INTERPRETATION OF THE QUALITY OF LIFE OF PATIENTS WITH CHRONIC CIRCULATORY INSUFFICIENCY

Abstract. The article analyzes the main criteria of quality of life according to the definition World Health Organization (WHO). The work presents an interpretation of a group of factors that characterize health at the individual and population levels (physical, emotional, social and psychological). In addition, the author analyzed the subjective assessment of the quality of life of a sick person depending on the effect of various life situations in the context of personal values in relation to their problems and expectations (prediction of the consequences of the disease). To assess the quality of life of patients with cardiovascular diseases, a comparison of the patient's subjective assessment with the list of events that occur in his life was used: reduction of physical and mental stress; avoiding stressful situations; avoiding long distance travel; restriction of daily household work; dietary restrictions; prohibition of smoking cigarettes and drinking alcoholic beverages; the need for treatment.

Assessment of patients' quality of life was carried out with the help of the adapted and modified Minnesota questionnaire on the quality of life of patients with chronic circulatory failure ("Living with Heart Failure Questionnaire" with a score in the range of 5 points. During the conducted research, when interviewing patients with chronic circulatory failure, low indicators of quality of life (80-100 points) were obtained according to the following list of questions: swelling of the lower legs (feet), disturbed night sleep, a feeling of insufficient air, a feeling of restlessness, anxiety, the need to be in hospitals.

When conducting the study, we assessed the risk of negative events in the range of 7 points and highlighted the main criteria for which the maximum number
of points was assigned (patients older than 65 years, patients with an existing and transferred myocardial infarction in the anamnesis and with depression of the ST segment (25%).

To detect reactive and personal anxiety, the study used a special Spielberg-Khanin scale of reactive and personal anxiety, based on which patients with chronic circulatory failure who had a high level of anxiety (more than 46 points) were identified.

**Keywords:** quality of life, cardiovascular diseases, chronic circulatory failure, assessment of quality of life, survey scale, adapted questionnaire, risk factors.

**Statement of the problem.** In the world encyclopedic dictionary "Britannica", the quality of life is defined as a measure of the extent to which a person is healthy, feels comfortable, is able to participate in the main life events or enjoy them [1].

According to the definition of the World Health Organization (WHO), quality of life is the perception by individuals of their position in life in the context of culture and value system and in relation to their goals, expectations, standards and problems [4].

Physical quality of life indicators should include: shortness of breath, increased fatigue, sleep and rest disorders.

Psychological: decreased concentration of attention, memory, neglect of personal appearance, etc.

Level of independence: reduced working capacity, dependence on treatment.


Spirituality: personal religious beliefs.

Public life: interpersonal relationships with relatives and the team.

An important task of health care is the comprehensive study of the quality of life at the individual level (the life of an individual) and at the population level (the health of a group of people). In addition, it is necessary to determine which indicators need to be influenced to adjust the quality of life (effectiveness of treatment, social assistance, etc.).

**Analysis of recent research and publications.**

Traditionally, two conceptual approaches to assessing the quality of life are distinguished: objective and subjective [2]. Individual perception of the quality of life is in the context of the values of the entire society as a whole, its plans and main strategies. According to WHO criteria, the following quality of life indicators are distinguished: physical, psychological, level of independence, environment, spirituality and public life [4].

Quality of life is characterized by an integral assessment of a group of factors: physical, emotional, social and psychological. The subjective assessment of the
quality of life is characterized by the influence of unforeseen situations, the occurrence of a disease and its treatment on a person's satisfaction with his life.

Human health, the course of diseases and the consequences of treatment, as well as choosing the right treatment tactics can be done with the help of the quality of life at the individual and population levels. Complications of cardiovascular diseases have a particularly negative impact on the quality of life: cardiac arrhythmias, atrial fibrillation, myocardial infarction, etc.

With the appearance of cardiac arrhythmias in more than 70% of patients, their emotional status changes: their mood drops sharply, patients involuntarily begin to focus on the work of the heart, restlessness and anxiety for their lives appear, fear of new attacks of arrhythmias and fear of cardiac arrest [6].

**The purpose of the article:** interpret the quality of life of patients with chronic circulatory failure using adapted and modified special scales and survey questionnaires.

**Presenting main material.** The subjective approach provides a subjective assessment of the main vital indicators of human life (satisfaction with one's life and its main characteristics). The objective approach takes into account the evaluation of the main statistical indicators regarding the quality of the external environment. Such approaches fully provide a comprehensive assessment of the quality of life.

To assess the quality of life of patients with cardiovascular diseases, it is advisable to use a comparison of the subjective assessment of a sick person with a list of events that occur in his life:

- reduction of physical and mental stress;
- avoiding stressful situations;
- avoiding long distance travel;
- restriction of daily household work;
- dietary restrictions;
- prohibition of smoking cigarettes and drinking alcoholic beverages;
- the need for treatment.

Assessment of the quality of life of patients depends not only on the effectiveness of treatment and prolongation of life, but also on the improvement of quality of life. This approach affects the prognosis of the disease and is optimal for the patient. The relationship between the quality of life and the quality of treatment is not always unambiguous. For example, taking medications, restricting the patient's usual lifestyle improves the treatment process, but negatively affects his psychological state (appearance of emotional excitement, anxiety, irritability, etc.). Therefore, doctors are of special interest not only in the prognosis of treatment, but also in improving the quality of life of a sick person.
To determine the quality of life, the following materials were used: 80 patients with cardiovascular diseases (50 men and 30 women), who were treated in the hospital of the Chernivtsi Regional Clinical Cardiology Center for 2 years. The average age of the subjects was 54.2 years. For the diagnosis of quality of life indicators, we used and adapted a special questionnaire for assessing the quality of life of patients with cardiovascular pathology. The questionnaire included 11 questions that included an assessment of patients' satisfaction with their own lives.

The assessment of patients' quality of life was also carried out using the Minnesota questionnaire of quality of life of patients with chronic circulatory failure ("Living with Heart Failure Questionnaire" (MLHFQ) - the literal name of the questionnaire "Living with heart failure") [3].

In our study, we shortened the list of questions, selected more informative ones and evaluated them on a 5-point scale.

Main questions:
- swelling of the lower legs, feet;
- the need for rest after minor physical exertion;
- disturbance of night sleep;
- sexual violations;
- dietary restrictions;
- deterioration of attention and memory;
- feeling of lack of air;
- constant feeling of weakness;
- feelings of restlessness, anxiety and depression;
- the need for help from relatives;
- need to stay in hospital.

Interpretation of the results: the highest quality of life was assessed at 0 points, the lowest quality of life at 100 points.

When conducting the research, we provided an assessment of the risk of negative events, which included the following:
- age over 65 years;
- the presence of more than 3 coronary risk factors (presence of atherosclerotic plaques, coronary angiography data, myocardial infarction in the anamnesis, stenosis of the coronary arteries and the presence of ST depression), myocardial infarction in the anamnesis, etc.;
- presence of 2 or more angina attacks within 24 hours;
- coronary artery stenosis and presence;
- increase in the level of "heart markers".

The maximum number of points is 7

Psychotraumatic situations cause aggravation of anxiety states and a change in a person's permanent behavioral habits. In Ukraine, over the past few years, the
The problem of mental disorders has become relevant not only within the country, but also in the entire world medical space [6].

Anxiety is characterized by increased tension, worry, nervousness and leads to the emergence of particularly dangerous diseases. Scale of reactive and personal anxiety (Spilberger - Hanin)

Personal anxiety is an individual characteristic of each person to perceive stressful situations and react to them with emotional reactions. As a person has a high level of anxiety, there is a possibility of cardiovascular diseases.

We used a special scale of situational anxiety (ST) to detect situational anxiety.

Analysis of the results of situational and personal anxiety was evaluated from 20 to 80 points. Gradation of evaluation results includes from 1 to 4. For example: I am alarmed (1,2,3,4); I am calm (1,2,3,4); constant voltage (1,2,3,4) etc.

Integral assessments of anxiety level:
- from 0 to 25 points - low anxiety;
- from 26-45 points – average anxiety;
- from 46 points and above - high anxiety.

The patients' quality of life was also evaluated using the Minnesota Quality of Life Questionnaire for patients with chronic circulatory failure ("Living with Heart Failure Questionnaire" (MLHFQ)

The lowest indicators of the quality of life were obtained during the survey of patients with chronic circulatory failure (80-100 points) with an assessment of 5 points according to the following list of questions: swelling of the lower legs (feet), disturbed night sleep, a feeling of insufficient air, a feeling of restlessness, anxiety, the need to find at the hospital. 40 patients (50%) received this assessment.

According to the assessment of negative events, the maximum number of points (high negative score) was obtained by patients older than 65 years, patients with a history of myocardial infarction and with existing ST depression. (25%).

It should be noted that almost 75% of patients with chronic circulatory failure had a high level of anxiety (more than 46 points on the integrated anxiety score). Particularly high scores were given for the following questions: feelings of constant tension, anxiety, excitement, lack of satisfaction and joy.

Patients with heart rhythm disorders focused on the appearance of interruptions in the heart area, dizziness, a feeling of cardiac arrest and loss of consciousness (15%), restrictions and reluctance to communicate with relatives and work colleagues (25%).

**Conclusions.** With the help of quality of life, it is possible to give a complete description of a person's state of health and an effective assessment of the treatment prognosis. Assessment of the quality of life of patients using the Minnesota Living with Heart Failure questionnaire of patients with chronic circulatory insufficiency
makes it possible to interpret the quality of life of patients at the individual and population levels, which will further improve the efficiency and quality of medical care for patients with this pathology.

References: