

IMPACT OF REHABILITATION AFTER MYOCARDIAL INFARCTION ON THE PATIENT'S QUALITY OF LIFE

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Annotation

Myocardial infarction is a major cause of morbidity and mortality globally, profoundly affecting patients' physical and psychological well-being. While survival rates have improved due to advanced acute interventions, long-term recovery heavily relies on effective cardiac rehabilitation. This study aims to evaluate the prognostic value of comprehensive rehabilitation programs on the quality of life of patients following a myocardial infarction. A prospective, randomized clinical trial was conducted involving 112 patients. Participants were divided into a main group (n=56) receiving a structured 12-week comprehensive cardiac rehabilitation program, and a control group (n=56) receiving standard outpatient care. Quality of life was assessed using the SF-36 Health Survey at baseline and after 6 months. Statistical analyses included Student's t-test and chi-square tests ($p < 0.05$). After 6 months, the main group demonstrated significant improvements in physical functioning (74.2 ± 3.4 vs. 59.5 ± 4.1 , $p < 0.01$) and mental health (71.8 ± 3.6 vs. 55.4 ± 4.2 , $p < 0.01$) compared to the control group. Furthermore, the absolute risk reduction for early hospital readmission was 14.2% (95% CI: 8.5 - 19.9). In conclusion, the implementation of a systematic, multidisciplinary cardiac rehabilitation program significantly enhances both the physical and psycho-emotional components of quality of life in post-myocardial infarction patients, emphasizing the critical need for its integration into primary healthcare protocols.

Keywords: Myocardial infarction, cardiac rehabilitation, quality of life, SF-36 questionnaire, secondary prevention, physical functioning, psychological adaptation.

Kirish

Yurak-qon tomir kasalliklari (YuQTK), xususan, miokard infarkti (MI) butun dunyo bo'ylab aholi o'rtasida erta o'lim va nogironlikning asosiy sababchisi hisoblanadi. Jahon Sog'liqni Saqlash Tashkiloti (JSST) ma'lumotlariga ko'ra, har yili 17.9 million kishi YuQTK oqibatida vafot etadi, bu global o'lim ko'rsatkichining 32% ini tashkil qiladi. O'tkir miokard infarktini davolashda perkutan koronar aralashuvlar (stentlash) va zamonaviy farmakoterapiyaning keng joriy etilishi hospital o'lim ko'rsatkichlarini keskin kamaytirdi. Biroq, kasalxonadan chiqqan bemorlarning hayot sifati (HS) va ijtimoiy moslashuvi hamon dolzarb muammo bo'lib qolmoqda. Bemorlarning katta qismida jismoniy faollikning pasayishi, depressiya, xavotir va takroriy infarkt xavfi kuzatiladi. Shu sababli, klinik amaliyotda bemorlarning jismoniy, psixologik va ijtimoiy funksiyalarini tiklashga qaratilgan kompleks kardioreabilitatsiya dasturlarining ahamiyati ortib bormoqda.

Adabiyotlar sharhi

So'nggi yillarda xalqaro ma'lumotlar bazalarida (PubMed, Cochrane Library) kardioreabilitatsiyaning samaradorligiga oid ko'plab tadqiqotlar e'lon qilingan. Anderson va hammualliflar (2021) tomonidan

o'tkazilgan metatahlil shuni ko'rsatdiki, jismoniy mashqlarga asoslangan rehabilitatsiya yurak-qon tomir kasalliklaridan o'lim xavfini 26% ga kamaytiradi. Yevropa Kardiologlar Jamiyati (ESC) va Amerika Yurak Assotsiatsiyasi (AHA) klinik protokollarida rehabilitatsiya IA darajadagi daliliy tavsiya sifatida kiritilgan (Piepoli et al., 2020). Shunga qaramay, rivojlanayotgan mamlakatlarda rehabilitatsiya dasturlari bilan qamrab olish ko'rsatkichi 20% dan oshmaydi. Mahalliy adabiyotlarda ambulator sharoitda, xususan, oilaviy poliklinika bosqichida MI o'tkazgan bemorlarni kuzatish va ularning hayot sifatini baholash bo'yicha ma'lumotlar yetarli emas. Bu esa ushbu yo'nalishda chuqurlashtirilgan tadqiqotlar olib borishni taqozo etadi.

Material va metodlar

Tadqiqot Andijon davlat tibbiyot instituti klinik bazalarida 2024-2025 yillar davomida o'tkazildi. Tadqiqot dizayni: prospektiv, ochiq, randomizatsiyalangan klinik izlanish.

Tadqiqotga jami 112 nafar o'tkir miokard infarktini boshdan kechirgan (kasallikning 3-4 haftasida bo'lgan) bemorlar jalb qilindi. O'rtacha yosh 58.4 ± 6.2 yoshni tashkil etdi. Bemorlar tasodifiy tanlash (randomizatsiya) yo'li bilan ikki guruhga ajratildi:

1. Asosiy guruh (n=56): Farmakoterapiyadan tashqari, 12 haftalik kompleks kardioreabilitatsiya dasturini o'tagan bemorlar (dozalangan jismoniy yuklama, diyetolog va kardiopsixolog maslahati).
2. Nazorat guruhi (n=56): Faqat standart ambulator dori-darmon terapiyasi va hududiy poliklinika nazoratida bo'lgan bemorlar.

Kiritish mezonlari (Inclusion criteria): Tasdiqlangan MI diagnozi, gemodinamik barqarorlik, tadqiqotda ishtirok etish uchun yozma ixtiyoriy rozilik.

Chiqarish mezonlari (Exclusion criteria): Og'ir yurak yetishmovchiligi (NYHA III-IV sinf), nazorat qilib bo'lmaydigan aritmiyalar, harakatlanishni cheklovchi og'ir nevrologik yoki ortopedik patologiyalar.

Bioetika: Tadqiqot Xelsinki deklaratsiyasi tamoyillari va mahalliy bioetika qo'mitasi talablari asosida amalga oshirildi. Barcha bemorlardan xabardor qilingan rozilik olindi.

Baholash mezoni sifatida xalqaro standartlashtirilgan SF-36 (Short Form Medical Outcomes Study) so'rovnomasi qo'llanildi. Statistik ishlov berish SPSS 25.0 dasturida olib borildi. Miqdoriy ko'rsatkichlar o'rtacha arifmetik qiymat va standart xato ($M \pm m$) ko'rinishida berildi. Guruhlararo farqi baholash uchun Student t-testi, sifat ko'rsatkichlari uchun esa chi-square testi qo'llanildi. $p < 0.05$ qiymati statistik ishonchli deb qabul qilindi.

Natijalar

Dastlabki bosqichda ikkala guruh bemorlarining klinik va demografik ko'rsatkichlarida, shuningdek, hayot sifati parametrlarida statistik ahamiyatli farq kuzatilmadi ($p > 0.05$). Olti oylik kuzatuvdan so'ng olingan natijalar rehabilitatsiya dasturining yaqqol ustunligini ko'rsatdi. SF-36 so'rovnomasi bo'yicha ko'rsatkichlar quyidagi jadvalda keltirilgan.

Jadval: 6 oylik kuzatuvdan so'ng bemorlar hayot sifati ko'rsatkichlarining qiyosiy tahlili (SF-36 ballari hisobida, $M \pm m$)

SF-36 Shkalalari	Asosiy guruh (n=56)	Nazorat guruhi (n=56)	p qiymati
Jismoniy faoliyat (PF)	74.2 ± 3.4	59.5 ± 4.1	$p < 0.01$

SF-36 Shkalalari	Asosiy guruh (n=56)	Nazorat guruhi (n=56)	p qiymati
Rollar orqali jismoniy faoliyat (RP)	68.1 ± 4.2	47.6 ± 5.0	p < 0.01
Tana og'rig'i (BP)	79.5 ± 2.8	64.3 ± 3.9	p < 0.05
Umumiy salomatlik (GH)	66.4 ± 3.5	52.1 ± 4.3	p < 0.05
Hayotiylik / Energiya (VT)	69.3 ± 3.1	54.8 ± 3.8	p < 0.01
Ijtimoiy faoliyat (SF)	76.8 ± 3.7	61.2 ± 4.5	p < 0.05
Ruhiy salomatlik (MH)	71.8 ± 3.6	55.4 ± 4.2	p < 0.01

Tahlillar shuni ko'rsatdiki, reabilitatsiya dasturiga jalb qilingan bemorlarda jismoniy salomatlik komponenti sezilarli darajada o'sgan. Nazorat guruhidagi bemorlarning 34% ida (n=19) harakatlanishga nisbatan qo'rquv (kinezofobiya) va depressiv holatlar saqlanib qolgan bo'lsa, asosiy guruhda bu ko'rsatkich atigi 12.5% ni (n=7) tashkil qildi (chi-square = 7.34, p < 0.01, 95% CI). Olti oy davomida takroriy hospitalizatsiya holatlari asosiy guruhda 3 marta, nazorat guruhida esa 11 marta qayd etildi.

Munozara (Discussion)

Olingan natijalar kompleks kardioreabilitatsiya dasturlarining nafaqat fizik, balki psixo-emotsional tiklanish uchun ham muhim ekanligini tasdiqlaydi. Bizning ma'lumotlarimiz xalqaro adabiyotlardagi yirik ko'p markazli tadqiqotlar natijalari bilan to'liq mos keladi. Xususan, Taylor va hammualliflar (2019) ta'kidlaganidek, jismoniy mashqlar endotelial disfunksiyani kamaytiradi va miokardning kislorodga bo'lgan ehtiyojini optimallashtiradi. Nazorat guruhida hayot sifatining past ko'rsatkichlari bemorlarning dori vositalarini qabul qilishga bo'lgan sodiqligining (komplayens) pastligi va o'z kasalligi haqida yetarli ma'lumotga ega emasligi bilan tushuntiriladi. Asosiy guruhdagi psixologik qo'llab-quvvatlash va o'zini o'zi nazorat qilish ko'nikmalarini shakllantirish yuqori klinik samaradorlikni ta'minladi.

Ilmiy yangilik (Scientific Novelty)

Tadqiqot doirasida mintaqaholisining mentaliteti, antropometrik ko'rsatkichlari va ovqatlanish ratsionini hisobga olgan holda, oilaviy shifokorlar va kardiologlar hamkorligida amalga oshiriladigan modifikatsiyalangan kardioreabilitatsiya algoritmi ishlab chiqildi va uning ambulator sharoitdagi amaliy samaradorligi ilmiy asoslab berildi.

Xulosa va tavsiyalar

1. O'tkir miokard infarktini o'tkazgan bemorlarni davolash jarayoniga kompleks kardioreabilitatsiya dasturini erta kiritish bemorlarning jismoniy va psixo-emotsional holatini (SF-36 shkalasi bo'yicha) o'rtacha 25-30% ga oshiradi.
2. Jismoniy faollik va psixologik korreksiya amaliyotlarini o'z ichiga olgan dastur takroriy gospitalizatsiya xavfini sezilarli darajada pasaytiradi.
3. Sog'liqni saqlashning birlamchi bo'g'inida (oilaviy poliklinikalarda) ishlash uchun moslashtirilgan reabilitatsiya protokollarini keng joriy etish, jumladan, har bir bemor uchun individual faollik xaritasini yuritish qat'iy tavsiya qilinadi.

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- 11.