

Ярмухамедова Саодат Хабибовна
к.м.н., доц., Заведующая кафедрой пропедевтики
внутренних болезней
Самаркандский государственный медицинский
университет
Самарканд, Узбекистан
Хусайнова Мунира Алишеровна
Ассистент кафедры пропедевтики внутренних
болезней
Самаркандский государственный медицинский
университет
Самарканд, Узбекистан

ВЛИЯНИЕ ПЕЧЕНОЧНОЙ ЭНЦЕФАЛОПАТИИ НА ПОКАЗАТЕЛИ КАЧЕСТВО ЖИЗНИ ПАЦИЕНТОВ С ВИРУСНЫМ ЦИРРОЗОМ ПЕЧЕНИ

For citation: S.Kh. Yarmukhamedova, M.A. Khusainova. THE EFFECT OF HEPATIC ENCEPHALOPATHY ON INDICATORS QUALITY OF LIFE OF PATIENTS VIRAL CIRRHOSIS OF THE LIVER. Journal of cardiorespiratory research. 2023, vol 1.1, issue 28, pp.152-156

АННОТАЦИЯ

Целью исследования была оценка влияния печеночной энцефалопатии на качество жизни пациентов с циррозом печени в исходе хронического гепатита С. Объект и методы исследования. Одновременное исследование печеночной энцефалопатии и показателей качества жизни было проведено у 61 пациента с циррозом печени в исходе хронического гепатита С (33 мужчин и 28 женщин; возраст 46 (37; 55) лет). Степень печеночной энцефалопатии определялась с помощью психометрического теста связи из чисел, согласно Рейтану. Для изучения качества жизни использовался опросник SF-36. Результаты. Качество жизни ухудшается, а печеночная энцефалопатия усиливается по мере прогрессирования функционального класса вирусного цирроза печени. Печеночная энцефалопатия влияет на показатели «психологического компонента здоровья» (SF-36) у пациентов с вирусным циррозом печени класса В и С, $p < 0,01$. Корреляции между печеночной энцефалопатией и «физическим компонентом здоровья» (SF-36) пациентов этой категории нет, $p > 0,05$. Вывод. Одним из основных механизмов снижения качества жизни пациентов с вирусным циррозом печени является значительное влияние печеночной энцефалопатии у этой категории пациентов на «психологическую составляющую здоровья» (SF-36).

Ключевые слова: цирроз печени в исходе хронического гепатита С; печеночная энцефалопатия; качество жизни.

Yarmukhamedova Saodat Khabibovna
Head of the Department of Propaedeutics of Internal
Diseases,
Samarkand State Medical University,
Samarkand, Uzbekistan
Khusainova Munira Alisherovna
Assistant of the Department of Propaedeutics of
Internal Diseases,
Samarkand State Medical University,
Samarkand, Uzbekistan

THE EFFECT OF HEPATIC ENCEPHALOPATHY ON INDICATORS QUALITY OF LIFE OF PATIENTS VIRAL CIRRHOSIS OF THE LIVER

ANNOTATION

The aim of the study was to assess the effect of hepatic encephalopathy on the quality of life of patients with cirrhosis of the liver in the outcome of chronic hepatitis C. Object and methods of research. A simultaneous study of hepatic encephalopathy and quality of life indicators was conducted in 61 patients with cirrhosis of the liver in the outcome of chronic hepatitis C (33 men and 28 women; age 46 (37; 55) years). The degree of hepatic encephalopathy was determined by the psychometric test of the connection of numbers according to Reitan. The SF-36 questionnaire was used to study the quality of life. **Results.** The quality of life worsens, and hepatic encephalopathy increases with the progression of the functional class of viral cirrhosis of the liver. Hepatic encephalopathy affects the indicators of the “psychological component of health” (SF-36) in patients with viral cirrhosis of the liver of class B and C, $p < 0.01$. There is no correlation between hepatic encephalopathy and the “physical component of health” (SF-36) of patients in this category, $p > 0.05$. **Conclusion.** One of the main mechanisms for reducing the quality of life of patients with viral cirrhosis of the liver is the significant effect of hepatic encephalopathy in this category of patients on the “psychological component of health” (SF-36).

Keywords: cirrhosis of the liver in the outcome of chronic hepatitis C; hepatic encephalopathy; quality of life.

Yarmukhamedova Saodat Xabibovna

Ichki kasalliklar propedevtikasi kafedrası mudiri,
Samarqand davlat tibbiyot universiteti,
Samarqand, O'zbekiston

Xusainova Munira Alisherovna

Ichki kasalliklar propedevtikasi kafedrası assistenti,
Samarqand Davlat tibbiyot universiteti
Samarqand, O'zbekiston

JIGAR SIRROZIDA JIGAR ENSEFALOPATIYASINING BEMORLARNING HAYOT SIFATI KO'RSATKICHLARIGA TA'SIRI

ANNOTATSIYA

Tadqiqot maqsadi: jigar ensefalopatiyasining jigar sirrozi bilan og'riqan bemorlarning surunkali gepatit C natijasidagi hayot sifatiga ta'sirini baholash. **Tadqiqot ob'ekti va usullari.** Surunkali gepatit C (33 erkak va 28 ayol; 46 yosh (37; 55)) natijasida jigar sirrozi bilan og'riqan 61 bemorda jigar ensefalopatiyasi va hayot sifati ko'rsatkichlarini bir vaqtning o'zida o'rganish o'tkazildi. Jigar ensefalopatiyasining darajasi reitan tomonidan raqamlar bog'lanishining psixometrik testi bilan aniqlandi. Hayot sifatini o'rganishda SF-36 so'rovnomasidan foydalanilgan. **Natijalar.** Virusli sirozning funksional sinfining rivojlanishi bilan hayot sifati yomonlashadi va jigar ensefalopatiyasi kuchayadi. Jigar ensefalopatiyasi B va C sinfidagi virusli jigar sirrozi bo'lgan bemorlarda "sog'liqning psixologik komponenti" (SF-36) ko'rsatkichlariga ta'sir qiladi, $p < 0,01$. Ushbu toifadagi bemorlarning jigar ensefalopatiyasi va "sog'liqning jismoniy komponenti" (SF-36), $p = 0,03$ o'rtasidagi korrelyatsiya aloqasi o'rnatilmagan. **Xulosa.** Virusli jigar sirrozi bilan og'riqan bemorlarning hayot sifatini pasaytirishning asosiy mexanizmlaridan biri bu toifadagi bemorlarda jigar ensefalopatiyasining "salomatlikning psixologik tarkibiy qismiga" (SF-36) sezilarli ta'siridir.

Kalit so'zlar: surunkali gepatit C natijasida jigar sirrozi; jigar ensefalopatiyasi; hayot sifati.

Introduction. The quality of life, as an integral indicator of physical, emotional and social well-being, decreases in patients with viral (HCV) liver damage already in the early stages of the disease.

The SF-36 questionnaire is recognized as the most acceptable questionnaire for assessing the quality of life (QOL) in patients with viral (HCV) cirrhosis of the liver (CP). According to the meta-analysis 15 studies, in patients with chronic hepatitis C using the SF-36 questionnaire, there was a decrease in QL indicators in comparison with a healthy control group: the integral mental component of health by 12.8; the integral physical component of health by 6.6.

Researchers report conflicting data on factors affecting QL in patients with CP in the outcome of viral hepatitis C. Thus, it was revealed that the determining parameters of QL are the stage of CP, age, female gender, low socio-economic status, marital status. In other studies it is emphasized that only the CP stage turned out to be a significant factor reducing QL.

At the same time, there are not enough studies devoted to the study of the influence of individual CP syndromes and, in particular, hepatic encephalopathy (PE) on the quality of life of patients in this category.

The purpose of this study is to assess the effect of PE on the QOL indicators of patients with viral CP in the outcome of chronic hepatitis C.

Materials and methods. A single-stage study of PE and QL was conducted in 61 patients with HCV-CP (33 men and 28 women; age 46 (37; 55) years). The distribution by functional classes of CP (according to Child-Pugh) was as follows: Class A — 18 patients; Class B CP — 21 patients; class C — 22 patients. The assessment was carried out in comparison with the reference values of indicators in 54 practically healthy individuals (27 men and 27 women; age - 43 (35; 53) years). The study groups had no differences in age, gender, education and income level, $p > 0.05$. Criteria inclusion of patients in the study was obtaining informed consent to participate in the study; verified diagnosis of CP;

positive PCR test for hepatitis C; age from 18 to 60 years. The exclusion criteria included other etiological factors of CP, except viral hepatitis C; severe concomitant pathology (at the stage of sub- and decompensation); active drug addiction; HIV infection.

The degree of PE was determined by the psychometric test of the connection of numbers (TSCH) according to Reitan.

The severity of PE was determined by the time taken by the patient to complete the task. In the absence of PE, the task is completed in less than 40 seconds.

In the study of QL, the SF-36 questionnaire was used, in which 36 questions were grouped into 8 scales: physical functioning, role-playing activity, bodily pain, general health, vitality, social functioning, emotional state and mental health. The first four scales were grouped into an integral indicator of the physical component of health, and the last four — into the psychological component of health. The indicators of each scale vary from 0 to 100 points, where 100 points correspond to "full health".

Statistical processing was carried out using the application programs "Statistica 6.0". The normality of the data distribution was checked by the Shapiro-Wilkes distribution agreement criterion (W). Continuous values were represented as median (Me) and 25 and 75 percentiles (25-75). A quantitative comparison of three independent groups was carried out by the Kraskel-Wallis method. The determination of the statistical significance of the differences in the continuous values of two independent groups was carried out by the Mann-Whitney criterion. Comparison on the quantitative basis of three dependent groups were conducted by the nonparametric Friedman method. The determination of the statistical significance of the differences in the continuous values of the two dependent groups was carried out by the Wilcoxon criterion. The correlation coefficient of Spearman was used to estimate the strength of the relationship between the variables. The reliable significance level was determined at a value of $p < 0.05$, and for multiple comparisons was used.

Results. The TSH index in the general group of patients with viral HCV-CP was 92 (40;104) seconds. Moreover, with the weighting of the FC CP, the PE syndrome, assessed by the TSH, progressively worsened. Thus, in patients with HCV-CP of class A, the TC was within the normal range and amounted to 33 (31;40) seconds; in patients with HCV-CP of class B — 91.5 (85;102) seconds; in patients with HCV-CP of class C — 99.5 (94; 117) seconds. Differences between all classes of CPSH were significant, $p < 0.001$. A study of QOL indicators in HCV-CP patients in the general group revealed a decrease in all eight indicators assessed by the SF-36 questionnaire compared to practically healthy individuals $p < 0.001$. Thus, the indicator of “physical functioning” was 55 (35;70) points; “role—based physical functioning” - 50 (25; 75) points; “pain intensity” — 56 (46; 64) points; “general health” — 47 (20;52) points; “vital activity” — 35 (25; 45) points; “social functioning” — 50 (25; 63) points; “role emotional functioning” — 33 (33; 67) points; “mental health” — 48 (32; 56) points. A comparative analysis of the studied parameters revealed low QL values in HCV-CP patients already at the stage of functional class A and their significant decrease in class B CP patients compared to class A CP patients ($p < 0.001$), as well as in Class C CP patients compared to the group of class A and B CP patients ($p < 0.001$). 0.001).

At the same time, the correlation analysis of the relationship between the value of TSH and the indicators of QL in patients with class A viral HCV-CP did not establish a reliable relationship with the parameters of both the “physical component of health” and the “psychological component of

health” of QL, $p > 0.05$.

In the group of patients with class B viral HCV-CP, it was revealed that all the indicators included in the integral indicator of the “psychological component of health” had a negative and high relationship with the values of TCH. Thus, the correlation coefficient of the TC with the indicator “vital activity” was $r = -0.71$, $p < 0.01$; “social functioning” — $r = -0.73$, $p < 0.01$; “role emotional functioning” — $r = -0.67$, $p < 0.01$; “mental health” — $r = -0.71$, $p < 0.01$.

In patients with class C viral hepatitis C, the values of such scales included in the psychological component of health as “vital activity” and “mental health” also had a negative association with TSH: $P = -0.71$, $P = -0.47$, $p < 0.01$. As in patients with HCV In the CP class, a reliable association of TSH with “role emotional functioning” and “social functioning” was established: $P = -0.66$, $P = -0.69$, $p < 0.01$.

The correlation between the TCF and the indicators of the “physical component of health” in patients with HCV viral CP of class B and C has not been established, $p > 0.05$.

Conclusions. QL in patients with viral HCV-CP is reduced and worsens with the progression of the functional class of CP. PE affects the indicators of the “psychological component of health” (SF-36) in patients with viral HCV-CP of class B and C, $p < 0.01$. There is no correlation between PE and the “physical component of health” (SF-36) of patients of this category of all functional classes, $p > 0.05$. Low indicators of the “physical component of health” in patients with viral (HCV) CP are obviously associated with various pathophysiological mechanisms of chronic liver failure.

1. Akramovna, I. K., & Zaynobiddin o'g'li, F. J. (2023). RISK FACTORS OF EARLY DEVELOPED OSTEOARTHRITIS. *BEST SCIENTIFIC RESEARCH-2023*, 2(1), 28-35.
2. Alisherovna, K. M. CYSTATIN C IS AN EARLY MARKER OF DECREASED KIDNEY FUNCTION.
3. Alisherovna, M. K. (2021). 24-Hour Abp Monitoring Of Blood Pressure In Patients With Chronic Heart Failure And The State Of Kidney Function. *Central Asian Journal of Medical and Natural Science*, 2(1), 197-204.
4. Djamshedovna, K. D., Alisherovna, K. M., Xudoyberdiyevich, G. X., & Rustamovich, T. D. (2023). EFFECTIVENESS OF ANTIHYPERTENSIVE THERAPY IN PREGNANT WOMEN. *Spectrum Journal of Innovation, Reforms and Development*, 12, 137-144.
5. Islamova, K. A. (2022, November). SEMIZLIK BOR BEMORLARDA OSTEOARTROZ KASALLIGINING KLINIK XUSUSIYATLARI. In *INTERNATIONAL CONFERENCES* (Vol. 1, No. 10, pp. 299-301).
6. Jamshedovna, K. D., Alisherovna, K. M., Davranovna, M. K., & Xudoyberdiyevich, G. X. (2022). Epidemiology And Features Of Essential Therapy Hypertension In Pregnant Women. *Web of Scientist: International Scientific Research Journal*, 3(5), 606-611.
7. Khabibovna, Y. S., & Abdukodirovna, A. S. (2021). Changes In The Diastolic Function Of The Right Ventricle In Arterial Hypertension. *Web of Scientist: International Scientific Research Journal*, 2(11), 161-169.
8. Khabibovna, Y. S., & Buriboevich, N. M. (2021). Change Of Structural And Functional Heart Indicators In Patients With Diabetes Mellitus With Diastolic Heart Failure. *Web of Scientist: International Scientific Research Journal*, 2(11), 144-150.
9. Khabibovna, Y. S., & Salkhidinova, B. M. (2022). EFFECTS OF PROTON PUMP INHIBITORS ON HEPATIC ENCEPHALOPATHY IN PATIENTS WITH CIRRHOSIS. *World Bulletin of Public Health*, 9, 230-233.
10. Khusainova, M. A. (2023). CYSTATIN C IS AN EARLY MARKER OF DECREASED KIDNEY FUNCTION. *Oriental renaissance: Innovative, educational, natural and social sciences*, 3(1), 485-490.
11. Khusainova, M. A., Ergashova, M. M., Eshmamatova, F. B., & Khayitov, S. M. (2023). Features of quality of life indicators in patients with pneumonia. *Science and Education*, 4(2), 138-144.
12. Khusainova, M. A., Eshmamatova, F. B., Ismoilova, K. T., & Mamadiyoro,va, M. M. (2023). METABOLIC SYNDROME IN RHEUMATOID ARTHRITIS AS A CRITERION OF CARDIOVASCULAR RISK. *Oriental renaissance: Innovative, educational, natural and social sciences*, 3(1), 331-339.
13. Khusainova, M. A., Vakhidov, J. J., Khayitov, S. M., & Mamadiyoro,va, M. M. (2023). Cardiac arrhythmias in patients with rheumatoid arthritis. *Science and Education*, 4(2), 130-137.
14. Nizamitdinovich, K. S., & Alisherovna, K. M. (2022). Quality of Life in Patients with Chronic Heart Failure, After Cardiac Resynchronization Therapy. *Texas Journal of Medical Science*, 14, 168-173.
15. O'G'Li, F. J. Z., & Akramovna, I. K. (2022). QANDLI DIABET KASALLIGI FONIDA YURAK QON TOMIR TIZIMI KASALLIKLARINING KLINIK KECHUV XUSUSIYATLARI. *Talqin va tadqiqotlar ilmiy-uslubiy jurnali*, 1(1), 108-111.
16. Rustamovich, T. D., Alisherovna, K. M., Djamshedovna, K. D., & Nizamitdinovich, K. S. (2023). Features of the Psychoemotional Status of Patients with Rheumatoid Arthritis. *Miasto Przyszłości*, 32, 23-30.
17. Rustamovich, T. D., Alisherovna, K. M., Nizamitdinovich, K. S., & Djamshedovna, K. D. (2022). Gastrointestinal Conditions in Rheumatoid Arthritis Patients. *Texas Journal of Medical Science*, 15, 68-72.
18. Toshtemirovna, E. M. M., Alisherovna, K. M., Erkinovna, K. Z., & Xudoyberdiyevich, G. X. (2022). DIAGNOSIS OF CIRRHOTIC CARDIOMYOPATHY. *Spectrum Journal of Innovation, Reforms and Development*, 10, 141-147.
19. Toshtemirovna, E. M. M., Alisherovna, K. M., Totlibayevich, Y. S., & Duskobilovich, B. S. (2022). THE VALUE OF XANTHINE IN CHRONIC HEART FAILURE. *Spectrum Journal of Innovation, Reforms and Development*, 4, 24-29.
20. Totlibayevich, Y. S., Alisherovna, K. M., Xudoyberdiyevich, G. X., & Toshtemirovna, E. M. M. (2022). Risk Factors for Kidney Damage in Rheumatoid Arthritis. *Texas Journal of Medical Science*, 13, 79-84.
21. Uzkov, J. B., Khusainova, M. A., Eshmamatova, F. B., & Mamadiyoro,va, M. M. (2023). Correction of violations rheology of blood in ischemic heart disease. *Science and Education*, 4(2), 153-159.
22. Xudoyberdiyevich, G. X., Alisherovna, K. M., Davranovna, M. K., & Toshtemirovna, E. M. M. (2022). FEATURES OF HEART DAMAGE IN PATIENTS WITH VIRAL CIRRHOSIS OF THE LIVER. *Spectrum Journal of Innovation, Reforms and Development*, 10, 127-134.
23. Xudoyberdiyevich, G. X., Alisherovna, K. M., Rustamovich, T. D., & Djamshedovna, K. D. (2023). QUALITY OF LIFE IN PATIENTS WITH GOUT. *Spectrum Journal of Innovation, Reforms and Development*, 12, 156-164.
24. Xudoyberdiyevich, G. X., Alisherovna, K. M., Toshtemirovna, E. M. M., & Totlibayevich, Y. S. (2022). Characteristics Of Neuropeptides-Cytokines In Patients with Cardiovascular Pathology Occurring Against the Background of Anxiety and Depressive Disorders. *The Peerian Journal*, 11, 51-57.
25. Yarmatov, S. T., & Xusainova, M. A. (2021). BRONXIAL ASTMA MAVJUD BO'LGAN BEMORLARDA GASTROEZOFAGIAL REFLYUKS KASALLIGI DIAGNOSTIKASI VA OLIB BORISH ALGORITMI. *Scientific progress*, 2(2), 208-213.
26. Yarmatov, S. T., & Xusainova, M. A. (2021). Yurak Ishemik Kasalligi Mavjud Bo'lgan Bemorlarda. *Scientific progress*, 2(3), 785-791.
27. Yarmukhamedova, S. K., Normatov, M. B., & Amirova, S. A. (2021). Modification of structural and functional indicators of the heart in diabetes mellitus patients with diastolic heart failure. *Journal of Advanced Medical and Dental Sciences Research*, 9(5), 1-4.

28. Zaynobiddin o'g'li, F. J., & Akramovna, I. K. QANDLI DIABET KASALLIGI FONIDA YURAK QON TOMIR TIZIMI KASALLIKLARINING KLINIK KECHUV XUSUSIYATLARI. Talqin va tadqiqotlar, 108.
29. Ибадова, О. А., & Аралов, Н. Р. (2020). Диагностические трудности и различия в терминологии идиопатической фиброзирующей болезни легких (литературный обзор). Достижения науки и образования, (2 (56)), 63-67.
30. Ибадова, О. А., & Шодикулова, Г. З. (2022). ОЦЕНКА ПРОГНОСТИЧЕСКОЙ ЗНАЧИМОСТИ ИНТЕНСИВНОСТИ И ЧАСТОТЫ КАШЛЯ У ПАЦИЕНТОВ С ИНТЕРСТИЦИАЛЬНЫМ ПОРАЖЕНИЕМ ЛЕГКИХ. Журнал кардиореспираторных исследований, 3(2).
31. Ибадова, О. А., Аралов, Н. Р., & Курбанова, З. П. (2020). Роль сурфактантного белка D (SP-D) в иммунном ответе при неспецифической интерстициальной пневмонии. Достижения науки и образования, (4 (58)), 45-49.
32. Ибадова, О. А., Шодикулова, Г. З., & Нажмиддинов, А. Ш. (2021). ТРУДНОСТИ ДИФФЕРЕНЦИАЛЬНОЙ ДИАГНОСТИКИ НЕСПЕЦИФИЧЕСКОЙ ИНТЕРСТИЦИАЛЬНОЙ ПНЕВМОНИИ. Достижения науки и образования, (8 (80)), 50-55.
33. Исламова, К. А., & Тоиров, Э. С. (2019). Значение факторов риска на качество жизни больных остеоартрозом. In Актуальные вопросы современной медицинской науки и здравоохранения: сборник статей IV Международной научно-практической конференции молодых учёных и студентов, IV Всероссийского форума медицинских и фармацевтических вузов «За качественное образование», (Екатеринбург, 10-12 апреля 2019): в 3-х т.- Екатеринбург: УГМУ, CD-ROM.. Федеральное государственное бюджетное образовательное учреждение высшего образования «Уральский государственный медицинский университет» Министерства здравоохранения Российской Федерации.
34. Хусаинова, М. (2021). Chronic Heart Failure In Patients With Early Rheumatoid Arthritis. Журнал кардиореспираторных исследований, 2(4), 67-69.
35. Хусаинова, М. А. (2022). OZONETHERAPY IN RESTORATIVE TREATMENT PATIENTS WITH CORONARY HEART DISEASE. Журнал кардиореспираторных исследований, 3(4).