

## **Psychological Features of Cardiological Patients in the Process of Psychocorrection**

**Vasila K. Abdullaeva, Boburbek B. Safarbaev, Ravshan O. Palvanov,  
Siroj K. Kurbonboev, Bobur A. Muhtorov**

Tashkent Pediatric Medical Institute, Urgench branch of the Tashkent Medical Academy  
Uzbekistan

### **ABSTRACT**

A total of 45 patients (men and women) with coronary heart disease were examined during inpatient treatment. The average age of the examined patients was  $62.49 \pm 8.89$  years. During the study, the clinical and psychological method was used, which included the method of observation and conversation. This method allows you to study not only the disease, but also the patient himself. The conversation preceded the instrumental examination and one of the main tasks of its application was the formation of the subject's adequate attitude to the psychodiagnostic procedure. In addition, this method was aimed at obtaining information of an informational and cognitive nature. In the course of the conversation, the data necessary to obtain information about the patient's present and about his past were clarified.

The aim of the study was to study the psychological characteristics of cardiac patients in the process of an individual psychocorrectional program.

**KEY WORDS:** coronary heart disease, psychocorrection, psychology, psychiatry

### **INTRODUCTION**

Currently, according to the World Health Organization, cardiovascular diseases rank first in the world [10]. Traditionally, cardiovascular pathology is considered within the framework of the psychosomatic approach, according to which psychological factors play a significant role in the origin of somatic symptoms of cardiac disease, and the patient himself necessarily needs psychosomatic counseling [7]. Most psychologically oriented concepts, including psychoanalytic ones, reflect the psychocentric direction - they postulate psychogenesis in the form of a linear model of the formation of psychosomatic diseases. Modern psychosomatic concepts consider the pathogenesis of cardiovascular diseases in three dimensions: biological, psychological and social [6]. This prompts the search and study of psychological, social causes of cardiological diseases: the study of personality, conditions of psychogenesis of disorders, the structure of intrapersonal conflict, socially conditioned stressful situations and their influence on the psychophysiological state of a person [4, 5]. The study of the psychological characteristics of patients with cardiovascular diseases is an important and relevant area of research [8]. It should be noted that most of the psychological studies of cardiovascular diseases are focused on the diagnosis of anxiety and depression, which leads to the development of methods of assistance, mainly in the direction of correcting anxiety-depressive disorders [1, 3, 9]. Accordingly, the development of methods for increasing the level of psychological reserves of patients with coronary heart disease, taking into account a wide range of individual characteristics of patients, seems relevant [11]. It is known that an individual approach to psychocorrection makes it possible to increase the effectiveness of rehabilitation programs [12]. For example, autogenous training has a psychotherapeutic effect and is an effective method of work in the case of psychosomatic disorders [2]. Thus, the use of psychocorrection techniques aimed at the formation of

psychological attitudes to actively overcome the disease, teaching techniques that improve psychological adaptation, can be effective for increasing the level of psychological reserves of patients with coronary heart disease.

## **MATERIALS AND METHODS**

A total of 45 patients (men and women) with coronary heart disease were examined during inpatient treatment. The average age of the examined patients was  $62.49 \pm 8.89$  years. During the study, the clinical and psychological method was used, which included the method of observation and conversation. This method allows you to study not only the disease, but also the patient himself. The conversation preceded the instrumental examination and one of the main tasks of its application was the formation of the subject's adequate attitude to the psychodiagnostic procedure. In addition, this method was aimed at obtaining information of an informational and cognitive nature. In the course of the conversation, the data necessary to obtain information about the patient's present and about his past were clarified.

In order to increase the information content of this method, a questionnaire was developed, which included the following blocks: socio-demographic parameters, clinical data, psychological information. Based on the results of the conversation, general information about the patient was recorded, as well as clinical and psychological data. In the course of communication with the patient, questions were asked, the purpose of which was to study personality traits (before the disease and at the moment), assess the ongoing changes, assess the state of health, performance. Clarified any complaints at the moment, both physical and psychological. Information was collected regarding the social situation in the patient's life (interaction with others, with relatives, friends, colleagues). General data included questions about age, education, marital status, professional activity. At the same time, the degree of satisfaction with various aspects of life was specified. Of great importance was the information received about the duration of the disease, its severity and the patient's attitude to his illness.

Psychological data included information about the patient's personality traits, characteristics of the emotional state at the present time and during the course of the disease. Also, the patient's attitude to his disease, to the upcoming operation was found out.

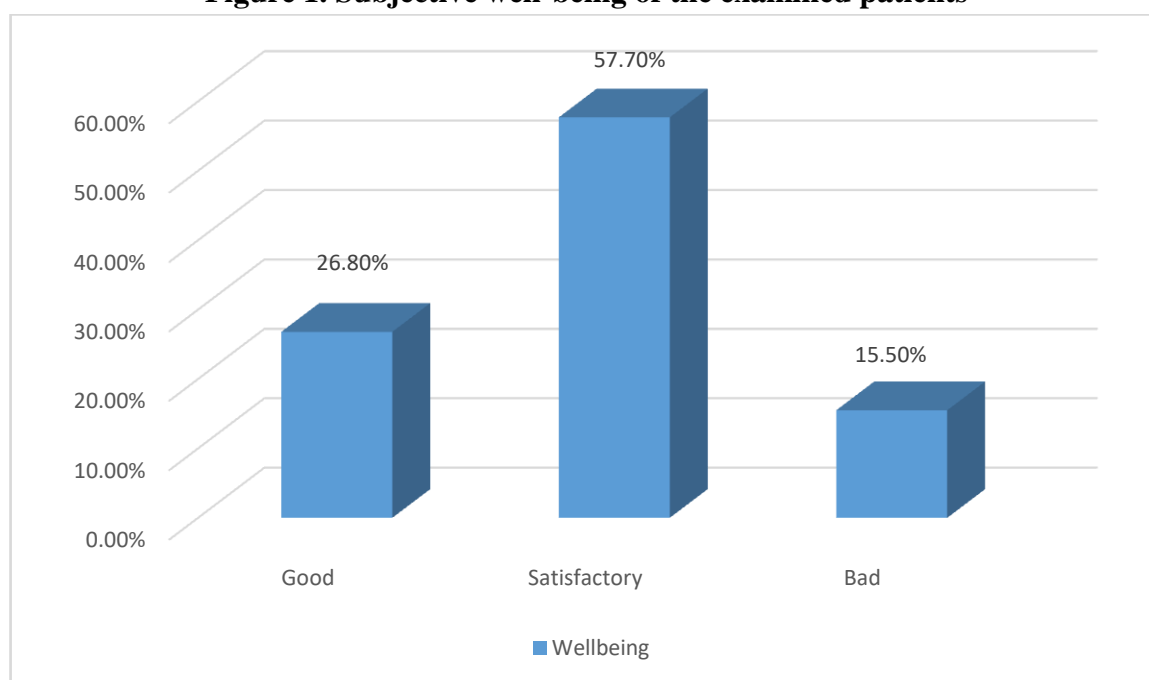
After collecting anamnestic data from patients, a corrective conversation was conducted, the purpose of which was to relieve emotional stress in the patient, educate people about autogenous training, lifestyle features of patients with ischemic heart disease (nutrition, work and rest regimen, physical activity). Based on the results of such a conversation, the patients were provided with a reminder for self-study of the above categories.

The clinical and psychological method integrates all available information related to the genesis of the patient's personality and pathological phenomena (Wasserman L.I., 2011).

## **RESULTS AND DISCUSSION**

In the course of the study, a number of clinical and psychological characteristics were analyzed in the entire group of patients ( $n = 45$ ), in particular, such an indicator as the specificity of the patient's attitude to examination was taken into account. So, in general, in the group of the surveyed, 66.6% of the surveyed had a positive attitude towards the survey. In 33.4% of cases, the subjects demonstrated a formal attitude to the examination, combined with vigilance towards the procedure. The subjects assessed their well-being as satisfactory (57.7%), poor (15.5%), good (26.8%) (Fig. 1)

**Figure 1. Subjective well-being of the examined patients**



According to clinical data, 66.6% of patients have a history of myocardial infarction, which led to the occurrence of anxiety-phobic reactions and the expectation of a sudden deterioration. At the same time, women are more likely to express complaints of anxiety and phobic tendencies. The percentage of patients diagnosed with coronary heart disease, stable angina pectoris was 37.7% (17 patients), 13 patients (28.9%) were diagnosed with coronary heart disease, unstable angina pectoris.

The following data were obtained on the presence of concomitant pathology in the examined group of patients (Table 1)

**Table 1. Concomitant pathology in the examined patients**

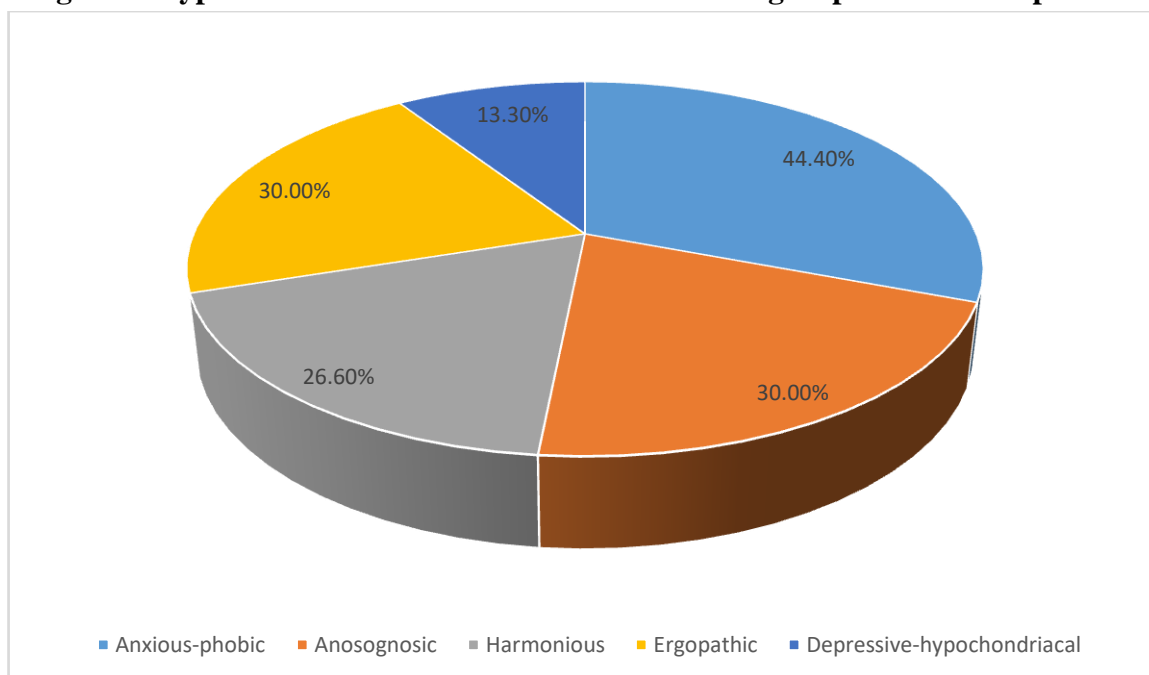
Comorbidity	Study groupn = 45	
	Abs.	%
<b>Obesity</b>	5	11,1
<b>Oncological diseases</b>	5	11,1
<b>Diabetes</b>	10	22,2
<b>Hypertonic disease</b>	25	55,6

As can be seen from Table 1, the most common concomitant pathology in patients with coronary heart disease is hypertension (55%).

When analyzing the frequency of occurrence of various types of attitudes towards the disease, the following data were obtained: In general, in the group surveyed, anxiety-phobic reactions were revealed in 44.4%. Such patients have an increased level of anxiety associated with the current disease. Almost half of the surveyed have anosognosic type - 30.0%. In 26.6% of the surveyed, a harmonious type of attitude towards the disease was revealed, which is expressed in active assistance to the treatment and rehabilitation process, in an adequate attitude to their condition, without exaggerating or underestimating the disease. Traits characteristic of the ergopathic type of attitude towards the disease were revealed in 30.0%. Reactions of a

depressive-hypochondriacal nature are less common - 13.3% (Fig. 2).

**Figure 2. Types of attitudes towards the disease in the group of examined patients**



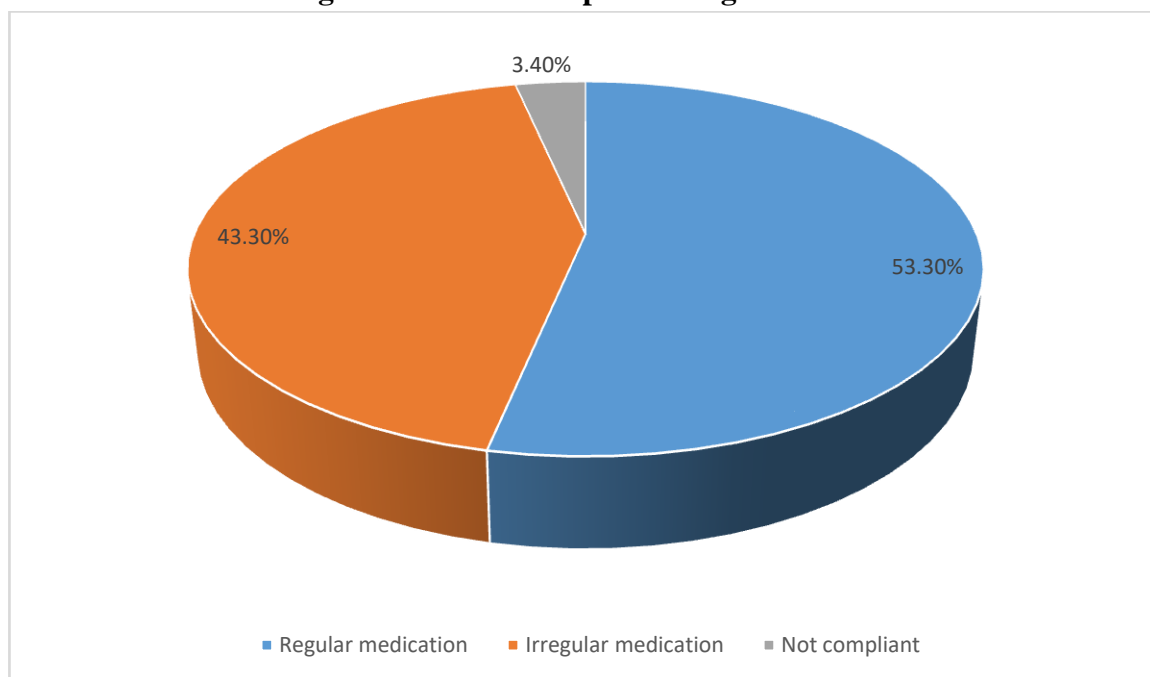
Thus, the leading types in relation to the disease were identified as anxiety-phobic, ergopathic and anosognosic types. The first is probably associated with actual feelings about the disease. Manifestations of this type are the targets of corrective work with these patients. The ergopathic type is possibly associated with a more active social position; aspiration for active professional activity and “escape from illness to work”. This behavior leads to a stenic emotional response, which requires psychocorrectional work. Anosognosic reactions are observed in combination with others and also indicate the need for psychocorrectional work with such patients. It can be assumed that women are more likely to experience anxiety-phobic experiences, respectively, they need psychological support from the first days of hospitalization and throughout the entire period of treatment. at the same time, in men, anosognosic attitudes are more common, which also require prompt modification.

In the structure of the clinical and psychological study, the frequency of occurrence of traumatic situations, as well as the specificity of traumatic situations in the examined patients, were also studied. We found that the most common presence of actual traumatic circumstances (42.2%). The next most frequent parameter is a prolonged psychogenic situation preceding the first symptoms of the disease, while the subjects associated such situations with work, indicated a chronic state of internal tension (26.7%).

During the analysis of clinical and psychological data, the features of motivation for treatment were studied. The most common motives are the motives of getting rid of physical discomfort (46.7%), “on the recommendation of doctors” (33.3%), as well as maintaining activity in the family and professional spheres (20.0%).

According to the results of the study, data on the degree of patient compliance were also analyzed. In this case, we studied: the regularity of taking medications, adherence to the recommendations of doctors and adherence to treatment in general (Fig. 3).

**Figure 3. Patient compliance degree.**



Thus, we see that in the group as a whole, there are more often those who demonstrate a high level of compliance. This may be due to the fact that patients seek to make a better impression when working with a medical psychologist.

To identify the leading coping strategies in the group as a whole, a coping test was used. According to the research group, the leading coping strategies can be distinguished: self-control ( $M = 12.13 \pm 3.24$ ), planning a solution to the problem ( $M = 10.2 \pm 3.96$ ). Such a choice of coping behavior may be associated with the present behavioral type A, which is characteristic of patients with coronary heart disease. Such patients are characterized by a fast pace of life, an active life position, a constant desire to develop, and a high level of self-control. Moreover, the surveyed group of patients is also characterized by planning in solving problems, which also confirms the predominance of a rational approach to problem situations.

In the structure of clinical and psychological characteristics in women, in comparison with men, depressive-hypochondriac reactions to the disease are more common (44.4% in women, 55.6% in men), as well as anxiety-phobic reactions - 77.8% - among women, 22.2% - among men). In addition, significant differences were obtained in terms of the dynamics of the emotional background - more pronounced in women (44.4%) than in men (13.9%). Among men (47.2%), anosognosic tendencies in relation to the disease are more common in comparison with women (11.1%).

Also, a comparative study was carried out depending on the participation in psychocorrection. We allocated 2 groups: 1 group - experimental (15 people) - patients with a diagnosis of coronary heart disease, with whom psychological correction was carried out; Group 2 - control group (30 people) - patients with a diagnosis of coronary heart disease, with whom psychocorrection was not performed. Work with each patient from the first group was carried out for three sessions. At the first session, contact with the patient was established, a conversation was conducted within the framework of the clinical and psychological research method, in order to identify actual emotional experiences, information material was provided. In the second session, psychocorrectional work was carried out using cognitive methods, acute emotional

experiences were worked out, the level of assimilation of information material was revealed. At the third session, an experimental psychological examination was carried out. According to the results of a comparative psychological study of patients who participated and did not participate in psychocorrection, the following data were obtained: in particular, statistically significant differences were revealed between groups 1 and 2 in a number of scales of situational anxiety. When analyzing the results, it was revealed that in patients of group 1, indicators on the scales are less than in patients in group 2. Patients in group 2 had higher indicators in terms of the general indicator of situational anxiety -  $M = 5.3 \pm 1.54$  in comparison with patients in group 1 -  $M = 3.53 \pm 2.27$  ( $p < 0.01$ ). Thus, after a psychocorrectional conversation with patients, the severity of anxiety-phobic reactions was lower than in patients of the second group, with whom no corrective measures were taken.

## CONCLUSION

Thus, in the structure of the complex of psychological characteristics in patients with coronary heart disease, the severity of such manifestations as anxiety-phobic experiences, anosognosic and ergopathic types of attitudes towards the disease, the most pronounced coping strategies - self-control and planning for solving the problem is noted. Therefore, when providing psychological assistance to patients, it is important to create a comprehensive program that will include a psychoeducational part, psychocorrectional, and psycho-rehabilitation. According to the results of this study, psychological work with cardiological patients should be carried out in order to reduce anxiety-phobic experiences, overcome anosognosic reactions to the disease, form a harmonious attitude to the disease. Psychocorrectional measures should be planned taking into account gender, age, clinical, psychological characteristics. Important targets in the work are anxiety-phobic experiences, anosognosia, the formation of an adequate internal picture of the disease, an increase in motivation for treatment.

## REFERENCES

1. Abdullaeva V.K., Nurkhodjaev S.N. Optimization of Therapy of Treatment Resistant Depressions in patients taking into account Personal Characteristics / Journal of Research in health science, 67-72, 2019/
2. Abdullaeva V .K., Safarbayev B.B. Effektivnost' primeneniya innovatsionnykh metodov psikhoterapii emotsional'nykh rasstroystv u patsiyentov kardiologicheskogo profilya. Chelovecheskiy faktor. Sotsial'nyy psikholog. 2020 - № 1 (39), s. 269-274.
3. Abdullaeva V.K., Faizullaeva N.Ya., Musakhodzhaeva D.A., Yarmukhamedov A.S. Specific features of psycho-emotional disorders in men with impaired fertility. European Journal of Pharmaceutical and Medical Research. 2020, 7(12), 56-58.
4. Banshchikov F.R. Komplayens v psikhiiatrii: real'nost' i perspektivy // Obozreniye psikhiiatrii i meditsinskoy psikhologii V.M. Bekhtereva. - 2006. - № 4. - S. 9-11.
5. Velikanov A.A., Levashkevich YU.L., Matina YU.A., Zelenskaya I.A., Sofronova M.G., Demchenko Ye.A. Skrining kak sposob optimizatsii psikhologo-psikhoterapevticheskoy pomoshchi patsiyentam kardiologicheskogo statsionara do i posle kardiokhirurgicheskogo vmeshatel'stva // Translyatsionnaya meditsina. 2014. № 1. C. 67-72.
6. Bokeria L.A., Zinchenko YP., Kiseleva M.G. Psychological factors and outcomes of coronary surgery. Psychology in Russia: State of the Art, 2013, no. 6(4), pp. 160-167.

7. Gromova, Ye. A. Psikhosotsial'nyyefactoryriskaserdechno-sosudistykhabolevaniy (obzorliteratury) / Ye.A. Gromova // SMZH. – Tomsk, 2012. –№2. –S. 22-29
8. Mamedov, M.N. Otsenkapsikhologicheskogostatusapatsiyentov so stenokardiyenapryazheniya / M.N. Mamedov, R.T. Didigova, Z.Z. Bulgacheva // Kardiologiya. – 2012. – № 1. – S. 20-25.
9. Nurkhodjaev, S; Babarakhimova, S; Abdullaeva, V. Early Detection and Prevention of Suicidal Behavior in Adolescents.Indian Journal of Forensic Medicine &Toxicology . Oct-Dec2020, Vol. 14 Issue 4, p7258-7263.
10. Olga Kim, YakutkhonMadjidova, MukaddasAbidova, NodiraHamidova, VasilaAbdullaeva, Timur Sattarov. (2021). Clinical-Neurological and Neurocognitive Indicators Against the Background of Neuroprotective Therapy in Vertebro-Basilar Insufficiency in Patients with Symptoms of Cerebral Venous Dyscirculation. Annals of the Romanian Society for Cell Biology, 315 - 323. Retrieved from <http://annalsofrscb.ro/index.php/journal/article/view/112>
11. Rakowska J.M. Brief strategic therapy in first myocardial infarction patients with increased levels of stress. A randomized clinical trial. Anxiety Stress Coping, 2015, Jan. 8, pp. 1-33.
12. S.N. Nurjhodjaev, V.K. Abdullaeva, Safarbaev B.B. Innovative methods of psychotherapy of depressive disorders in patients with cardiovascular pathology. Journal of Biomedicine and Practice 2020, Special issue, pp.626-630.