

**PSYCHO-EMOTIONAL STATE OF PATIENTS WITH  
PULMONARY TUBERCULOSIS**

*Alimova Gulrukh Salimovna , Muazzamov Bakhodir Rakhmonovich*

*Bukhara State Medical Institute, Department of Phthisiology and  
Pulmonology*

***Annatsiya:** A study was conducted of the psycho-emotional state of patients with pulmonary tuberculosis of various categories in hospital treatment. Patients who turned to a psychologist during anti-tuberculosis therapy showed more pronounced psychological distress compared to patients who did not need psychological help. After the psychocorrectional course, patients observed a decrease in the level of destructive behavior and psychological distress, as well as an increase in quality of life assessments on a number of scales. Confirmation of the positive dynamics of the mental state of patients in the main group was evidenced by both the disappearance of previously existing significant differences with the indicators of patients in the comparison group, as well as the appearance of differences in the parameter of neuropsychic stability. Psychological support for the treatment of pulmonary tuberculosis is one of the essential resources for increasing the effectiveness of the treatment process.*

***Key words:** patients with pulmonary tuberculosis, psychological support, psycho-emotional state, psychological distress*

According to statistical data, indicators of the overall incidence of tuberculosis and mortality due to the disease over the past four years

in the Russian Federation decreased [12]. Despite the results achieved, the overall situation regarding tuberculosis is assessed as tense. A serious problem is the increasing prevalence and multidrug resistance of Mycobacterium tuberculosis to anti-tuberculosis drugs, which poses a major threat to the fight against the disease and remains the subject of serious debate regarding global

health security [3]. The lack of effectiveness of treatment for patients with multidrug-resistant pathogens, as well as intolerance to chemotherapy, are of concern to specialists [12].

In recent years, an integrative understanding of tuberculosis as a medical and biological problem and a socially significant disease has been formed. In the course and clinical manifestation of which not only the characteristics of the micro- and macroorganism are important, but also various psychological and social factors [4,6,7]. Consequently, the problems of compliance, inextricably linked to the effectiveness of treatment, as well as the development of methods for correcting various psychosomatic reactions of patients in the structure of rehabilitation psychological measures, the need for which in a phthisiology clinic has been written by many authors [1, 2.5, 10, 11].

Work in these areas also involves research into the effectiveness of psychological support in the complex treatment of tuberculosis.

In the scientific literature there are a few works devoted to various aspects of this topic [4,8,9]. Purpose of the study: to study the dynamics of the psycho-emotional state of patients with pulmonary tuberculosis in the lobby of psychological support for chemotherapy and without it.

### Materials and methods

Features of the psycho-emotional state were studied in 110 patients with pulmonary tuberculosis: 77 (70%) women and 33 (30%) men. The patients were treated at the phthisiology and pulmonology center of the Bukhara region.

The main group (MG) - with psychological support of anti-tuberculosis chemotherapy - included 87 patients (average age  $28.8 \pm 6.8$  years), of which 60 (89.5%) were women and 7 (10.5%) men. The comparison group (CG) - without psychological support of anti-tuberculosis chemotherapy - included 23 patients (average age  $31.5 \pm 9.9$  years), of which 20 (83.3%) were men and 4 (16.7%) were women. The distribution of patients according to clinical forms of pulmonary tuberculosis in the OG and GS did not differ significantly. Moreover,

almost a third of patients in the OG, in contrast to the GS, were classified as previously ineffectively treated.

Request for psychological help (at the patient's personal request or the recommendation of the attending physician) occurred, as a rule, during the first 2 months. hospital treatment (80% of cases). A psychological assessment of the current emotional state in the MG was carried out before and after psychological work, in the GS - at the beginning and at the end of the main course of treatment. The study used a set of relevant standard psychodiagnostic techniques: the SCL-90-R questionnaire for the severity of psychopathological symptoms. hospital anxiety and depression questionnaire, adapted eight-color test by M. Luscher , questionnaire of the severity of forms of aggression by A. Bass and A. Darki . The quality of life of patients was also assessed (SF-36 questionnaire).

In the statistical analysis of the obtained data, nonparametric comparison methods were used (Mann-Whitney U test. Wilcoxon T test ) , as well as Kruskal-Wallis test , global Fisher transformation , Mr. Pearson correlation coefficient Differences were considered significant at  $p < 0.05$ .

### Research results

A comparative analysis of the data obtained during the initial psychological study made it possible to identify some differences in the current psychological status of patients who turned to a psychologist and those who did not need psychological help. In the OG, a number of indicators of the current psycho-emotional state exceeded the normative values, which reflected the reduced neuropsychic potential of the patients:

- various manifestations of bodily dysfunction (both functional and caused by pulmonary tuberculosis) in 72% of patients (the “ somatization ” scale);
- the presence of mental discomfort associated with obsessive thoughts and experiences in 66% of patients (obsessive- compulsive disorder scale ):
- increased interpersonal sensitivity , uncertainty and anxiety in social contacts in 34% of patients (scale “interpersonal sensitivity” );

a high level of background anxiety, accompanied by nervousness, tension, tremor, in 54% of patients ( anxiety scales ), reaching a clinical level of severity in 33% of cases;

- the presence of an irrational and inadequate reaction of fear to certain situations, which causes avoidant behavior (scale “ phobic disorders” ), in 51% of patients;

- decrease in vitality and psychological stability in the form of dysphoric disorders and loss of strong interest in life in 57% (depression scale);

- the presence of pronounced negative affective states of irritability, anger and indignation (scale “aggression and hostility” ) in 36% of patients:

- suspicion and negativism towards other people in 40% of patients (scale “paranoid thinking”);

- 46% of patients experienced a feeling of isolation and alienation in communications with others (the “ psychoticism ” scale).

distress intensity scores ( PSD1) in the OG also exceeded the normative values. In the GS, the average values for the above indicators of psycho-emotional state were generally in the range of normative values.

According to personally determined forms of destructive behavior (questionnaire of forms of aggression by A. Vassa and A. Darki ), in the MG, but compared with the GS, patients with a high level of:

- irritability (55 and 25% of patients, respectively,  $p < 0.05$ ).
- grievances (55 and 33% of patients, respectively,  $p < 0.05$ );
- indirect aggression (manifestation of undirected, disordered bursts of aggression, use of directed and poTi i in other shx l and c gossip, jokes, etc.: 73 and 41% of patients, respectively,  $p < 0.05$ ).

The discovered personal specificity of the MG patients was also objectified in terms of their current psychological status. The study of the results of correlation analysis made it possible to detect a significant number of reliable relationships between forms of destructive behavior and indicators of current psychological status in the group. The maximum number of positive correlations

with indicators of psychological status was revealed in such forms of aggression as irritation, negativism, resentment, suspicion, hostility . In the GS, an almost 3 times smaller number ( n - 32) of corresponding relationships was identified.

The results of assessing the quality of life indicated that . that the most decreased indicators in both groups were indicators of social functioning (SF). Also in the OG, the assessment of vital activity (VT) was significantly lower compared to the GS: 47% of patients felt exhausted, tired, passive (GS - 25% of cases,  $p < 0.05$ ).

A comparative analysis of the current emotional state of MG patients after psychocorrectional work made it possible to detect statistically significant changes in many indicators. A significant decrease to the normative level was found in indicators on the following clinical scales of the questionnaire for “obsessive -phobic disorders”, “anxiety”, “depression”, “interpersonal sensitivity ”, “paranoid thinking”, “ psychoticism ” . Intensity of what is felt distress also decreased and did not exceed normative values.

The data obtained reflected:

- disappearance of symptoms of nervousness, trembling, feeling of loss of control over the situation (anxiety scale);
- reduction of symptoms of dysphoria associated with a violation of the basic system of values and life meanings, increasing vitality and interest in the world around us (depression scale):
  - disappearance of experiences caused by obsessive thoughts and impulses:
  - increasing confidence in social contacts (scale “interpersonal sensitivity ”):
  - reduction of suspicion and negativism towards other people (paranoid thinking scale):
  - reduction of the feeling of isolation and alienation in communications with other people (the “ psychoticism ” scale).

Also in the OG there was a significant decrease:

- manifestations of bodily dysfunction (scale “ somatization ”):

- irrational and inadequate reaction of fear to certain situations, which causes avoidant behavior (scale “ phobic disorders”).

After psychological work related to the correction of various aspects of the system in relation to patients in the group, a significant decrease in the level of such forms of destructive behavior as irritation, indirect aggression, and negativism was recorded . O bida. The number of reliable positive relationships between the severity of forms of aggression and indicators of current psychological status also decreased significantly (from 93 to 42). According to the indicators of the adapted color test by M. Luscher . color choice in the OG approached the reference indicator of neuropsychic well-being, which indicated a decrease in neuropsychic tension to an insignificant level, as well as an increase in the mental stability of patients, not only in comparison with the results of the primary study, but also relative to the GS.

Assessments of the quality of life of MG patients significantly increased both on scales reflecting the physical component of health: general health (GH scale), ability to engage in daily activities (VR scale), role functioning due to physical condition (RP scale), and on scales of the psychological component of health : vital activity (VT scale) . role functioning due to emotional state (RE scale), mental health (MP scale).

In the current psycho-emotional status of GS patients at the end of the main course of chemotherapy, no significant changes were revealed; the indicators of psychological status remained in the range of normative values. At the same time, it is necessary to note an increase (although not reaching the level of significance) in the level of destructive reactions (indirect aggression, irritation, negativism) and the severity of some psychopathological symptoms (scales of “ phobic disorder” and “paranoid thinking”). Also in the GS, compared to the primary analysis, there was an increase in the number of reliable positive correlations (from 32 to 11) between indicators of current psychological status and the severity of forms of aggression (primarily irritation, resentment, guilt). As a result of a comparative analysis of data from a dynamic study in the MG and GS, it was

established that most indicators of the current psychological status of patients after a psychocorrectional course did not differ significantly from the indicators of patients in the group without psychological support of anti-tuberculosis chemotherapy.

### **Conclusion**

In the current psychological status of patients . about those who consulted a psychologist during treatment in a hospital and those who did not need psychological help, significant significant differences were found. Patients who seek psychological help are characterized by the presence of more pronounced psychological distress and perceived distress : increased levels of depression, anxiety, aggressiveness and hostility . m interpersonal sensitivity , pronounced difficulties in communicating with others, and a lower psychological component of health. Patients in the group without psychological support of anti-tuberculosis therapy were in a relatively favorable psychological state throughout the main course of treatment.

After psychological work aimed at correcting various aspects of the patient's relationship system, a decrease in the level of destructive behavior, psychological distress, neuropsychic tension was observed, as well as an increase in quality of life assessments on a number of scales reflecting the physical and psychological components of health. Confirmation of the positive dynamics of the mental state of patients in the MG was evidenced by the disappearance of previously existing significant differences with the indicators of patients in the CG. and the emergence of differences in the parameter of neuropsychic stability.

By promoting the normalization and stabilization of the psychological background, psychological support of anti-tuberculosis chemotherapy prevents the risk of developing borderline mental disorders in patients with psychological distress, which is one of the significant resources for increasing the effectiveness of pulmonary tuberculosis therapy.

### **References:**

1. Валиев Р 111 Лечение больных туберкулезом легких с учетом особенностей их личности и отношения к болезни // Пробл. туб. - 1999. - № 2. - С. 27-31.
2. Виноградов М. Р., Черкаш иш И. И , Перельман М. И. Психическое состояние больных с ограниченными формами туберкулеза легких // Пробл. туб. - 1991. - № 10. - С 41-43.
3. Глобальная стратегия и цели в области профилактики, лечения и борьбы с туберкулезом на период после 2015 г (доклад секретаря ВОЗ) [Интернет]. URL: [http://www.medicnet.ru/images/stories/files-'statistika'protivo-uberkuleznaya-slulba-B134\\_12-ru.pdf](http://www.medicnet.ru/images/stories/files-'statistika'protivo-uberkuleznaya-slulba-B134_12-ru.pdf).
4. Долгих Н. О. Состояние ситуации онко-лимфо-острого реагирования у впервые выявленных больных туберкулезом и их специфическое лечение с использованием психотерапии: Автореф. дис. ... канд. мед. наук. - М., 2005. - 23 с.
5. Лукашсеа Е. Н., Игнинева Л. Н., Кспылова И. Ф. Психологические особенности больных туберкулезом легких подростков // Пробл. туб. - 2002. - К\* 1. - С 39-41.
6. Лгобаева Е. В., Еннколспов С. Н. Роль индивидуальных психологических характеристик пациентов в формировании приверженности терапии туберкулеза и ВИЧ // Консультативная психология и психотерапия. — 2011. — № 2. - С 111-127.
7. Психосоциальная помощь больным туберкулезом в Российской Федерации / Сб. статей. - М., ЛексТорг - 2013. - 136 с. ft. Стрельцов В. В., Барансеа Г. В., Сиресина Н. Н., Васильева И. А. Возможности оптимизации психологического состояния больных туберкулезом легких в процессе индивидуальной психологической коррекции // Пробл. туб. - 2012. - № 3. - С М-37.
9. Стрельцов В. В., Сельповский П. П., Сиресина Н. Н. и др. Изменение психоэмоционального состояния больных туберкулезом легких на фоне



психологического и нейропсихологического сопровождения противотуберкулезной терапии // Пробл. гyb - 2009. - № 4. - С. 31 -36

10. Сухова Е В. Необходимость психологической коррекции у больных туберкулезом легких // Пробл. гyb - 2004. - № 10. - С 34-36

11. Хоменко А. Г Значение психотерапии при лечении больных туберкулезом // Психотерапия в курортологии - Киев. 1966. - С. 127-130.

12. Эпидемическая ситуация по туберкулезу в России. Противотуберкулезные мероприятия (Интернет). URL: <http://www.mindnet.ru/ru-czentr-monitoring-tuberkuleza.html>