

Nafas a'zolari sili bilan kasallangan ayollardagi ruhiy buzilishlar

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Annotatsiya: Nafas a'zolari sili bilan og'rigan ayollarda hissiy buzilishlarni har tomonlama baholash va ularning klinik xususiyatlari, kasallikning davomiyligi va hayot sifati ko'rsatkichlari bilan bog'liqligini tahlil qilish. Tadqiqotda RTB tasdiqlangan 18-60 yoshdagi 65 nafar ayol ishtirok etdi. Klinik, psixologik va hayot sifati baholash standartlashtirilgan vositalar yordamida amalga oshirildi: Beck Depression Inventory-II (BDI-II), Spilberger-Xanin State-Trait Anxiety Inventory (STAI) va SF-36 Health Survey. Statistik tahlil tavsifiy statistika, korrelyatsion tahlil va qiyosiy guruh tahlilini o'z ichiga olgan. Bemorlarning aksariyatida klinik jihatdan ahamiyatli hissiy buzilishlar aniqlandi. Xavotirlanishning o'rtacha va yuqori darajalari 63% ayollarda, depressiv belgilar esa 54% ayollarda aniqlandi. Ko'proq ifodalangan xavotir va depressiv buzilishlar kasallikning uzoqroq davom etishi, klinik og'irligi va hayot sifatining pasayishi bilan sezilarli darajada bog'liq edi.

Kalit so'zlar: ruhiy buzilishlar, nafas a'zolari sili, ayollar, depressiya, xavotir, psixosotsial omillar, hayot sifati

Emotional disorders in women with respiratory tuberculosis

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Abstract: To conduct a comprehensive assessment of emotional disorders in women with respiratory tuberculosis (RTB) and to analyze their association with

clinical characteristics, disease duration, and quality-of-life indicators. The study included 65 women aged 18-60 years with confirmed RTB. Clinical, psychological, and quality-of-life assessments were performed using standardized instruments: the Beck Depression Inventory-II (BDI-II), the Spielberger-Khanin State-Trait Anxiety Inventory (STAI), and the SF-36 Health Survey. Statistical analysis included descriptive statistics, correlation analysis, and comparative group analysis. Clinically significant emotional disorders were identified in the majority of patients. Moderate to high anxiety levels were observed in 63% of women, while depressive symptoms were detected in 54%. More pronounced anxiety and depressive disorders were significantly associated with longer disease duration, greater clinical severity, and reduced quality-of-life scores ($p < 0.05$). Emotional disorders are highly prevalent among women with RTB and represent an important component of the overall disease burden. Early identification and psychological intervention should be integrated into comprehensive tuberculosis care.

Keywords: emotional disorders, respiratory tuberculosis, women, depression, anxiety, psychosocial factors, quality of life

Kirish

Nafas a'zolari sili butun dunyo bo'ylab sog'liqni saqlashning ijtimoiy ahamiyatga ega va tibbiy jihatdan eng qiyin muammolaridan biri bo'lib qolmoqda. Silga qarshi kurashning samarali dasturlari joriy etilganiga, kimyoterapiya sxemalari takomillashtirilganiga, epidemiologik nazorat takomillashtirilganiga qaramay, kasallik yuqori tarqalganligi, klinik kechishining uzoq davom etishi va bemorlarning hayot sifatiga sezilarli salbiy ta'sir ko'rsatishi bilan ajralib turadi. Keyingi yillarda sil kasalligining nafaqat klinik-epidemiologik jihatlariga, balki uning ruhiy-ijtimoiy oqibatlariga ham tobora ko'proq e'tibor berilmoqda. Sil kasalligining surunkali kechishi, uzoq muddatli va ko'pincha toksik davolashning zarurligi, shifokorning qat'iy nazorati bemorlarda turg'un psixoemotsional zo'riqishni keltirib chiqaradi. Uzoq muddatli kasalxonada davolanish, ijtimoiy izolyatsiya, mehnat qobiliyatining pasayishi va moliyaviy beqarorlik tashvish va depressiv kasalliklarning rivojlanishiga sharoit yaratadi. O'limdan qo'rqish, yaqin odamlarga kasallik yuqishidan xavotirlanish, davolanish tugagandan so'ng ijtimoiy mavqega ishonchsizlik kabi omillar ruhiy iztirobni yanada kuchaytiradi. Sil kasalligi bilan og'rikan bemorlarda hissiy buzilishlarning shakllanishida ijtimoiy stigma muhim rol o'ynaydi. Tibbiy ma'lumotlardan keng foydalanish imkoniyatiga qaramay, sil kasalligi jamoatchilik fikriga ko'ra ijtimoiy marginallik, izolyatsiya va atrofdagilar uchun xavflilik bilan bog'liq bo'lib qolmoqda. Stigmatizatsiya o'z-o'zini hurmat qilishning pasayishiga, aybdorlik va uyat hissining paydo bo'lishiga, ijtimoiy munosabatlarning cheklanishiga va natijada psixoemotsional stressning kuchayishiga olib keladi.

Oldingi tadqiqotlar shuni ko'rsatdiki, stigma darajasi xavotir, depressiya va davolanishga rioya qilishning pasayishi bilan bevosita bog'liq. Ayniqsa, respirator sil bilan kasallangan ayollar klinik va ijtimoiy jihatdan zaif guruhni tashkil etadi. Kasallikni idrok etish, hissiy reaksiyalar va kurashish strategiyalaridagi gender farqlar ham biologik, ham psixosotsial omillar bilan belgilanadi. Ayollarda ichki hissiy buzilishlar, jumladan, xavotir va depressiya ko'proq uchraydi, bu yuqori hissiy sezuvchanlik, affektiv beqarorlik va alomatlarining somatizatsiyasi bilan tavsiflanadi. Ayollardagi qo'shimcha psixologik yuk onalik, oilaviy majburiyatlar va g'amxo'rlik bilan bog'liq ijtimoiy belgilangan rollar bilan bog'liq.

Materiallar va usullar

2024-2025-yillar davomida viloyat Ftiziatriya va pulmonologiya markazida davolangan nafas yo'llari sili bilan kasallangan 65 nafar ayol ishtirokida tadqiqot o'tkazildi. Ishtirokchilarning o'rtacha yoshi $39,4 \pm 10,8$ yoshni tashkil etdi. Barcha ishtirokchilar ro'yxatdan o'tishdan oldin yozma ravishda xabardor qilingan rozilikni taqdim etdilar. Kiritish mezonlari: Mikrobiologik va rentgenologik tasdiqlangan respirator sil; Ayol jinsi; 18 yoshdan 60 yoshgacha; Psixologik so'rovnomalarni mustaqil to'ldira olish. Klinik baholash quyidagilarni o'z ichiga oldi: Umumiy, ijtimoiy va kasallik tarixi to'plami; Jismoniy tekshiruv; Ko'krak qafasi rentgenografiyasi yoki kompyuter tomografiyasi; laboratoriya tekshiruvi, shu jumladan balg'am surtmasi mikroskopiyasi va sil mikobakteriyalariga ekish; Kasallikning davomiyligi va klinik og'irligini baholash. Tasdiqlangan psixologik vositalardan foydalanildi: Beck Depression Inventory-II (BDI-II) depressiv simptomlarning og'irligini baholash uchun; Xavotirning holat va xususiyatlarini baholash uchun davlat-tashvish inventarizatsiyasi (STAI); Hayot sifatining jismoniy va aqliy tarkibiy qismlarini baholash uchun SF-36 Health Survey. Statistik tahlil standart biotibbiy statistik usullar yordamida amalga oshirildi. Miqdoriy o'zgaruvchilar o'rtacha va o'rtacha kvadratik chetlanishlarda, sifat o'zgaruvchilar esa foizlarda ifodalangan. Klinik va psixologik o'zgaruvchilar o'rtasidagi munosabatlarni baholash uchun korrelyatsion tahlil qo'llanildi. Statistik ahamiyatlilik $r < 0,05$ deb belgilandi.

Natijalar

Ishtirokchilarning aksariyati mehnatga layoqatli yoshda edi. Ayollarning katta qismi kasallik bilan bog'liq sezilarli ijtimoiy qiyinchiliklar, jumladan, ish joyini yo'qotish, oilaviy rollarning o'zgarishi va ijtimoiy stigmatizatsiya haqida xavotir bildirishgan (1-jadval).

Jadval 1.

Xarakteristika	Qiymat
O'rtacha yosh (yil)	$39,4 \pm 10,8$
Turmush qurganlar	68%

Vaqtinchalik mehnatga layoqatsizlik	42%
Yo'ldosh kasalliklar mavjudligi	47%
Kasallik davomiyligi > 6 oy	58%

BDI-II natijalariga ko'ra, bemorlarning yarmidan ko'pida klinik jihatdan sezilarli depressiv alomatlar kuzatildi, o'rtacha va og'ir depressiya ustunlik qildi, bu esa yuqori darajadagi hissiy stressni ko'rsatadi. Xavotirlanishni baholashda aksariyat ayollarda ham holat, ham belgilar bo'yicha xavotirlanishning yuqori darajasi aniqlandi. Bezovtalik ko'pincha kasallikning rivojlanishidan qo'rqish, davolash samaradorligiga shubha qilish va davolanishdan keyingi ijtimoiy reintegratsiyaga ishonchsizlik bilan bog'liq edi. Hayot sifati tahlili ham jismoniy, ham ruhiy salomatlik tarkibiy qismlarining sezilarli darajada pasayishini ko'rsatdi. Eng ko'p ta'sir ko'rsatgan sohalar ruhiy salomatlik, hayotiylik va ijtimoiy faoliyat edi. Yaqqol ifodalangan xavotir va depressiya bilan og'rikan ayollarda SF-36 ko'rsatkichlari sezilarli darajada past edi ($r < 0,05$). Korrelyatsion tahlil o'rtacha va kuchli assotsiatsiyalarni aniqladi: Depressiyaning og'irligi kasallikning davomiyligi bilan ijobiy korrelyatsiyalangan ($r = 0,52$; $p < 0,01$); Xavotir darajasi kasallikning klinik og'irligi bilan bog'liq bo'lgan ($r = 0,48$; $p < 0,01$); Bezovtalik va depressiya hayot sifati ko'rsatkichlari bilan sezilarli salbiy korrelyatsiyani ko'rsatdi.

Muhokama

Natijalar shuni ko'rsatadiki, nafas yo'llari sili bilan kasallangan ayollar orasida hissiy buzilishlar yuqori darajada tarqalgan. Emotsional buzilishlar nafaqat ikkilamchi reaksiyalar sifatida, balki kasallik tajribasining ajralmas tarkibiy qismlari sifatida namoyon bo'ladi. Surunkali yallig'lanish, uzoq vaqt davolanish, ijtimoiy izolyatsiya va stigmatizatsiya birgalikda tashvish va depressiv buzilishlarning rivojlanishiga olib kelishi mumkin. Hissiy buzilishlar va kasallikning davomiyligi o'rtasida kuzatilgan bog'liqlik erta psixologik aralashuvning muhimligini ta'kidlaydi. Doimiy ruhiy tushkunlik davolanishga rioya qilishga salbiy ta'sir ko'rsatishi mumkin, bu esa yomon klinik natijalarga va dori-darmonlarga chidamlilik xavfining oshishiga olib keladi. Ushbu xulosalar sil kasalligining zamonaviy biopsixosotsial modeliga mos keladi va ruhiy salomatlik xizmatlarini sil kasalligiga qarshi kurashga integratsiya qilish zarurligini ta'kidlaydi.

Xulosa

Respirator sil bilan kasallangan ayollarda kasallikning og'irligi, davomiyligi va hayot sifatining pasayishi bilan chambarchas bog'liq bo'lgan xavotir va depressiv buzilishlar yuqori darajada uchraydi. Silni samarali davolash nafaqat farmakologik davolashni, balki psixologik yordamni ham o'z ichiga olishi kerak.

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