

## DETERMINATION OF PSYCHOSOMATIC INDICATORS IN ONCOLOGICAL PATIENTS

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### ABSTRACT

Constant emotional stress leads to the decomposition of the secretion of stress hormones, among which cortisol plays an important role. The symptoms of a psychological disorder include anxiety, depression, reconstructed emotional reactions and interpersonal relationships, communication. According to the literature, the differences in dividends in the severity of psychological disorders are due to age, the individual's stress resistance, level of education, knowledge of diseases and treatment methods, social status and support.

**Keywords:** emotional reactions, breast cancer, disorder

### INTRODUCTION

In cases of significant increase in the number women with diagnosed breast cancer, information about the factors influencing the patient's life is becoming increasingly important: they can be used when choosing treatment tactics and rehabilitation of patients, as well as when taking measures to ensuring the best comfort in life in during and after illness [1]. Because of the doctrine of quality Many studies by foreign authors are devoted to the lives of cancer patients [1-5], but there are very few of them in the domestic literature. Age, stage of the disease, education, sociodemographic factors, type of surgery, and complications have been shown to influence quality of life [1, 6-8]. Trigger moment of quality change life is a stressful situation associated with obtaining information about the presence of a malignant, but malignant formation associated with death, followed by waiting upcoming surgery, treatment related to most cases of breast loss (MRI) and numerous side effects, no guarantee of complete recovery, fear of relapse [9, 10]. Constant emotional stress leads to decomposition of secretion stress hormones, among which cortisol plays the most important role. To symptoms of psychological disorder include anxiety, depression, deconstructed emotional reactions and interpersonal relationships, communication. According to the literature, differences in dividends in the severity of psychological disorders are due to age, stress resistance of the individual, level of education, knowledge diseases and treatments, social status and

support of those in the region [9]. The indicator of the quality of life of sick patients today is an additional criterion for the effectiveness and safety of treatment of malignant neoplasms [1].

Quality of life assessment allows you to determine the effectiveness of treatment specific patient and use the obtained data to adjust the treatment schedule. In addition, the quality research method life is a reliable and informative way determining the October parameters of human well-being [2]. Assessing the quality of life in medicine is associated with "the need to deconstruct a holistic, complex picture of the world of a sick person, an objective vision of the patient and illness by doctors, supplement it with subjective assessment of the patient's own position, that is the need to collect objective and subjective criteria for assessing his condition" [4].

### **PURPOSE**

Study of mental disorders at different stages of cancer in patients with breast cancer glands, taking into account the influence of premorbid personal qualities and psychosomatic correlations in their development. 12 German International Journal of Modern Science No. 40, 2022

### **MATERIALS AND RESEARCH METHODS**

The study included 102 patients with histologically confirmed MSH. The first sample included 50 patients who first diagnosed with breast cancer (mean age  $46.7 \pm 11.1$  years).

This sample was created in patients with mental disorders arising in connection with somatic disease conditions in accordance with ICD-10 (neurotic and somatoform disorders, related to stress). The second sample consisted of 52 patients with duration of illness and signs of personality disorder in ICD- 10 (mean age  $58.6 \pm 5.8$  years) with follow-up 4 years or more (in some cases up to 18 years), respectively. Main research methods were clinical-psychopathological, follow-up and statistical. Inclusion criteria patients in the study were: 1) the presence of histologically confirmed breast cancer; 2) signs of varying degrees of mental disorders, which the treating oncologist considers necessary to refer patients to a psychiatrist. Exclusion criteria were conditions patients who do not allow psychopathological examination to be carried out to the required extent (severe somatic withdrawal, mental retardation, gross organic release of the central nervous system, progressive schizophrenia with pronounced personality changes, substance abuse).

The main research methods were clinical psychopathological, follow-up, and also statistical. Through correlational analysis, I deconstruct the relationship between my wife's cancer psychologists and her assessment quality of life of spouses with breast cancer. Indicators of quality of life have a strong direct connection with basic beliefs

and life activities, internationalism in various spheres of life. According to others indicators were not found to be significant connections with assessment of quality of life in women with breast cancer.

Life indicators do not have a significant positive correlation with 6 quality parameters life. In our opinion, the higher the improvement in women with breast cancer, the higher the quality of life indicators. Participation in what is happening reflects confidence in yourself and the belief that your own voice has meaning and gives a positive result. The lower internalized control over health and illness in women with breast cancer, the higher vital signs and physical activity and the lower the pain severity scores.

Perhaps, if the disease is considered as a result of one case and hopes for recovery from the actions of other people, first of all doctors, physical condition is being assessed, vital activity is improving and pain is being reduced sensations. In general, many of all connections are related with the basic beliefs, vitality inherent in women with breast cancer in various areas, with such indicators of quality of life as mental health, vital activity, role functioning, determined by the emotional state. The least connection between these psychological characteristics of women with breast cancer were determined by their assessing their physical health status, treatment expectations and physical functioning.

Therefore, based on the empirical data obtained, it can be assumed that a person's personal parameters, such as his life activity, basic beliefs, internal personality, form the basis psychological mechanisms of formation quality of life assessments.

## **CONCLUSIONS**

A thorough study of the psychological true adaptation of an individual in difficult life conditions contributes to the understanding of the psychological mechanisms of quality of life. The relationship we define with quality of life assessment psychological signs in patients with breast cancer indicate the possible influence of life activity components and fundamental beliefs on the formation of a subjective assessment of the degree of satisfaction physical and mental states of internationalism in various spheres of life. The results of our empirical research confirms the assumption we put forward. Based on the data obtained, one can formulate an assumption that requires further confirmation that the psychological characteristics of women with breast cancer are psychological mechanisms of formation of quality of life.

## REFERENCES:

1. Diachenko VG, Kovalenko VL Prospects for studying the quality of life of breast cancer patients (literature review) / VG Diachenko, VL Kovalenko // Far Eastern Medical Journal.- 2013.- No. 3. - P. 134-138.
2. Ionova TI Significance of quality of life research in modern health care / TI Ionova // Quality and Life. - 2019. - No. 1 (21). - P. 3-8.
3. Kotelnikova AV Psychosocial factors of health-related quality of life in patients with impaired motor functions / AV Kotelnikova, AA Kukshina // Clinical and Special Psychology. - 2017. - T. 6. - No. 1. - P. 63-78.
4. Nepomnyaschaya, VA Psychological mechanisms of formation of quality of life / VA Nepomnyaschaya // Siberian psychological journal. - 2004. - No. 20. - P. 28-33. - URL: <https://cyberleninka.ru/article/n/psihologicheskie-mehanizmy-formirovaniya-kachestva-zhizni> (date of accession: 06/09/2020).
5. Psychological structure of quality of life in patients with epilepsy: a manual for physicians and medical psychologists / LI Wasserman et al. / Ministry of Public Health and Social Development of Russian Federation. Russian Federation, St.-Petersburg scientific and research psychoneurological institute named German International Journal of Modern Science No. 40, 2022 13 after MM Bekhterev / Ministry of Public Health and Social Development of Russian Federation. V.M. Bekhterev. – Saint Petersburg: SPbNIPNI, 2008. - 44.
6. Clarke D, Cook K, Coleman K, Smith G. A qualitative examination of the experience of "depression" in hospitalized medically ill patients. Psychopathology. 2006;39:303-312. <https://doi.org/10.1159/000095778>
7. Smulevich AB, Wolel BA, Medvedev VE The development of personality in somatic diseases (to the problem of acquired hypochondria). Mental disorders in general medicine (Psychiatry and psychopharmacotherapy supplement). 2008;2:4-11. [Smulevich AB, Wolel BA, Medvedev VE. Development of personality in somatic diseases (to the problem of acquired hypochondria). Mental disorders in general medicine. Psihi- atriya i psihofarmakoterapiya. 2008;2:4-11. (In Russ.)].

8. Lichko AE Adolescent psychotherapy. L.: Meditsin; 1985. [Lichko AE. Adolescent Psychiatry. L.: Medicine; 1985.
9. Calhoun LG, Tedeschi RG. The foundations of posttraumatic growth: An expanded framework. Eds. Calhoun LG, Tedeschi RG In: Handbook of post-traumatic growth. Mahwah. NJ: Lawrence Erlbaum Associates. 2006;3-23
10. Allen J, Savadatti S, Levy A. The transition from breast cancer "patient" to "survivor". Psychooncology. 2009;18(1):71-78. <https://doi.org/10.1002/pon.138>
11. Specht G. Ueber die structure und klinische stellung der melancholia agitata. Zentralbl Nervenheilk Psych. 1908;39:449-469.
12. Evald G. "Schauanfalle" als postenzephalitische Störung. Mschr Psychiatr. 1925;57:222.