



SOME FEATURES OF PSORIASIS THERAPY IN STATIONARY CONDITIONS

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Article history:	Abstract:
Received: 28 th February 2021 Accepted: 7 th March 2021 Published: 30 th March 2021	The article focuses on a significant role of a medical procedure in a hospital setting as an active process of successful treatment of patients through careful monitoring of the correct use of pharmacological drugs, their dosages, as well as in the productive use of inpatient physiotherapy courses and procedures that ultimately contribute to improving the quality of life of patients.
Keywords: Psoriasis, inpatient treatment, quality of life, psychoemotional status, recovery.	

INTRODUCTION:

Psoriasis affects patients of all ages, however, most often young people (15-25 years old). Unfortunately, today medicine is not able to completely cure psoriasis, but timely professional treatment significantly improves the quality of life [1, 2]. In 1961, UN experts proposed one of the first nomenclatures of quality of life indicators. And from 1962 to 1973 in the United States developed a system of "social indicators", which helped to determine the quality in many areas of life. [3, 4]. It consisted of seven blocks: health, public safety, education, labor, income, housing, leisure, which in turn included 167 indicators. [4, 5]. Research in the field of quality of life has also been actively pursued by experts from the World Health Organization, which prioritize the principles of health and environmental components. In recent years, the assessment of the quality of life has become the subject of clinical interest, scientific research, and a criterion for prescribing or correcting the use of drugs. As you know, diseases affect both the physical state of an individual and the psychology of his behavior, emotional reactions, and often change his place and role in social life. Therefore, it is important to get the most complete picture of the nature of the impact of the disease on the most important functions of a person, which makes it possible to make a method for assessing the quality of life. [5, 6, 7]. The assessment of the quality of life made by the patient himself is a valuable and reliable indicator of his general condition. Indicators of the quality of life, along with the traditional medical opinion made by a doctor, allow us to compile a complete and objective picture of the disease (Novik A.A., 2002; Kubanova A.A.,; Kochergin N.G.). In this regard, the study of the quality of life of patients with psoriasis seems to be very relevant. [8.9].

PURPOSE OF THE STUDY:

To assess the impact of inpatient treatment on the quality of life of patients with psoriasis.

MATERIALS AND METHODS:

We observed 48 patients with psoriasis before starting the course of specific therapy and at the end of the course. An important role in assessing the quality of life is played by the state of physical functioning, one of the sensitive criteria of which is the physical availability of individual hygiene measures. The study showed that after a therapeutic course when taking a bath, a shower, the level of dependence of patients on outside help decreased, which was needed only by 4.0% of participants during laborious water procedures. Outside help was also in demand,

but only in complex actions (for taking a bath, washing hard-to-reach areas of the body, etc.) in 7.1% of patients. Another criterion for physical functioning is the rate of recovery of physical activity after a break or static inhibition. After receiving treatment, the majority (65.9%) noted that in the morning, after sleeping or after a long period of immobility, watching TV, reading, etc. the restoration of physical activity occurred without difficulty, the volume, painlessness and freedom of movement remained in the same volume without restrictions on the recovery time. However, in 23.8% of patients, stiffness, soreness and difficulty in the joints persisted in the morning, after sleep. A small proportion of patients (5.6%) noted that it takes a long time to restore motor functions when getting out of bed in the morning, a long warm-up, warming up joints, performing special exercises or taking special medications (3.9%), 0.8% were unable to stand and / or move arms or legs.

RESULTS:

In general, after the completed course of therapy, all study participants noted a marked improvement in the indicators of physical functioning. A significant proportion of patients became completely independent of outside help during water procedures (88.9%) and in general in all types of life (70.0%). Nevertheless, after the end of treatment, a certain proportion of respondents remained dependent on outside help for self-care (3.1%), in daily life (1.5%). Painful sensations are one of the most painful and frightening symptoms of psoriasis, which have a pronounced negative impact on the quality of life. Pain relief is one of the key areas of therapy for psoriasis. After the received course of treatment, the study participants noted a pronounced relief of pain manifestations, a decrease in the intensity of pain sensations, their frequency and prevalence. More than a third (37.9%) of patients noted that after treatment the pain symptoms disappeared altogether. The largest share of respondents (39.8%) noted that the treatment they received did not completely relieve them of pain, but the pain began to occur much less frequently, was less pronounced, and its duration was shorter. At the same time, more than half (53.5%) of the respondents noted that pain had no effect on their daily everyday activities, social activity and psycho-emotional well-being. Nevertheless, in 22.1% of patients, after the therapy received, pain and soreness persisted in various parts of the body, mainly in the joints and areas of deep skin lesions, which imposed significant restrictions on all types of functioning. Of these, 8.3% had frequent, prolonged and severe pain symptoms, and 3.7% had persistent pain that was poorly amenable to pharmacological correction. Another symptom that significantly worsens the quality of life in psoriasis is pruritus. After the end of the therapeutic course, itching was completely stopped in 32.8% of patients, however, in 59.6% of patients, the itching phenomena persisted, but became less pronounced, appeared relatively less frequently, in 7.5% the received therapeutic course did not affect the manifestations of itching. After the course of treatment, in almost half of the study participants (52.1%), articular symptoms persisted, while in 47.9% they limited physical, psychoemotional and social functioning. The study participants reported an increase in the level of their own physical, psycho-emotional, social independence, a decrease in the need for frequent linen change in connection with compensation for pathological processes and conditions of the underlying disease. The majority of respondents (79.8%) noted that after receiving treatment, they gained complete independence in self-service (dressing, washing). The proportion of patients for whom only light jobs were available dropped to 17.1%. Limitations of social and household activity within the limits of independent implementation of individual hygiene procedures (washing, taking a shower) persisted in only 1.6% of the study participants. Moreover, the need to take a bath and / or shower during the day for the majority corresponded to generally accepted hygienic standards - one (79.8%) or two (18.6%) times a day. The received therapeutic course markedly changed the subjective attitude of respondents to their disease, life situation in connection with psoriasis and led to an improvement in the quality of social contacts of the respondent. The indicators of psychoemotional functioning in patients with psoriasis were at a very low level and were formed under the influence of psychological well-being, emotional stability, and resistance to psycho-emotional stress. Patients noted that their inner mood became more positive, there was more trust and openness in relation to others, an optimistic assessment of prospects. At the same time, respondents experienced negative experiences to a lesser extent, less often felt feelings of anxiety, guilt, aggression, and to a lesser extent experienced depressive feelings. Satisfaction with the quality of their life was fully present in 29.5% of the study participants, while 13.9% of patients stated that there was an improvement in only some aspects of life, and 13.9% spoke of an improvement in the single indicator of the complex criterion of quality of life. A small proportion of participants (2.5%) expressed dissatisfaction with the quality of their life and even testified about its deterioration against the background of the received treatment. Dissatisfaction with their quality of life was stated in part by 27.1% of patients, in full - by 6.6%. After the received therapeutic course, 21.9% of the study participants had confidence in the possibility of a complete cure or, at least, complete compensation of the pathological manifestations of psoriasis. 42.9% of respondents were optimistic in assessing the future prospects of their own health, noting that over time it is possible to get rid of the painful manifestations and discomfort associated with the disease. 33.6% of patients assessed their future less positively, believing that the disease would remain, but the manifestations of painful symptoms would be weaker and less frequent. Negative development of their disease was assumed by a small number of patients: 0.8% believed that the disease would remain and painful manifestations would be stronger and more frequent, 0.8% expected the most unfavorable forms of development of the disease.

FINDINGS:

Thus, a course of specific therapy carried out in a hospital setting positively changed the complex indicator of the quality of life, but these changes were not so significant. The quality of life of patients with psoriasis depends to a greater extent on the severity and prevalence of the skin process, the localization of rashes, the presence of subjective symptoms, the frequency of exacerbations, the level of social activity, to a lesser extent - on the gender, age of patients, the onset and duration of the disease, which is confirmed by statistically significant correlations.

LIST OF SOURCES USED:

1. Luchkevich V.S. Quality of life as an object of systemic research and an integral criterion for assessing health and the effectiveness of preventive medicine and treatment and rehabilitation programs. - SPb. : SPbGMA them. I.I. Mechnikov, 2011.86 p.
2. Marinicheva G.N. Scientific substantiation and development of urban indicators of the quality of life, taking into account the health of the population of the megalopolis (on the model of St. Petersburg): Author's abstract. dis. ... Cand. honey. sciences. - SPb., 2011.
3. Medic V.A., Yuriev V.K. A course of lectures on public health and health care. - M. : Medicine, 2003. Part 1. S. 245-258.
4. Novik A.A., Ionova T.I. Guidelines for the study of the quality of life in medicine / ed. acad. RAMS Yu.L. Shevchenko. - M. :, 2007.320
5. Yuriev V.K., Saifulin M.Kh. Assessment of the dynamics of the quality of life of children as a criterion of the effectiveness of inpatient treatment // Questions of modern pediatrics. 2009.T.8. No. 6. S.7-11.
6. Sergeeva O.S., Silina L.V., Pismennaya E.V. Regularities of systemic changes in patients with various forms of psoriasis who received antioxidant therapy // Doctor-graduate student, No. 6 (49), 2011. - pp. 100-104.
7. Terentyev S.Yu. The effect of phytoecdysteroids on the immune status of patients with psoriasis // Doctor-graduate student, No. 3.1 (46), 2011. - P. 234-238.
8. Turakhodzhaeva F.V. Features of the immune status in children with psoriasis in different age groups // Postgraduate doctor, No. 2.4 (51), 2012. - P. 641-645
9. Mannanov A.M., Bababekova N.B., Khaitov K.N. Immunological and clinical features of the course of psoriasis in children // Doctor-graduate student, No. 4.4 (47), 2011. - P. 667-675.