

Study of the psychoemotional state of patients with thyroid disease

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Abstract: In this study, the psychoemotional state of patients with thyroid disease was empirically studied. In the study, the patients' attitude to stressful life situations, the level of anxiety and aggressiveness were studied using methods.

Keywords: Stress, anxiety, aggressiveness, psychoemotional state, depression, irritability, fatigue, mood swings, psychosomatic illness.

Introduction: Thyroid diseases are one of the most common diseases today. The symptoms of this disease may not be noticeable at first. However, if left untreated for a long time after the onset of the disease, the disease can lead to serious complications. Normal functioning of the thyroid gland ensures the overall development of the human body and the normal functioning of the organism. The hormones produced by the thyroid gland also play a significant role in the functioning of the human reproductive system [5].

The disease is mainly common among young and middle-aged women. In our country, special attention is paid to the issue of providing care to patients with thyroid diseases. In particular, measures are being taken to improve the effectiveness of early diagnosis and treatment among the population, improve the skills of medical personnel, provide them with new technical and medical equipment, and provide practical psychological and rehabilitation assistance in order to correct psychological disorders that arise in the patient's psyche as a result of the disease [1]. Presidential decrees and decrees, as well as decrees of the republican health organization, have been developed and are being implemented.

It should be emphasized that, along with medical care, it is necessary to provide psychological care to a patient with thyroid disease. This will contribute to the positive and qualitative effectiveness of the treatment process.

Literature review on the topic. Thyroid disease is a

psychosomatic disease [6]. One of the great encyclopedic scientists of the East, Abu Ali ibn Sino, wrote about this in his work "The Canons of Medicine". Ibn Sino's experiment with a sheep and a wolf in his work "The Canons of Medicine" is a vivid example of this [7]. The fact that thyroid disease is a psychosomatic disease was medically and psychologically studied by Russian doctors and physiologists Botkin, F. Alexander, A. Asher, R. Luria, N. Nikolaev, G. Wolff and other scientists.

American neurologist and endocrinologist G. Wolff studied thyroid disease. The essence of Wolff's research was that he practically studied the neurological and psychological effects of thyroid diseases, hypothyroidism and hyperthyroidism, and studied the impact of these diseases on the psychoemotional state of the patient [2 Medical Center Archives, "The H. Wolff M.D. Papers", p.2]. The scientist found that as a result of the disease, the patient experiences psychoemotional states such as depression, irritability, fatigue, and mood swings [3 Harold G. Wolff, "Headache and Other Head Pain", Donald J. Dalessio, Stephan D. Silberstein, Richard B. Lipton, Oxford University Press, New York, 2001 (Seventh Publication)].

Research methodology. The methodological basis of the study is the scientific views of F. Alexander on psychosomatics [2], R. Luria and N. Nikolaev on the internal picture of illness and attitude to the disease [4], V. N. Myesevich's attitude theory [3] are of great

importance in achieving the goal of the study. Analysis and results. In the diagnostic part of the study, 40 patients and 40 healthy subjects registered at the Khorezm branch of the Republican Specialized Endocrinological Scientific and Practical Medical Center participated. The composition of the subjects consisted of men and women aged 20 to 65 years. They were divided into two groups. The first group was diagnosed

with the disease and the second group was healthy. Of the subjects participating in the scientific study, 11 (13.8%) were men, and 69 (86.3%) were women.

Descriptive statistics on psychological stress assessment, Taylor's anxiety assessment, and Assinger's aggression assessment (n=40).

1-table.

	Number	Minimum	Maximum	Average value	Standard deviation	Asymmetry	Excess
Psychological stress	40	51,00	193,00	135,28	39,82	-,798	-,387
Disturbance	40	11,00	42,00	30,35	7,61	-1,062	,778
Aggressiveness	40	33,00	53,00	41,78	5,88	,261	-1,121

The minimum score on the psychological stress scale was 51, the maximum score was 193. The mean value was 135.28. The standard deviation was 39.82. The norm on this scale was from 95 to 175 points. The asymmetry (A=-.798) and excess (E=-.387) were the points. (Table 1).

The minimum score on the anxiety scale was 11.00, the maximum score was 42.00. The mean value was 30.35. The standard deviation was 7.61. The norm on this scale was from 23 to 38 points. The asymmetry (A= -

1.062) and excess (E=.778) were the points. (Table 1).

The minimum score on the aggression scale was 33.00, the maximum score was 53.00. The average value was 41.78. The standard deviation was 5.88. The norm on this scale was from 36 to 48 points. Asymmetry (A=.261) and Eccentricity (E= -1.121) were. (Table 1).

The compliance of the methods with the law of normal distribution was checked using the Kolmogorov-Smirnov criterion (n=40).

2-table.

	Z	p
Psychological stress	0,940	,340
Anxiety	,978	,294
Aggression	,750	,627

The Psychological Stress Assessment Scale (PSM) methodology, Taylor's anxiety level determination methodology T.A. Nemchinov, A. Assinger's aggression diagnosis methodology were checked for compliance with the normal distribution using the Kolmogorov-Smirnov methodology.

According to the analysis of the results, it was observed that the data on the Psychological Stress Scale conformed to the law of normal distribution. (Z=0.940;

p>0.05). It was observed that the data on the Anxiety Scale conformed to the law of normal distribution. (Z=.978; p>0.05). It was observed that the data on the Aggression Scale conformed to the law of normal distribution. (Z= .750; p>0.05). (Table 2)

Gender differences in the psychological stress, anxiety and aggression scales of the subjects (Student's t-test n=40)

Table 3.

	Gender	Number	Average value	Standard deviation	T	P
Psychological stress assessment	Male	4	139,50	16,86	0,221	,826
	Female	36	134,81	41,71		
Determination of anxiety	Male	4	26,50	8,39	-1,068	,292
	Female	36	30,78	7,53		
Diagnosis of aggression	Male	4	42,75	4,03	0,346	,732
	Female	36	41,67	6,09		

There was no gender difference in the level of confidence in the psychological stress assessment scale ($t=0.221$; $p>0.05$). This scale was the same in men and women. (Table 3)

There was no gender difference in the level of confidence in the anxiety detection scale ($t=-1.068$; $p>0.05$). This scale was the same in men and women. (Table 3)

There was no gender difference in the level of confidence in the aggression diagnostic scale ($t=0.346$; $p>0.05$). This scale was the same in men and women. (Table 3).

Differences in the psychological stress, anxiety and aggression scales of the subjects in healthy and sick people (Student's test $n=80$)

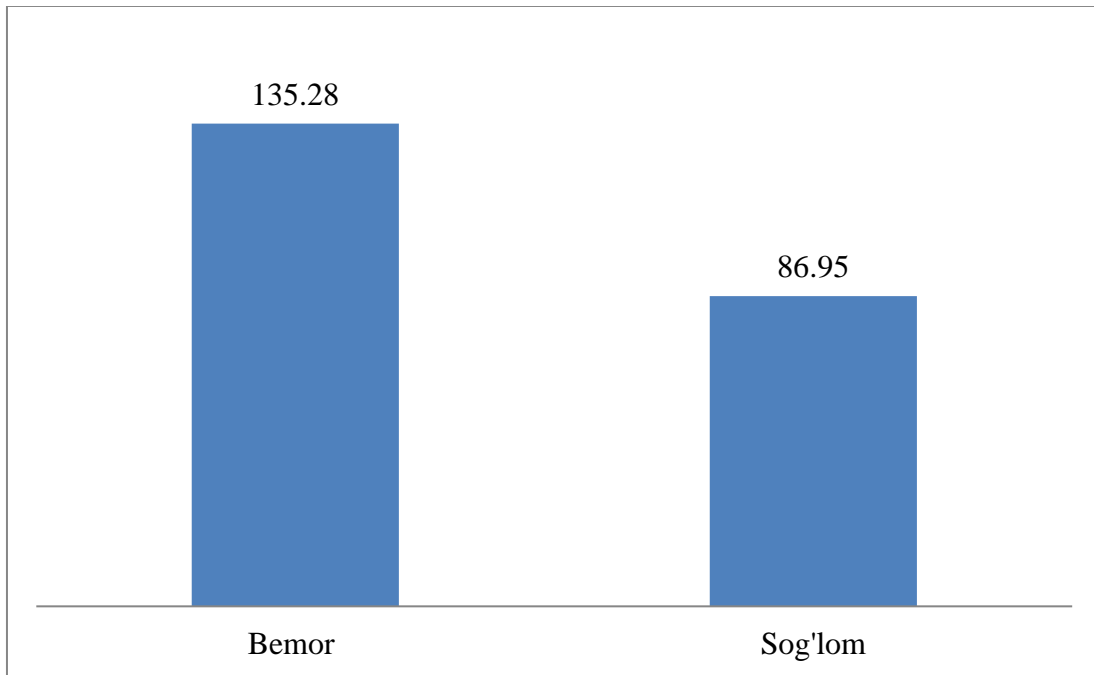
Table 4.

	Gender	Number	Average value	Standard deviation	T	p
Psychological stress assessment	Patient	40	135,28	39,82	6,756	,000***
	Healthy	40	86,95	21,48		
Determination of anxiety	Patient	40	30,35	7,61	10,113	,000***
	Healthy	40	15,90	4,87		
Diagnosis of aggression	Patient	40	41,78	5,88	6,594	,000***
	Healthy	40	34,50	3,76		

A difference in the level of confidence was observed between sick and healthy people on the psychological stress scale ($t=6.756$; $p<0.001$). It was observed that

there is a difference between sick and healthy people on this scale. The index of this scale was higher in sick people than in healthy people. (Diagram 1) (Table 4)

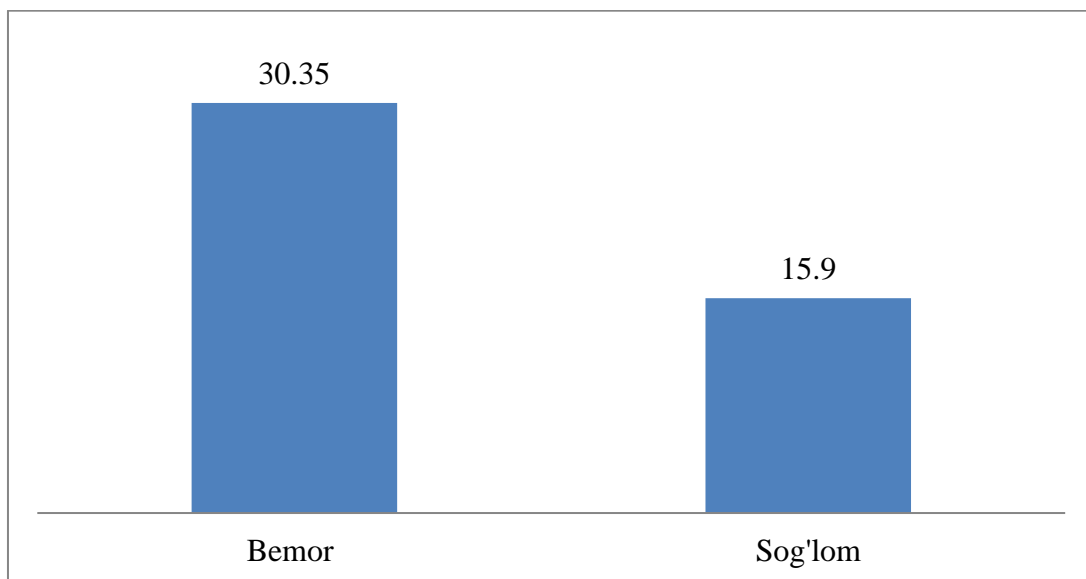
1-diagram.



A difference in the level of confidence was observed between sick and healthy people on the anxiety scale ($t= 6.756$; $p<0.001$). It was observed that there is a

difference between sick and healthy people on this scale. The index of this scale was higher in sick people than in healthy people. (Diagram 2) (Table 4)

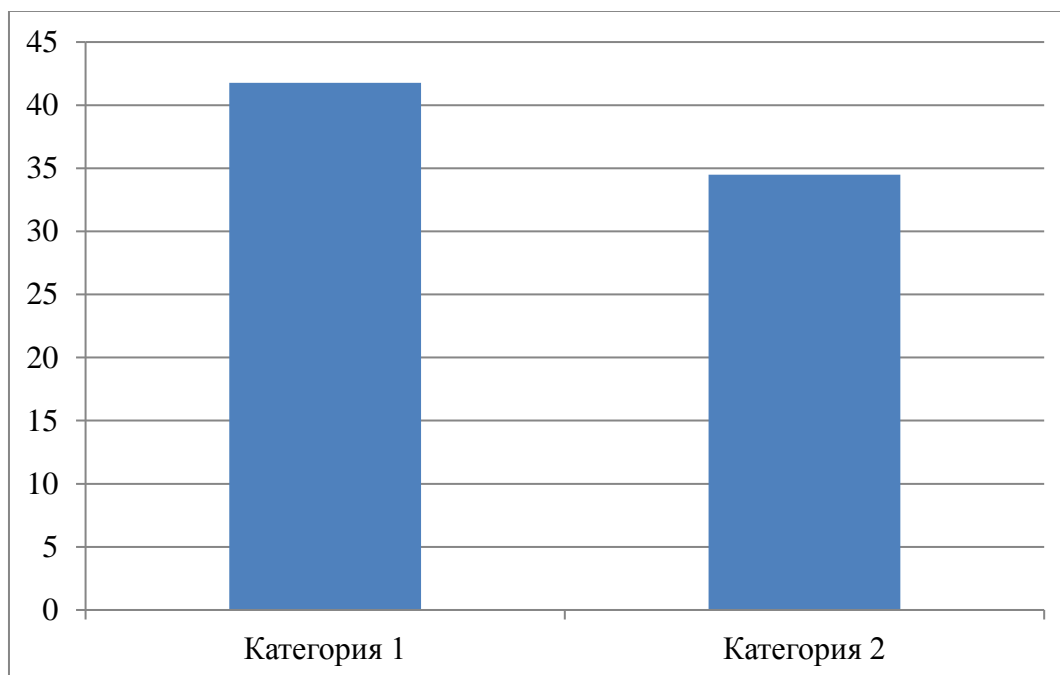
2-diagram



A difference in the level of confidence was observed between sick and healthy people on the aggression scale ($t=6.594$; $p<0.001$). It was observed that there is a

difference between sick and healthy people on this scale. The index of this scale was higher in sick people than in healthy people. (Diagram 3) (Table 4).

3-diagram



CONCLUSION

The study investigated the psychoemotional sphere of patients with thyroid disease based on the selected methods. Due to the disease, menorrhagia is more susceptible to stress than other healthy people and has lower stress tolerance in life situations. According to the analysis of the anxiety assessment method conducted in patients, it was found that the level of anxiety in patients is higher than that in healthy people. According to the analysis of the following method, it was found that the level of aggression in patients is high. From the results of the study, we can conclude that thyroid disease affects the psychoemotional sphere of the patient and can cause various mental disorders. In such situations, it would be appropriate to provide psychological assistance to patients along with medical measures.

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