



**ФУНДАМЕНТАЛ ВА
КЛИНИК ТИББИЁТ
АХБОРОТНОМАСИ**

***BULLETIN OF* FUNDAMENTAL
AND CLINIC MEDICINE**

2022, № 4 (4)

МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ
РЕСПУБЛИКИ УЗБЕКИСТАН

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AND CLINIC MEDICINE**

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**ФУНДАМЕНТАЛЬНАЯ И
КЛИНИЧЕСКАЯ МЕДИЦИНА**

Научный журнал по фундаментальным и
клиническим проблемам медицины

Основан в 2022 году

Бухарским государственным медицинским институтом
имени Абу Али ибн Сино

Выходит один раз в 2 месяца

Главный редактор – Ш.Ж. ТЕШАЕВ

Редакционная коллегия:

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2022, № 4 (4)

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О журнале

Журнал зарегистрирован
в Управлении печати и информации
Бухарской области

№ 1640 от 28.05.2022 г.

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Подписано в печать 20.12.2022.

Формат 60×84 1/8

Усл. п.л. 28.6

Заказ 274 Тираж 10 экз.

Отпечатано в типографии

ООО “Шарк-Бухоро”.

г. Бухара, ул. Узбекистон

Мустакиллиги, 70/2.

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ОСЛОЖНЕНИЯ КЕСАРЕВА СЕЧЕНИЯ

Каюмова Д.Т., Усманова М.А.

Резюме. За последние 30 лет частота хирургических родов значительно увеличилась: с 7% в 1990 г. до более чем 20% к 2020 г. (ВОЗ, 2020). Хотя существует ряд рекомендаций для матери и ребенка по проведению кесарева сечения, эта операция не лишена осложнений. Осложнения при кесаревом сечении изучены в 2 группах: во время операции и послеоперационные осложнения. Одним из наиболее частых осложнений является эндометрит, который в дальнейшем может привести к первой стадии сепсиса или неудовлетворительному состоянию рубца на матке и даже привести к ампутации матки. Эндометрит встречается в 1-3% случаев естественных родов, в 5-15% случаев плановых операций и в 15-20% случаев экстренного кесарева сечения (Mackeen A.D.et all., 2015). Субинволюция матки, наблюдающаяся после операции кесарева сечения, может стать причиной послеродовых маточных кровотечений, эндометрита, перитонита.

Ключевые слова: кесарево сечение, материнская смерть, тромбоэмболия, кровотечение, инфекция, случайные хирургические травмы, боль, неонатальная смерть, грудное молоко, разрыв матки, гистоктомия, аномальная плацентация.

УДК : 616.98 : 578.834.1 : 616.98 - 008.441/454: 614.29

COVID-19-ASSOCIATED ANXIETY AND DEPRESSION SPECTRUM DISORDERS IN PRIMARY HEALTH CARE

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СОҒЛИҚНИ САҚЛАШ ТИЗИМИНИНГ БИРИНЧИ ПОҒОНАСИДА COVID -19 БИЛАН БОҒЛИҚ ХАВОТИРЛИ-ДЕПРЕССИВ БУЗИЛИШЛАР

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COVID-19-АССОЦИИРОВАННЫЕ РАССТРОЙСТВА ТРЕВОЖНО-ДЕПРЕССИВНОГО СПЕКТРА В ПЕРВИЧНОМ ЗВЕНЕ ЗДРАВООХРАНЕНИЯ

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Резюме. Хавотир ва депрессия бутун дунё бўйлаб асосий соғлиқ муаммоларидан бири бўлиб, аҳоли орасида жуда кенг тарқалган. COVID-19 пандемиясининг бошланиши билан умумий тиббий амалиётда беморлар ўртасида хавотир-депрессив спектр бузилишларини ўрганиш ушбу муҳим тиббий-ижтимоий муаммони ўрганишда янада муҳим аҳамият касб этди. Тадқиқотнинг мақсади аввалги COVID-19 инфекциясини, шунингдек, соматик касалликнинг нозологик боғлиқлигини ҳисобга олган ҳолда бирламчи тиббий ёрдам кўрсатувчи беморларнинг ташвиш ва депрессия даражасини ўрганиш эди. Тошкент шаҳар Мирзо Улуғбек туманидаги оилавий поликлиникалардан бирида амбулатор қабулда бўлган 184 нафар беморга HADSшкаласи ёрдамида аноним скрининг текшируви ўтказилди,

улардан 108 нафари аёллар ва 76 нафари эркеклар. Маълум бўлишича, бирламчи тиббий ёрдам кўрсатадиган беморлар орасида клиник жиҳатдан ифодаланган ташвиш ва депрессия кўпинча нафас олиш касалликлари билан оғриган одамларда кузатилади. Умуман олганда, олдинги коронавирус инфекцияси бўлган одамларда ташвиш ва депрессия даражаси сезиларли даражада юқори бўлган. Хавотир ва депрессив касалликларни ўз вақтида аниқлаш ва тузатиш бирламчи тиббий-санитария муассасаларида даволаниш босқичида соматик касалликлари бўлган беморларнинг ҳолатини тўлиқ қоплаш имконини беради.

Калит сўзлар: КОВИД-19, коронавирус инфекцияси, ташвиш, депрессия, бирламчи тиббий ёрдам.

Abstract. Anxiety and depression have an extremely high prevalence in the population, being one of the major health problems worldwide. With the sudden COVID-19 pandemic, the study of anxiety-depressive illness among patients in general medical practice has acquired a greater incidence in the study of this serious medical and social problem. The aim of the study was to identify the level of increased excitability and depression in patients with suspected COVID-19 infection, as well as nosological affiliation to somatic diseases. Using the HADS scale, an anonymous screening examination was carried out on 184 patients who were in outpatient appointments at one of the family polyclinics in the Mirzo-Ulugbek district of Tashkent, of which 108 were women and 76 were men. It was found that among patients with clinical manifestations of increased anxiety and depression, cases of the disease are often observed in persons with respiratory diseases. In general, the level of anxiety and depression was found in individuals with a history of a higher previous coronavirus infection. Timely detection and correction of anxiety-depressive disorders most fully compensate for the condition of patients with somatic diseases.

Key words: COVID-19, coronavirus infection, anxiety, depression, primary health care.

The SARS-CoV-2 virus, among other things, has a tropism for the nervous system, which predetermines the risk of developing various mental disorders in patients with COVID-19 [1, 2]. Previously, in many countries, studies were conducted on psychological reactions caused, among other things, by lockdown and a sense of uncertainty in the initial stages of a pandemic [3, 4]. The critical situation in the healthcare system, associated with a significant increase in the number of patients in need of emergency care, served as the basis for the development and dissemination of the practice of providing telemedicine services [5].

At present, it has already become known that neuropsychiatric disorders that occur very often against the background of COVID-19 infection are often polymorphic in nature with a significant predominance of affective and/or cognitive impairments [6, 7]. However, despite the fact that general practitioners, therapists, infectiologists are primarily faced with patients suffering from or undergoing COVID-19, they are often insufficiently provided with the knowledge and skills to help patients who have experienced long COVID neuropsychiatric complications [8]. Data on the mental state of patients who had experienced acute COVID-19 infection began to appear only at the later stages of the pandemic, since this required the accumulation of a sufficient amount of clinical data [9-11].

The persistence of residual symptoms within the framework of the post COVID syndrome, despite the elimination of the coronavirus from the body, can be long-term. Among them are affective and cognitive impairments, which can significantly affect the outcome of the disease [12,13]. Therefore, the study of the various symptoms associated with COVID-19, due to their likely reversibility, is of particular scientific and clinical importance. The postcovid syndrome is currently defined as a set of symptoms that developed during or after infection with COVID-19, which may be present for a time period of three or more months after recovery, provided that there is no way to explain their presence by comorbid conditions [14, 15]. Systematization of data obtained based on a large number of studies on a significant number of patients who have undergone COVID-19 who continue to need specialized medical care from a psychiatrist and clinical psychologists is of high relevance. It will allow planning the effective distribution of limited health care resources [16] and preventing the negative consequences of mental disorders for society through their prompt and qualified treatment [17]. This will allow planning the effective distribution of limited health resources [16] and preventing various negative consequences of mental disorders for society through their timely and qualified treatment [17].

Purpose of the study:

Screening of the level of anxiety and depression among patients in primary health care, taking into account the previous COVID-19 infection, as well as the nosological affiliation of a somatic disease.

Materials and methods

Screening anonymous testing was carried out on 184 patients who were on an outpatient appointment in one of the polyclinics of the Mirzo-Ulugbek district, Tashkent, of which 108 were women and 76 were men. The average age of the respondents was 54.8 ± 9.6 years.

The Hospital Anxiety and Depression Scale (HADS) was used to assess the condition of patients. The HADS scale consists of 14 statements that form two subscales: anxiety and depression, where each of the statements corresponds to four response options. When interpreting the results, we took into account the total indicator obtained for each subscale, while, according to the generally accepted methodology, 3 areas of its values were distinguished: 0-7 points – the absence of significantly pronounced symptoms; 8-10 points – subclinical anxiety or depression; 11 points or more – clinical anxiety or depression [18].

Additionally, all examined patients were asked to answer questions regarding the presence of chronic diseases, the duration of the course of the disease, as well as previous coronavirus infection.

Statistical processing of the study results was carried out using the STATISTICA v. 10.0 software.

Results

The interviewed patients were divided into 2 groups depending on the history of indications of a previous coronavirus infection. The first group consisted of 92 patients who had previously had COVID -19, the second group also included 92 patients without indication of a previous coronavirus infection.

Among the respondents of the first group, 36 (39.1%) patients had normal values on the HADS anxiety subscale, and 60 (65.2%) patients on the depression subscale. Normal values for both subscales of the HADS questionnaire were 28 (30.4%) of the respondents, of which 12 patients suffered from chronic diseases of the cardiovascular system, 8 patients from chronic diseases of the genitourinary tract, 4 patients from acute diseases of the genitourinary tract, and 4 patients acute respiratory infections were reported.

36 (39.1%) patients from the first group had subclinical anxiety and depression according to the HADS scale. Moreover, the indicators for both subscales were increased in 4 patients. In 24 patients, an increase in the estimated indicators was noted only on the anxiety subscale. Among them, 18 respondents had acute respiratory diseases, 4 patients suffered from chronic gastroenterological diseases, 4 patients had chronic diseases of the cardiovascular system, and 4 patients had comorbidities. Of the remaining 28 (30.5%) patients from the first group, 4 patients had clinically significant depression and anxiety according to the results of the HADS scale. Among the interviewed patients, patients with acute respiratory diseases prevailed - 12 people, and 8 patients each applied for the presence of concomitant pathology and diseases of the endocrine system.

Second group of respondents consisted of 92 patients who did not have a history of COVID-19 infection. Among the respondents of this group, 44 (47.8%) patients had normal values for both HADS subscales, of which 28 patients suffered from acute respiratory diseases, 4 patients also suffered from chronic bronchopulmonary diseases; 4 more patients suffered from chronic diseases of the gastrointestinal tract, and eight respondents had a comorbid pathology.

24 (26.1%) patients included in the second group had subclinically expressed anxiety and depression on the HADS scale, however, half of the respondents had increased values only on the anxiety subscale. 12 respondents had acute respiratory diseases, 4 patients suffered from chronic rheumatic diseases, 4 patients had chronic cardiovascular diseases, and 4 patients had a combined somatic pathology. Among the remaining 24 patients from the second group, 4 patients with comorbidities had clinically significant depression and subclinical anxiety according to the results of the HADS scale. 4 respondents with combined somatic pathology had clinically expressed anxiety and subclinically expressed depression, 16 patients had only clinically expressed anxiety.

Discussion

According to the results of the study based on the use of the HADS scale, clinically pronounced anxiety and depression were detected in 30.5% of patients with a history of a previous coronavirus infection, and in the group of respondents without COVID -19 - significantly lower - in 26.1% ($p < 0.05$). The prevalence rates of anxiety and depressive disorders among the patients of primary health care we interviewed are generally

consistent with the literature data. In 52 cases of depressive disorders, which were expressed both clinically and subclinically, anxiety manifestations were also noted in 44 people, which amounted to 84.6%.

In the group of respondents with a history of coronavirus infection, subclinical and/or clinically pronounced disorders on the HADS scale were significantly higher and amounted to 69.6% of cases, while in the group of respondents who did not have COVID-19 infection, this indicator was 52, 2% ($p < 0.05$).

In both groups of surveys with disorders according to the HADS scale, respiratory diseases accounted for 39.3%, comorbid pathology was 25%, rheumatic diseases and diseases of the cardiovascular system accounted for 10.7% each, diseases of the endocrine system were noted in 7.1% cases, diseases of the gastrointestinal tract and genitourinary tract had 3.6% of the respondents.

Conclusion

Among patients in primary care, clinically significant anxiety and depression are most often observed in individuals with respiratory diseases. In general, the level of anxiety and depression was significantly higher in individuals with a history of previous coronavirus infection. Timely detection and correction of anxiety and depressive disorders will make it possible to most fully compensate for the condition of patients with somatic diseases at the stage of their treatment in primary health care institutions.

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COVID-19-АССОЦИИРОВАННЫЕ РАССТРОЙСТВА ТРЕВОЖНО-ДЕПРЕССИВНОГО СПЕКТРА В ПЕРВИЧНОМ ЗВЕНЕ ЗДРАВООХРАНЕНИЯ

Кеворкова М.А., Магзумова Ш.Ш., Ядгарова Н.Ф., Талипова Н.Ш.

Резюме. Тревога и депрессия имеют крайне высокую распространенность среди населения, являясь одной из основных проблем здравоохранения во всем мире. С началом пандемии COVID-19 исследования расстройств тревожно-депрессивного спектра среди пациентов в общемедицинской практике приобрели ещё большую значимость в изучении этой важной медико-социальной проблемы. Целью проведенного исследования стало изучение уровня тревоги и депрессии среди пациентов первичного звена здравоохранения с учётом перенесенной ранее COVID-19 инфекции, а также нозологической принадлежности соматического заболевания. С помощью шкалы HADS было проведено скрининговое анонимное тестирование 184 пациентов, находившихся на амбулаторном приёме в одной из семейных поликлиник Мирзо-Улугбекского района, г. Ташкента, из них 108 женщин и 76 мужчин. Было выявлено, что среди пациентов первичного звена здравоохранения, клинически выраженные тревога и депрессия чаще всего отмечены у лиц с заболеваниями органов дыхания. В целом, уровень тревоги и депрессии оказался достоверно выше у лиц с имевших в анамнезе перенесенную ранее коронавирусную инфекцию. Своевременные выявление и коррекция тревожно-депрессивных расстройств позволят наиболее полно компенсировать состояние пациентов с соматическими заболеваниями на этапе их обращения в учреждения первичного звена здравоохранения.

Ключевые слова: COVID-19, коронавирусная инфекция, тревога, депрессия, первичное звено здравоохранения.

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