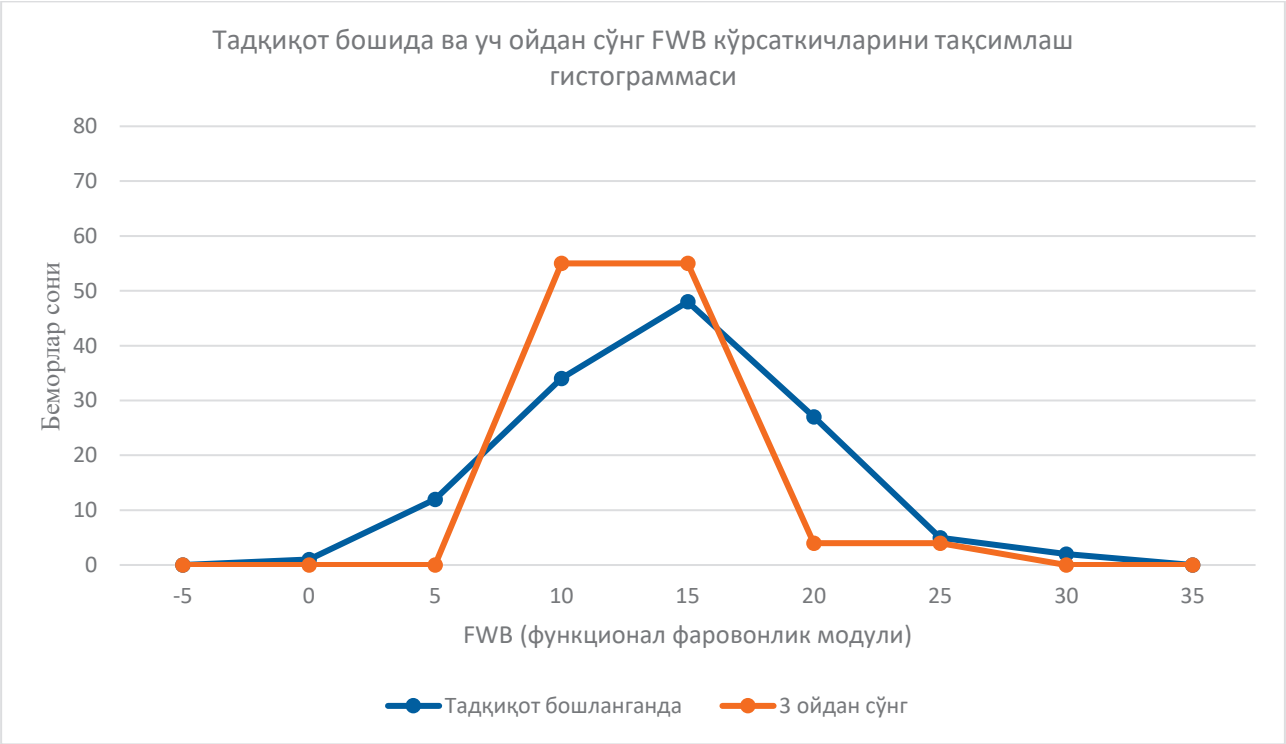
2 rasm. **Tadqiqot boshlanganda va uch oydan so‘ng PWB (jismoniy faravonlik moduli) ko‘rsatkichlarining taqsimlash gistogrammasi**



3 rasm. **Tadqiqot boshlanganda va uch oydan so‘ng SWB (ijtimoiy faravonlik moduli) ko‘rsatkichlarining taqsimlanish gistogrammasi**



4 rasm. **Tadqiqot boshida va uch oydan so‘ng EWB (hissiy faravonlik moduli) ko‘rsatkichlarining taqsimlash gistogrammasi**



5 rasm. **Tadqiqot boshida va uch oydan so‘ng FWB (funktsional farovonlik moduli) ko‘rsatkichlarini taqsimlash gistogrammasi**

Tadqiqot boshida va 3 oy o‘tgach, FACT-G so‘rovnomasidan olingan qiymatlarni solishtirish uchun noparametrik Wilcoxon testlari o‘tkazildi. Sinov natijalari 3 jadvalda keltirildi. Sinov natijalaridan ko‘rinib turibdiki, so‘rovnomaning barcha modullari uchun FWB (funktsional farovonlik) o‘lchov shkalasidan tashqari, boshqa barcha o‘tkazilgan shkalalarda hayot sifatining pasayishi ko‘rinishidagi statistik jihatdan muhim farqlar aniqlandi.

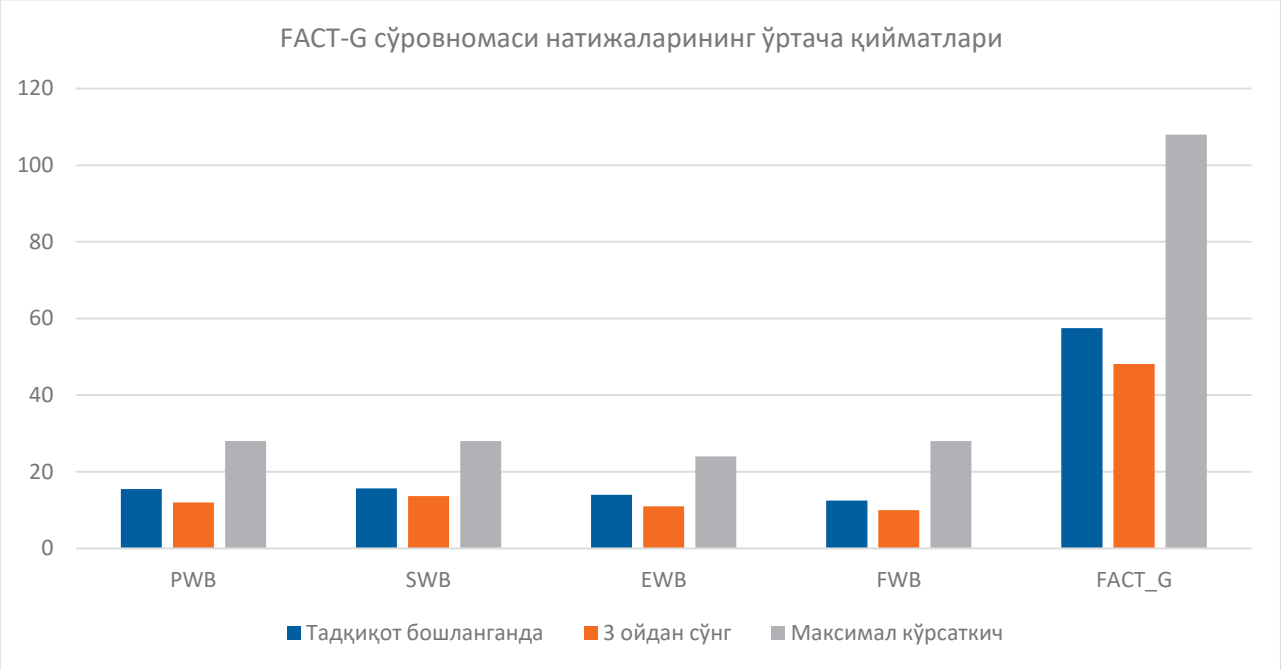
6-rasmda tadqiqot boshlanganda va vaqt o‘tishi bilan FACT-G so‘rovnomasi uchun ko‘rsatkichlarning o‘rtacha qiymatlari, shuningdek so‘rovnomaning har bir parametri uchun mumkin bo‘lgan maksimal qiymatlari ko‘rsatilgan.

3 jadval

FACT-G so‘rovnomasi bo‘yicha ko‘rsatkichlar dinamikasi

O‘lchov turi *	Tadqiqot boshlanganda	Tadqiqot boshlangandan 3 oydan so‘ng	p qiymati
FACT-G Total	57,5 [48,1;66,0]	54,0 [46,9;58,0] **	0,00
PWB	15,5 [12,0;18,0]	14,0 [12,0;17,0] **	0,00
SWB	15,7 [13,7;20,0]	16,0 [12,9;20,0] **	0,00
EWB	14,0 [11,0;17,0]	13,0 [11,0;16,0] **	0,00
FWB	12,5 [10,0;16,0]	11,0 [9,0;13,0]	0,72

* Ma’lumotlar mediana va kvartillar bilan ifodalandi ** Ma’lumotlar tahlili Vilkokson mezoni yordamida amalga oshirildi, r<0.05 bilan natijalar qayd etildi.



6 rasm. **FACT-G so‘rovnomasi natijalarining o‘rtacha qiymatlari (PWB -jismoniy farovonlik moduli, SWB-ijtimoiy farovonlik moduli, EWB -hissiy farovonlik moduli, FWB - funktsional farovonlik moduli, FACT-G Total - so‘rovnoma umumiy bali)**

Hayot sifatini baholash uchun FACT-G shkalasi bo‘yicha o‘rtacha ball 57,5 ni tashkil etdi, maksimal 108 ballni tashkil etdi. Bu SLLga chalingan bemorlarning hayot sifati sog‘lom odamlarga qaraganda deyarli ikki baravar past ekanligini ko‘rsatdi. Jismoniy farovonlik moduli (PWB, Physical well-being) insonning jismoniy holatini baholashga imkon berdi, shu jumladan bemorning asosiy shikoyatlarini (og‘riq, ko‘ngil aynish, umumiy holsizlik, davolanishning nojo‘ya ta’siri) aniqlashga yordam berdi. Ushbu modulda o‘rtacha ball 15,5 ni tashkil etdi [12,0;18,0] (normada 28 ball), bu uning bemorlarda sezilarli, deyarli ikki baravar kamayishini ko‘rsatdi. Ijtimoiy/oilaviy farovonlik moduli (SWB, Social/Family well-being) bemorning ijtimoiy rolidan qoniqishini baholadi, insonning ijtimoiy moslashish imkoniyatlarini aks ettirdi. Ushbu modulda o‘rtacha ball 15,7 ni tashkil etdi (normada 28 ball), bu ham deyarli ikki baravar pasayishni aks ettirdi. Hissiy farovonlik moduli (EWB, Emotional well-being) bemorlarning psixoemotsional holatini baholadi, o‘rtacha ball 14,0 (normada 24 ball). Funktsional farovonlik moduli (FWB, Functional well-being) bu baholash bemorning kundalik hayotga moslashishi. Ushbu modul uchun o‘rtacha ball eng past - 12,5 ko‘rsatkichni tashkil etdi va maksimal 28 balldan ikki martadan ko‘proq pasayishni aks ettirdi.

Xulosa. Ushbu ko‘rsatkichlarni dinamikada baholashda jismoniy, ijtimoiy va hissiy farovonlik sohasidagi ko‘rsatkichlarning statistik jihatdan sezilarli pasayishi, shuningdek FACT-G shkalasi bo‘yicha umumiy ballning pasayishi kuzatildi. Bu SLLga chalingan bemorlarning hayot sifati sog‘lom odamlarga qaraganda deyarli ikki baravar past darajada ekanligidan dalolat berdi.

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