## SAMARQAND, NAVOIY VA SURXONDARYO VILOYATLARIDA BRONXIAL ASTMA BILAN KASALLANGAN BOLALARDA TASHVISH VA DEPRESSIYA DARAJASI

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***Annotatsiya****. Ushbu maqolaning maqsadi bronxial astma bilan og'rigan bolalarda tashvish va depressiya darajasini o'rganish masalalarini yoritib berish hisoblanadi. 5 yoshdan 9 yoshgacha bo'lgan bronxial astma bilan og'rigan 62 nafar bolalar o'rtasida shifoxonada tashvish va depressiya shkalasi yordamida so'rov o'tkazildi. 5 yoshdan 9 yoshgacha bo'lgan bronxial astma bilan og'rigan bolalarda ruhiy tushkunlik darajasi ancha yuqori ekanligi aniqlandi. Astma bilan og'rigan 8 va 9 yoshdagi bolalarda tashvish darajasi juda yuqori hisoblandi. Bronxial astma bilan og'rigan bolalarda tashvish yanada ko’proq bo'lib, klinik ko'rinish darajasiga yetadi. Bemorlarning shaxsiyatini tekshirish, tashvish darajasini psixofarmakologik, psixoterapevtik jihatdan tuzatish va farmakologik va psixoterapevtik aralashuvdan keyin tashvish va depressiya darajasini kuzatish keyinchalik chuqur tadqiqotlarni talab etadi.*

***Kalit so‘zlar:*** *bolalar, bronxial astma, tashvish va depressiya darajasi.*

## УРОВЕНЬ ТРЕВОГИ И ДЕПРЕССИИ У ДЕТЕЙ С БРОНХИАЛЬНОЙ АСТМОЙ В САМАРКАНДСКОЙ, НАВОИЙСКОЙ И СУРХАНДАРЬИНСКОЙ ОБЛАСТЯХ

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***Аннотация.*** *Цель данной статьи – осветить вопросы изучения уровня тревоги и депрессии у детей, больных бронхиальной астмой. В больнице с использованием шкалы тревоги и депрессии было обследовано 62 ребенка с бронхиальной астмой в возрасте от 5 до 9 лет. Было обнаружено, что дети с бронхиальной астмой в возрасте от 5 до 9 лет имеют значительно более высокий уровень депрессии. Уровни тревоги считались очень высокими у 8– и 9–летних детей с астмой. У детей, больных бронхиальной астмой, тревожность выражена больше и достигает уровня клинических проявлений. Изучение личности пациентов, психофармакологическая, психотерапевтическая коррекция уровня тревоги, а также наблюдение за уровнем тревоги и депрессии после фармакологического и психотерапевтического вмешательства требуют дальнейших углубленных исследований.*

***Ключевые слова****: дети, бронхиальная астма, уровень тревоги и депрессии.*

## LEVEL OF ANXIETY AND DEPRESSION IN CHILDREN WITH BRONCHIAL ASTHMA IN SAMARKAND, NAVOY AND SURKHANDARYA REGIONS

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***Abstract.*** *The purpose of this article is to shed light on the study of anxiety and depression levels in children with bronchial asthma. 62 children with bronchial asthma between the ages of 5 and 9 years were surveyed using the anxiety and depression scale in the hospital. Children with bronchial asthma between the ages of 5 and 9 have been found to have significantly higher levels of depression. Anxiety levels were considered very high in 8– and 9–year–olds with asthma. In children suffering from bronchial asthma, anxiety is more and reaches the level of clinical manifestations. Investigation of patients' personality, psychopharmacological, psychotherapeutic correction of anxiety level, and follow–up of anxiety and depression levels after pharmacological and psychotherapeutic intervention require further in–depth research.*

***Key words:*** *children, bronchial asthma, level of anxiety and depression.*

**Dolzarblilik.** Bronxial astma (BA) eng keng tarqalgan surunkali respirator kasallik bo'lib, bolalar va kattalar uchun muhim ijtimoiy muammodir. BA bilan og'rigan odamlarning taxminan 6 millionida kasallikning og'ir shakli uchraydi [2]. Har yili taxminan 250 ming kishi bronxial astmadan vafot etadi [3]. Eng yuqori o'lim darajasi bronxial astma bilan kasallangan 5 yoshdan 34 yoshgacha bo'lgan bemorlar orasida uchraydi. Bugungi kunga qadar kasallik og'irligini nazorat qilishning dinamik darajasiga ta'sir qiluvchi prognostik omillar aniqlanmagan. Ilgari ko'plab omillar BA kursiga ta'siri nuqtai nazaridan o'rganilgan va baholangan. Kasalliklarning ijtimoiy–demografik omillari va klinik xususiyatlari (og‘irlik darajasi [4], kasalliklarning davomiyligi [4, 6, 7, 8, 9, 10,]) o‘rganildi. Ammo bu barcha tadqiqotlar faqat kasallikning kechishiga ta'sir qiluvchi individual omillarni tahlil qiladi, bu esa astmaning og'irligini belgilaydi. Tadqiqotlar ichida axloqiy omillarning astma nazoratiga erishish va qo'llab–quvvatlashga qo'shgan hissasi hisobga olinmadi.

Yuqoridagi omillar, albatta, astma nazorati darajasiga ta'sir qiluvchi barcha baxolash mezonlarini tugatmaydi, ammo bir qator tadqiqotlar psixologik buzilishlarning (tashvish, depressiya) BA ning rivojlanishiga ta'sirini o'rgandi [11,12, 13, 14, 15, 16] va juda ziddiyatli ma'lumotlar olindi. Bir tadqiqotchi depressiyani kasallikning og'ir kechishi [17, 18] va o'limning yuqori darajasi deb hisoblasa, ikkinchi tadqiqotchi depressiyaning og'irligi kasallikning kechishiga ta'sir qilmaydi, deb hisoblaydi [19].

Gregor Huster va boshqalar astma va depressiyaning mavjudligi bolalarda astma belgilarini kuchaytiradi [20]. Shuning uchun bu yo'nalishdagi tadqiqotlar dolzarbdir deb o‘ylashadi.

Ushbu tadqiqotning maqsadi bronxial astma bilan og'rigan bolalarda tashvish va depressiya darajasini o'rganishdir.

**Tadqiqot maqsadlari:**

1. HADS shkalasi yordamida olingan ma‘lumotlarni tahlil qilish;

2. HADS shkalasi yordamida bronxial astma bilan kasallangan bolalarda depressiya darajasini aniqlash;

3. Bronxial astma bilan og'rigan bolalarning tashvish darajasini HADS shkalasi yordamida aniqlash;

4. HADS shkalasi bo'yicha bronxial astma bilan og'rigan bolalar orasida so'rov o'tkazish;

**Tadqiqot materiali.** Bronxial astma bilan og'rigan katta yoshdagi 62 nafar bola tekshirildi. Tadqiqot 2021–2024 yillar davomida Navoiy viloyati Navoiy shaxridagi bolalar ko‘p tarmoqli shifoxonasi pulmonologiya va allergologiya bo‘limi, Surxondaryo viloyati Termiz shaxridagi viloyat ko‘p tarmoqli bolalar shifoxonasi pulmonologiya va allergologiya bo‘limi va Samarqand shaxridagi SamDTU ko‘p tarmoqli klinikasi bolalar bo‘limida o‘tqazildi.

**Tadqiqot usullari.** Kasalxona tashvish va depressiya shkalasi HADS, A.S. Zigmond va RP Snaith B 1983, sub'ektivdir va somatik kasalxonadagi bemorlarda tashvish va depressiyani tekshirish uchun mo'ljallangan. U foydalanish va ma‘lumotlarni qayta jamlash qulayligi bilan ajralib turadi (shkalalarni to'ldirish uzoq vaqt talab qilmaydi va BA bilan og'rigan bemorlarda qiyinchilik tug'dirmaydi), bu bizga depressiyaning birinchi namoyon bo'lishi uchun umumiy tibbiy amaliyotda foydalanishni tavsiya qilish imkonini beradi

**HADS shkalasi 14 ta standartga muvofiq tuzilgan va 2 ta kichik o'lchovga ega:**

• A kichik o'lchov – "tashvish" : toq ballar 1, 3, 5, 7, 9, 11, 13;

• D pastki o'lchov "depression" ( inglizcha ot " depression "): juft ballar 2, 4, 6; 8,10,12,14.

Har bir tasdiqlash 4 ta javob variantiga to'g'ri keladi, ular tan olishning zo'ravonlik darajalarini aks ettiradi va simptomlarning 0 balldan (yo'qligi) 4 gacha (maksimal zo'ravonlik) kuchayishi bo'yicha kodlangan. Ma'lumotlarni sharhlashda har bir kichik o'lchov (A va D) uchun umumiy ko'rsatkich hisobga olinadi va 3 ta qiymat diapazoni ajratiladi:

• 0–7 ball – normal;

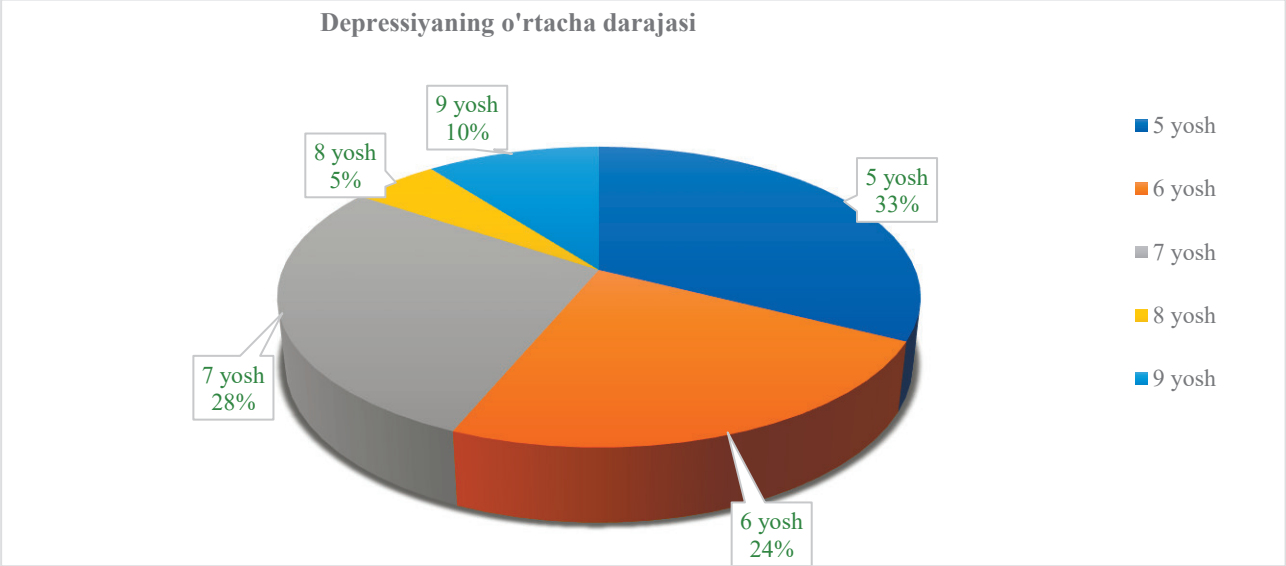
• 8–10 ball – subklinik tashvish/depressiya;

• 11 ball va undan yuqori klinik tashvish/depressiya.

Ushbu tadqiqotning ikkinchi usuli statistik usul hisoblanadi (o'rtacha ko'rsatkichlar yordamida).

**Tekshiruv natijalari.**

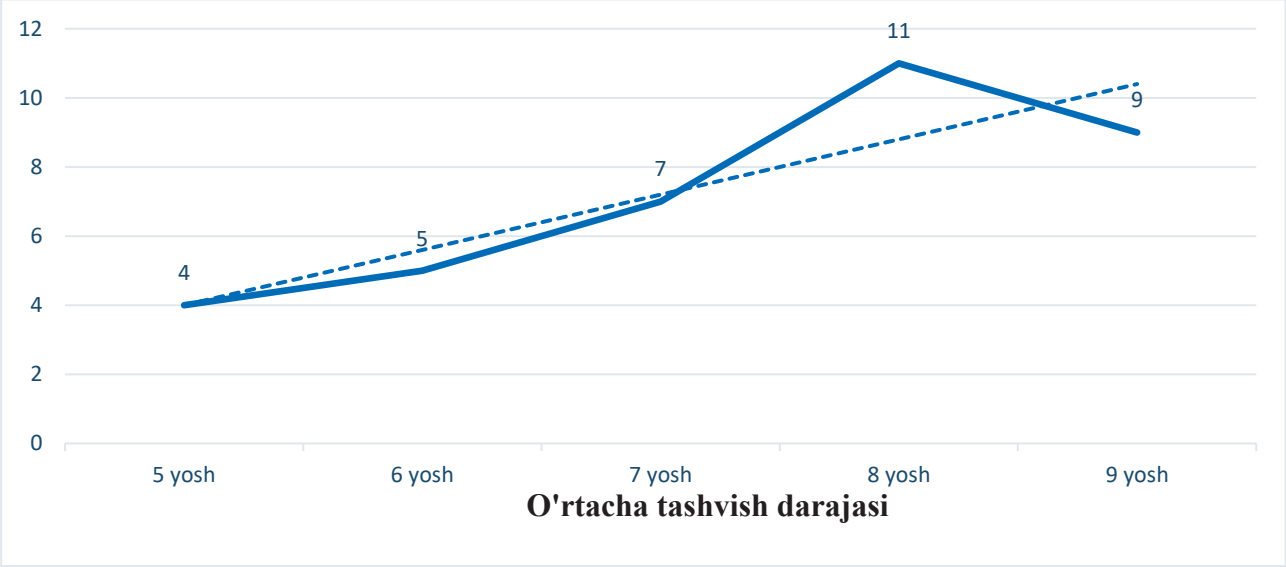
**1–rasmda** keltirilgan ma'lumotlarga ko'ra, depressiya darajasi 5 yoshda subklinik ifodaga yaqin (7,5 ball), 7 yoshda depressiya darajasi 5 yoshga nisbatan bir oz pastroq (6,5 6.) va (5,5 6.) depressiya darajasi aniqlanadi. Bronxial astma bilan og'rigan 8–9 yoshdagi bolalarda depressiya normal darajada bo'ladi.




***1–rasm.*** **Shifoxonada, bronxial astma bilan kasallangan 5 yoshdan 9 yoshgacha bo'lgan bolalarda tashvish va depressiya shkalasi bo'yicha depressiyaning o'rtacha darajasi.**

Shunday qilib, ushbu diagramma natijalariga ko'ra, biz 5 va 7 yoshda bronxial astma bilan og'rigan bolalarda ruhiy tushkunlik darajasi ancha yuqori ekanligi haqida xulosa qilishimiz mumkin. Bu davrlarda psixoterapevtik davolashni, shifokor va bolaning ota–onasi tomonidan yanada ehtiyotkor va samimiy munosabatni talab qiladi.

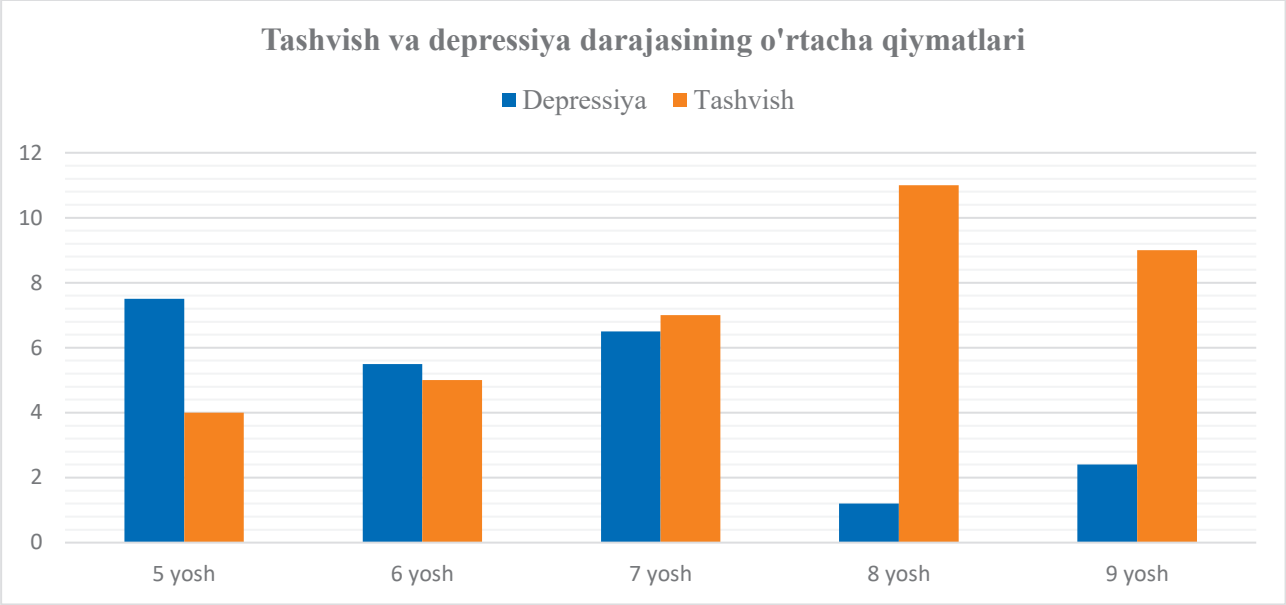
**2–rasmda** keltirilgan ma'lumotlarga ko'ra, tashvish darajasi 8 yoshda klinik ko'rinishga yaqin (11 ball), 9 yoshda tashvish darajasi biroz pastroq (subklinik ko'rinish) (9 ball). Bronxial astma bilan og'rigan 5–6 yoshdagi bolalarda tashvish darajasi normal hisoblanadi.




***2–rasm.*** **Shifoxonada, bronxial astma bilan kasallangan 5 yoshdan 9 yoshgacha bo'lgan bolalarda tashvish va depressiya HADS shkalasi bo'yicha o'rtacha tashvish darajasi.**

Shunday qilib, ushbu diagramma natijalariga ko'ra, biz 8 va 9 yoshda bronxial astma bilan og'rigan bolalarda tashvishlanish darajasi juda yuqori ekanligi haqida xulosa qilishimiz mumkin. Bu psixofarmakologik va psixoterapevtik davolashni, shifokor va bolaning ota–onasi tomonidan yanada ehtiyotkorlik va samimiy munosabatni kiritishni talab qiladi.

**3–rasmda** keltirilgan ma'lumotlarga ko'ra, tashvish darajasi bronxial astma bilan og'rigan bolalarda 7, 8, 9 yosh guruhlarida depressiya darajasidan yuqori. Agar 8 yoshda depressiya darajasi (1 b.) bo'lsa, bunday bolalarda tashvish darajasi (10 ball), 9 yoshda bronxial astma bilan og'rigan bolalarda depressiya darajasi (7). b.), keyin tashvish darajasi (10 b.).




***3-rasm.*** **Shifoxonada, bronxial astma bilan kasallangan 5 yoshdan 9 yoshgacha bo'lgan bolalarda tashvish va depressiya HADS shkalasi bo'yicha o'rtacha tashvish va depressiya darajasining o‘rtacha qiymatlari.**

Shunday qilib, ushbu diagramma natijalariga ko'ra, bronxial astma bilan og'rigan bolalarda tashvishlanish yanada aniqroq bo'lib, klinik ko'rinish darajasiga o'tadi degan xulosaga kelishimiz mumkin. Olingan ma'lumotlar qo'shimcha chuqur o'rganilishi kerak. "Lichko A.ga ko'ra xarakter aksentuatsiyasini aniqlash" shkalasidan foydalangan holda bolalar o'rtasida so'rov o'tkazing.

**Xulosa.** Tadqiqot oxirida quyidagi xulosalar olindi:

- bemorning shaxsiyatini chuqurroq tekshirish zarur.
- psixofarmakologik va psixoterapevtik usullar yordamida tashvish darajasini korreksiyalash.
- farmakoterapevtik va psixoterapevtik o'zaro ta'sirlardan keyin tashvish va depressiya darajasini kuzatish.

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