ISSN: 2692-5206
AMERICAN ACADEMIC PUBLISHER
INTERNATIONAL JOURNAL OF MEDICAL SCIENCES

ASSESSMENT OF THE QUALITY OF LIFE IN PATIENTS WITH TYPE 2 DIABETES MELLITUS

Normatov Murodjon Buribayevich,

Uzokov Jurabek Bakhtiyorovich

Samarkand State Medical University, Samarkand, Uzbekistan

ABSTRACT: The behavior associated with diabetes (DM) as an integral part of the "internal picture of the disease" is formed gradually in the conditions of a chronic, lifelong disease, which is DM. One of the reasons why focusing on one's own health turns out to be unproductive is that patients lack knowledge and skills to successfully implement it in the form of an adequate change in POI. Indicators of the quality of life in patients largely depend on the place of residence of the individual (city or rural area, the state of social and interpersonal relations) and their introduction into society. It is assumed that the formation, clinical course and treatment tactics of socially significant chronic endocrine diseases will be markedly correlated in patients living in areas with a prosperous social environment and social risk zones.

Keywords: type 2 diabetes mellitus, quality of life, physical and psychological components of health.

INTRODUCTION

In the last decade, there has been a significant increase in research in the field of quality of life, and this is not surprising, since "the study of quality of life in medicine is a unique approach that has fundamentally changed the traditional view of the problem of illness and the patient." With the help of quality of life research, it becomes possible to assess the complex impact of the disease on the patient's life, compare the effectiveness of various interventions, and predict the course of even such an "unpredictable" disease as diabetes mellitus.Diabetes mellitus (DM) is one of the most pressing medical and social problems, due to the threatening scale of prevalence, severity of complications and premature mortality due to this disease. The World Health Organization reports that currently 6% of the world's population has diabetes mellitus, which is approximately 284.7 million people. The study showed that social and demographic indicators are somewhat more related to the emotional component of the "internal picture of the disease", which emphasizes the need for treatment and training patients with DM should take into account the different degree of risk of anxiety and depressive symptoms in patients of different gender and age groups, with different employment and social conditions. Demographic indicators are least related to biomedical characteristics, which suggests that measures aimed at educating patients, increasing their motivation and improving quality of life can be carried out regardless of gender, age, employment and income level or place of residence of patients. The concept of quality of life research has opened a new page in the history of medicine, touching upon a wide range of issues that play an important role in solving a number of tasks, for example, determining the real volume of problems of the patient and his family, choosing the optimal treatment tactics taking into account the opinion of the patient, standardization of criteria for the effectiveness of treatment, etc. The purpose of the study: To determine the quality of life

ISSN: 2692-5206
AMERICAN ACADEMIC PUBLISHER
INTERNATIONAL JOURNAL OF MEDICAL SCIENCES

in patients with type 2 diabetes mellitus. Research objectives: To assess the quality of life of patients with diabetes. To compare the quality of life of women and men with diabetes. To assess the quality of life of men with diabetes depending on the length of the disease. To assess the quality of life of women with diabetes depending on the length of the disease.

MATERIALS AND METHODS OF RESEARCH

Materials and methods of the study: The Russian version of the SF-36 questionnaire was used as a method of assessing the quality of life (QOL). The questionnaire has the following scales: 1. Physical Functioning (PF). 2. Role (Physical) functioning (RP). 3. Pain (P). 4. General Health (GH). 5. Vitality (VT). 6. Social Functioning (SF). 7. Emotional functioning (RE8). Psychological health (PH). All the scales of the questionnaire are combined into two total measurements: 1. The physical component of health (Physical Health – PH*) Components of the scale - physical functioning; - role-based functioning due to physical condition; - intensity of pain; - general state of health. 2. The psychological component of health (Mental Health – MH*) Components of the scale: - viability; - social functioning; - role-based functioning due to an emotional state; - psychological health. Questionnaires containing the text of the questionnaire were filled out by the subjects under the supervision of a researcher. A total of 64 respondents were examined, 32 men and 32 women, whose average age was 48±6 years. a. The first group of healthy people were selected: men and women with no history of diabetes mellitus; Men and women with no history of chronic or acute pancreatitis. With a blood glucose level of 3.3 - 6.0 mmol/L. b. The second group was selected: Men and women diagnosed with type 2 diabetes mellitus. Men and women with different blood sugar levels exceeding 6.1 mmol/l. Women and men with up to 7 years of medical experience and more than 7 years. Using the key to the SF-36 questionnaire, all the respondents' answers were converted into points. The analysis of the obtained figures was carried out using a special computer program Excel - 2000. Statistical processing of the results was arried out using a special computer program Biostat, in accordance with standard methods statistics. The Student's t-test was used in the reliability study. The confidence coefficient is $P<0.05$ or more than 95%. A value of more than 100 points was taken as a criterion for a significant decrease in quality of life indicators.

THE RESULTS AND THEIR DISCUSSION

According to the results of the study, it was revealed that women with diabetes mellitus have a significant decrease in general health (GH), physical functioning (PF), indicating that the patient's physical activity (self-care, walking, climbing stairs, carrying weights, etc.) is significantly limited due to the disease. Reduced role functioning (RP), which is closely related to physical functioning, manifested as a violation of professional activity. We also revealed a slight decrease in viability (VT) and psychological health (MH), clinically manifested by decreased vitality, increased fatigue, decreased mood, anxiety and the appearance of depressive anxiety experiences. When comparing two groups of women, it was found that the physical and mental components of the quality of life in women with diabetes mellitus are lower than those in healthy women. As noted above, the decrease in the physical component occurs mainly due to a decrease in PF (physical functioning), RP (role-playing functioning), and GH (general health). A decrease in the mental component is due to VT (vitality) and MH (psychological health). Interesting data were obtained in the study of the male contingent. Thus, the quality of life of men suffering from diabetes mellitus is

ISSN: 2692-5206
AMERICAN ACADEMIC PUBLISHER
INTERNATIONAL JOURNAL OF MEDICAL SCIENCES

reduced due to the role functioning component (RP), this indicator is reduced by almost two times, that is, the disease has a serious impact on a man's professional activity. In turn, this causes a decrease in such a component as psychological health (MN), due to the fact that men react more emotionally than women to problems in the professional sphere caused by the disease. The inability to engage in daily activities is also caused by pain, which significantly limits the patient's activity (decrease in the index (BP) – pain intensity). Significantly reduced: general health (GH), physical functioning (PF) and viability (VT).When comparing groups of healthy men and men suffering from diabetes mellitus, a significant decrease in the physical component of quality of life was revealed in the second group, mainly due to a decrease in role functioning (RP) and physical functioning (PF), as well as general health (GH) and pain intensity (BP). The mental component of health decreases due to a significant decrease in psychological health (MH) and vitality (VT), which is clinically manifested by a decrease in vital activity, anxiety and the appearance of depressive anxiety experiences. The length of the disease also has a negative impact on the quality of life of patients. When comparing patients within each group, both women and men, it was revealed that the physical and mental components of quality of life decrease in both groups in direct proportion to the length of the disease.

CONCLUSIONS

1. A chronic disease, such as diabetes mellitus, makes, according to respondents, a person unprotected in modern society and requires additional state assistance. Indirect evidence of this was revealed during the survey - despite the demographic policy currently being implemented by the government, 56% of patients do not plan to have children anymore. The practically fixed quality of life of patients with diabetes mellitus is lower than the theoretical one according to the psychological and social block of the measurement scale (questionnaire SF-36)

2. One of the necessary components of the quality of life indicator is self-assessment of health. The subjective assessment of one's own health in patients with diabetes is influenced by two objective indicators of somatic health - the fact of the presence of concomitant diseases and the duration of disability. The largest number of parameters affecting self-assessment of one's own health lie in the social (social status), psycho-emotional (severity of depression and anxiety) and behavioral spheres (number of dietary "barriers").

LITERATURE

1. Khabibovna, Y. S., & Buribaevich, N. M. (2020). Study Of Parameters Of Central Hemodynamics In Patients With Chronic Glomerulonephritis. *Достижения науки и образования*, (13 (67)), 57-59.
2. Buribayevich, N. M. (2022). Treatment of Chronic Heart Failure in Patients with Type 2 Diabetes Mellitus. *Central Asian Journal of Medical and Natural Science*, *3*(1), 183-186.
3. Buribayevich, N. M. (2022). DIASTOLIC DYSFUNCTION AND REMODELING LEFT VENTRICLE DEPENDING ON THE CONTROL GLYCEMIA IN PATIENTS WITH TYPE 2 DIABETES MELLITUS. *Spectrum Journal of Innovation, Reforms and Development*, *7*, 96-100.

ISSN: 2692-5206
AMERICAN ACADEMIC PUBLISHER
INTERNATIONAL JOURNAL OF MEDICAL SCIENCES

4. Buribayevich, N. M. (2022). Index of Functional Changes in the Assessment Adaptive State of Comorbid Patients Treated with Trimetazidine. *Czech Journal of Multidisciplinary Innovations*, *10*, 42-48.
5. Bakhtiyorovich, U. J., & Buribayevich, N. M. (2024). MENTAL DISORDERS IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS. *International journal of medical sciences*, *4*(05), 232-239.
6. Bakhtiyorovich, U. J., & Buribayevich, N. M. (2024). PSYCHOSOMATIC RELATIONSHIPS IN PATIENTS WITH EARLY RHEUMATOID ARTHRITIS. *International journal of medical sciences*, *4*(05), 225-231.
7. Buribayevich, N. M. (2022). FEATURES OF MANAGEMENT OF PATIENTS WITH CHRONIC HEART FAILURE AND DIABETES MELLITUS. *Spectrum Journal of Innovation, Reforms and Development*, *10*, 263-269.
8. Buribayevich, N. M. (2022). Applications the drug nicomex at treatment of patients with chronic heart failure and type 2 diabetes mellitus.
9. Buribayevich, N. M., & Bakhtiyorovich, U. J. (2024). ARRHYTHMIA IN PATIENTS WITH CHRONIC HEART FAILURE AND TYPE 2 DIABETES MELLITUS. *International journal of medical sciences*, *4*(05), 249-256.
10. Хамраева, Н. А., Султонов, И. И., & Хасанов, Ф. Ш. У. (2019). Кожные проявления у больных системной красной волчанкой. *Вопросы науки и образования*, (28 (77)), 128-131.
11. Sultonov, I. I., Kh, Z. S., Ruzybakieva, M. R., Kireev, V. V., Aripova, T. U., & Suyarov, A. A. (2021). Pharmacogenetic Aspects of Drug Resistance in Rheumatoid Arthritis. *Annals of the Romanian Society for Cell Biology*, 4147-4150.
12. Тоиров, А. Э., Султонов, И. И., & Тоиров, Э. С. (2020). ЗНАЧЕНИЕ ДИСФУНКЦИИ ПОЧЕК У БОЛЬНЫХ ОСТРЫМ ИНФАРКТОМ МИОКАРДА НА ФОНЕ САХАРНОГО ДИАБЕТА 2-ГО ТИПА. *Вестник науки и образования*, (9-3 (87)), 86-91.
13. Kireev, V. V., & Sultonov, I. I. (2021). Genetic Engineered Preparations-An Innovative Approach in the Treatment of Rheumatoid Arthritis. *Annals of the Romanian Society for Cell Biology*, 4114-4119.
14. Hamraeva, N. A., Sultonov, I. I., & Hasanov, F. S. (2020). Systemic lupus erythematosus treatment strategy. *Journal of Critical Reviews*, *7*(9), 269-270.
15. Иргашева, У. З., Султонов, И. И., & Тоиров, Д. Р. (2013). Признаки дебюта системной красной волчанки. *Академический журнал Западной Сибири*, *9*(1), 15-15.
16. Xasanov, F. S., & Sultonov, I. I. (2023). RHEUMATOID ARTHRITIS TREATED WITH DMARDS AND CARDIOVASCULAR DISEASE RISK. *Oriental Journal of Medicine and Pharmacology*, *3*(02), 45-52.
17. Sultonov, I. I., Xasanov, F. S., Eshmuratov, S., Uralov, R. S., Shukurova, D., & Ziyadullayev, S. X. Predictors of Systemic Lupus Erythematosus: A Case-control Study. *International journal of health sciences*, *6*(S10), 175-182.
18. Sultonov, I. I., Khamrayev, X. X., & Xasanov, F. SYSTEMIC LUPUS ERYTHEMATOSUS AND CARDIOVASCULAR PATHOLOGY: WHERE WE AT?.
19. Ziyadullaev, S. K., Sultonov, I. I., Dushanova, G. A., & Akbarovna, K. S. (2021). The Effectiveness Of Pharmacotherapy For Dmards With Ra Depending On The C3435t Polymorphism Of The Mdr1 Gene. *Int. J. of Aquatic Science*, *12*(3), 2908-2916.
20. Islomovich, S. I., Alisherovna, K. M., & Djamshedovna, K. D. (2024). FACTORS OF OSTEOPOROSIS IN PATIENTS WITH CORONARY HEART DISEASE IN

ISSN: 2692-5206
AMERICAN ACADEMIC PUBLISHER
INTERNATIONAL JOURNAL OF MEDICAL SCIENCES

COMBINATION WITH RHEUMATOID ARTHRITIS. *Ta'lim innovatsiyasi va integratsiyasi*, *31*(2), 132-138.
21. Islomovich, S. I. (2024). FEATURES OF THE COURSE OF PREGNANCY IN RHEUMATOID ARTHRITIS. *International journal of medical sciences*, *4*(10), 77-84.
22. Alisherovna, K. M., Nizamitdinovich, K. S., & Islomovich, S. I. (2024). THERAPY OF RHEUMATOID ARTHRITIS DURING PREGNANCYTHE. *Ta'lim innovatsiyasi va integratsiyasi*, *31*(2), 172-180.
23. Ilkhom, S. (2023). CAJAM–VOLUME 1. ISSUE 1. 2023. *Central Asian Journal of Advanced Medicine*, *1*(01), 16-19.
24. Islomovich, S. I. (2024). GENDER CHARACTERISTICS OF THE CURRENT RHEUMATOID ARTHRITIS. *International journal of medical sciences*, *4*(10), 3-8.
25. Djamshedovna, K. D., Alisherovna, K. M., & Islomovich, S. I. (2024). ARTERIAL HYPERTENSION IN RHEUMATOID ARTHRITIS. *Ta'lim innovatsiyasi va integratsiyasi*, *31*(2), 139-145.
26. Alisherovna, K. M., Islomovich, S. I., & Djamshedovna, K. D. (2024). PSYCHOEMOTIONAL STATE AND QUALITY OF LIFE IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS. *Ta'lim innovatsiyasi va integratsiyasi*, *31*(2), 124-131.
27. Nizamitdinovich, K. S., Alisherovna, K. M., & Islomovich, S. I. (2024). CLINICAL COURSE OF BRONCHIAL ASTHMA IN PATIENTS WITH THYROID DISEASES. *Ta'lim innovatsiyasi va integratsiyasi*, *31*(2), 181-187.
28. Alisherovna, K. M., Nizamitdinovich, K. S., & Islomovich, S. I. (2024). FEATURES OF BONE MINERAL DENSITY IN PATIENTS WITH DISEASES OF THE DIGESTIVE SYSTEM. *Ta'lim innovatsiyasi va integratsiyasi*, *31*(2), 162-171.
29. Xaydarov, S. N., & Normatov, M. B. (2021). DETERMINATION OF IRON DEFICIENCY ANEMIA AT THE PREGNANCY PERIOD. *Scientific progress*, *2*(4), 325-327.
30. Normatov, M. B. (2023). Features of management of patients with chronic heart failure and diabetes mellitus. *Science and Education*, *4*(5), 251-259.
31. Buribayevich, N. M., & Bakhtiyorovich, U. J. (2024). VENTRICULAR ARRHYTHMIAS IN HEART FAILURE IN PATIENTS WITH TYPE 2 DIABETES MELLITUS. *International journal of medical sciences*, *4*(05), 240-248.
32. Erkinovna, K. Z., Alisherovna, K. M., & Davranovna, M. K. (2024). ARTERIAL HYPERTENSION AND ARRHYTHMIA. *Spectrum Journal of Innovation, Reforms and Development*, *26*, 72-78.
33. Nizamitdinovich, K. S., Alisherovna, K. M., & Erkinovna, K. Z. (2024). ASSESSMENT OF THE RISK OF DEVELOPING DIABETES MELLITUS FOR MEN. *Spectrum Journal of Innovation, Reforms and Development*, *26*, 114-123.
34. Alisherovna, K. M., Nizamitdinovich, K. S., & Erkinovna, K. Z. (2024). THE EFFECTIVENESS OF BISOPROLOL AND METFORMIN IN ARTERIAL HYPERTENSION AND METABOLIC SYNDROME. *Spectrum Journal of Innovation, Reforms and Development*, *26*, 106-113.
35. Erkinovna, K. Z., Alisherovna, K. M., & Nizamitdinovich, K. S. (2024). DIABETES MELLITUS AND MENOPAUSE. *Spectrum Journal of Innovation, Reforms and Development*, *27*, 56-65.
36. Khusainova, M. A., Khaydarov, S. N., Uzokov, J. B., & Shonazarova, N. K. (2023). QUALITY OF LIFE IN PATIENTS WITH CHOLELITHIASIS IN THE LONG-TERM

ISSN: 2692-5206
AMERICAN ACADEMIC PUBLISHER
INTERNATIONAL JOURNAL OF MEDICAL SCIENCES

PERIOD AFTER CHOLECYSTECTOMY. *Oriental renaissance: Innovative, educational, natural and social sciences*, *3*(2), 231-239.
37. Khusainova, M. A., Gafforov, K. K., Uzokov, J. B., & Tairova, Z. K. (2023). THE CHANGE IN THE QT INTERVAL IS A MARKER OF THE SEVERITY OF LIVER CIRRHOSIS. *Oriental renaissance: Innovative, educational, natural and social sciences*, *3*(2), 94-101.
38. Mamasoliyevna, D. N., Alisherovna, K. M., & Totlibayevich, Y. S. (2023). Diabetes Mellitus and Non-Alcoholic Fatty Liver Disease: the Facets of Conjugacy. *Miasto Przyszłości*, *35*, 166-173.
39. Alisherovna, K. M., Akmalovna, K. N., & Mamasoliyevna, D. N. (2022). Kidney dysfunction in chronic heart failure. *Texas Journal of Medical Science*, *13*, 104-109.
40. Alisherovna, K. M., & Xudoyberdiyevich, G. X. Features of Heart Damage in Patients with Viral Cirrhosis of the Liver. *International Journal of Innovations in Engineering Research and Technology*, *8*(04), 53-57.