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**THE PSYCHOLOGICAL ASPECTS OF DIABETES II
ПСИХОЛОГИЧЕСКИЕ АСПЕКТЫ САХАРНОГО ДИАБЕТА II ТИПА
II TIP QANDLI DIABET KASALLIGINING PSIXOLOGIK ASPEKTLARI**

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ANNOTATION

Purpose of the study. To learn anxiety and depressive disorders in patients with diabetes II and to decrease complications with appropriate medical approach.

Materials and research methods. 30 patients in TMA clinic, endocrinology department were studied. Age of patients were from 44 till 70 years old. Duration of illness from 2 month till 14 years. Glucose in blood was 6-28 mmol/L. Exceptions: patients who has chronic diseases, heart attack, autoimmune diseases were not included to research. HADS was used to evaluate the anxiety and depression. The data were analyzed retrospectively and operatively .

Results. An analysis of the anxiety with HADS showed that in 56,6% patients (17 cases) have subclinical and clinical anxiety. But only 11,7% of them has taken anxiolytic therapy. Regarding to depression in 20% patients depression is observed. According to questionnaire which was taken from patients the frequent factors which caused anxiety and depression were long course of diabetes, the increase of complications and low medical knowledge about disease. So, it is observed that patients who has taken anxiolytics has less complications than who has not taken.

Conclusions. Anxiety is common between patients who has diabetes. But low number of patients who has anxiety have taken anxiolytic therapy. If the course and complications of diabetes rises, the risk of anxiety and depressiv disorders also rise. As we see anxiety disorders are common between diabetes, so standardized diagnostical methods to evaluate anxiety and depression should be added to survey plan.

Key words: diabetes II type, anxiety, depression, anxiolytic therapy, HADS (Hospital Anxiety and Depression Scale)

Аннотация

Цель исследования. Изучить тревожно-депрессивные расстройства у больных сахарным диабетом II и уменьшить осложнения с помощью соответствующего медицинского подхода.

Материалы и методы исследования. Обследовано 30 больных в клинике ТМА, отделении эндокринологии. Возраст больных от 44 до 70 лет. Длительность заболеваний от 2 месяцев до 14 лет. Глюкоза в крови 6-28 ммоль/л.

Исключения: в исследование не включались пациенты с хроническими заболеваниями, инфарктом миокарда, аутоиммунными заболеваниями. HADS использовался для оценки тревоги и депрессии. Данные были проанализированы ретроспективно и оперативно.

Полученные результаты. Анализ тревожности с помощью HADS показал, что у 56,6% пациентов (17 случаев) имеется субклиническая и клиническая тревожность. Но только 11,7% из них принимали анксиолитическую терапию. Относительно депрессии у 20% больных наблюдается депрессия. Согласно анкете, которая была взята у пациентов, частыми факторами, вызывающими тревогу и депрессию, были длительное течение сахарного диабета, рост осложнений и низкая медицинская осведомленность о болезни. не взято.

Выводы. Тревожность характерна для больных сахарным диабетом. Но небольшое количество пациентов с тревогой принимали анксиолитическую терапию. Если течение и осложнения сахарного диабета увеличиваются, возрастает риск тревожных и депрессивных расстройств. Как мы видим, тревожные расстройства распространены при диабете, поэтому в план обследования следует добавить стандартизированные диагностические методы оценки тревоги и депрессии.

Ключевые слова: сахарный диабет II типа, тревога, депрессия, анксиолитическая терапия, HADS (госпитальная шкала тревоги и депрессии).

Annотatsiya

Tadqiqot maqsadi. II qandli diabet bilan og'rigan bemorlarda anksiyete-depressiv kasalliklarni o'rganish va tegishli tibbiy yondashuv bilan asoratlarni kamaytirish.

Materiallar va tadqiqot usullari. TMA klinikasi, endokrinologiya bo'limida 30 nafar bemor tekshirildi. Bemorlarning yoshi 44 yoshdan 70 yoshgacha. Kasalliklarning davomiyligi 2 oydan 14 yilgacha. Qondagi glyukoza 6-28 mmol / l. Istisnolar: tadqiqotga surunkali kasalliklar, miokard infarkti, otoimmün kasalliklari bo'lgan bemorlar kiritilmagan. HADS tashvish va depressiyani baholash uchun ishlatilgan. Ma'lumotlar retrospektiv va operativ tahlil qilindi.

Natijalar. HADS yordamida tashvish tahlili bemorlarning 56,6 foizida (17 ta holat) subklinik va klinik tashvish borligini ko'rsatdi. Ammo ularning atigi 11,7 foizi anksiyolitik terapiya olgan. Depressiyaga kelsak, bemorlarning 20 foizida depressiya kuzatiladi. Bemorlardan olingan so'rovnoma ko'ra, tashvish va ruhiy tushkunlikni keltirib chiqaradigan umumiy omillar qandli diabetning uzoq davom etishi, asoratlarning ko'payishi va kasallik haqida tibbiy xabardorlikning pastligidir. olinmagan.

Xulosa. Qandli diabet bilan og'riqan bemorlarda tashvishlanish odatiy holdir. Ammo tashvishli bemorlarning oz qismi anksiyolitik terapiyani qabul qilishdi. Qandli diabetning kursi va asoratlari kuchaysa, tashvish va depressiv kasalliklar xavfi ortadi. Ko'rib turganimizdek, qandli diabetda anksiyete buzilishi tez-tez uchraydi, shuning uchun skrining rejasiga tashvish va depressiya uchun standartlashtirilgan diagnostika testlari qo'shilishi kerak.

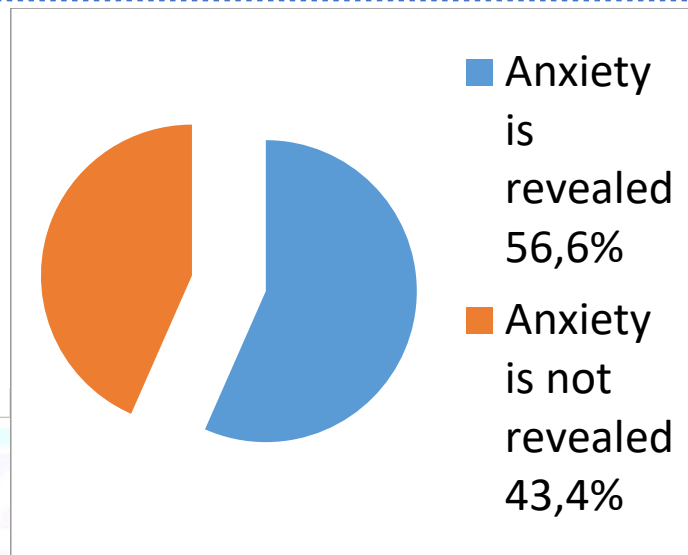
Kalit so'zlar: II turdagi qandli diabet, tashvish, depressiya, anksiyolitik terapiya, HADS (Kasalxona tashvishlari va depressiya shkalasi).

Importance. Diabetes is one of the most common somatic diseases and it has social, economic and medical importance. Type II diabetes affects 6,28 % population of the world. Patients with diabetes have an increased risk of anxiety disorders [1]. There are many scientific works aimed at studying depression in diabetes . Anxiety can lead to the development of depression[2]. The above data show that early detection of alarming disorders is important in preventing the severe course and complications of the disease.Many specific studies show that anxiety leads to the development of metabolic syndrome and insulin resistance [5], which in turn can affect the development of diabetes type 2. The presence of anxiety-depressive disorders affects the amount of glucose in the blood, on the one hand, through the activation of the hypothalamus-pituitary-adrenal axis [3], and on the other hand, it has a negative effect due to non-compliance with lifestyle and therapy. This, in turn, increases the risk of carbohydrate metabolism disorders and complications.[4]

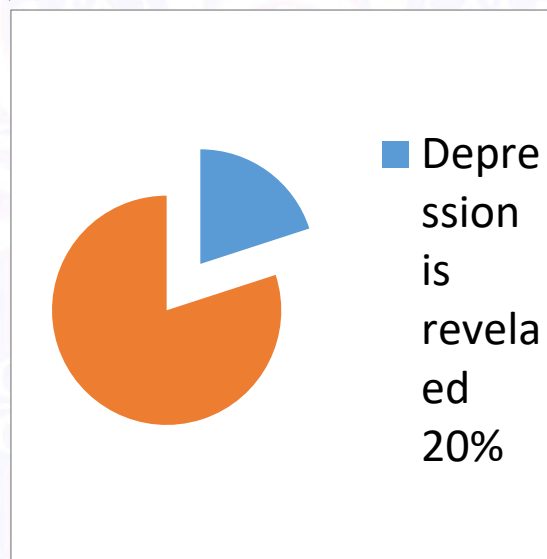
The purpose of the study. Identifying anxiety and depressive disorders in patients with type 2 QD and reducing the complications of the disease through the correct medical approach.

Material and methods. In January-March 2023, 30 patients who were being treated with the diagnosis of QD type 2 in the endocrinology department of the multidisciplinary clinic of the Tashkent Medical Academy were studied. Patients without psychotic diseases and receiving standard treatment for diabetes took part in the study. Patients with other chronic diseases, myocardial infarction, and autoimmune diseases did not participate in the study. The age of the patients is in the range of 44-70 years, and the duration of the disease is from 2 months to 14 years. The amount of glucose in the blood of the patients was 6-28 mmol/l. The HADS scale was used to assess anxiety and depression in patients.

Results. According to the results of the examination, anxiety was detected in 56.6% (n=17) patients (1-picture). 7-12 points were recorded on the HADS scale. Depression was detected in 20% of patients and was 7-14 points according to HADS



(2- picture).



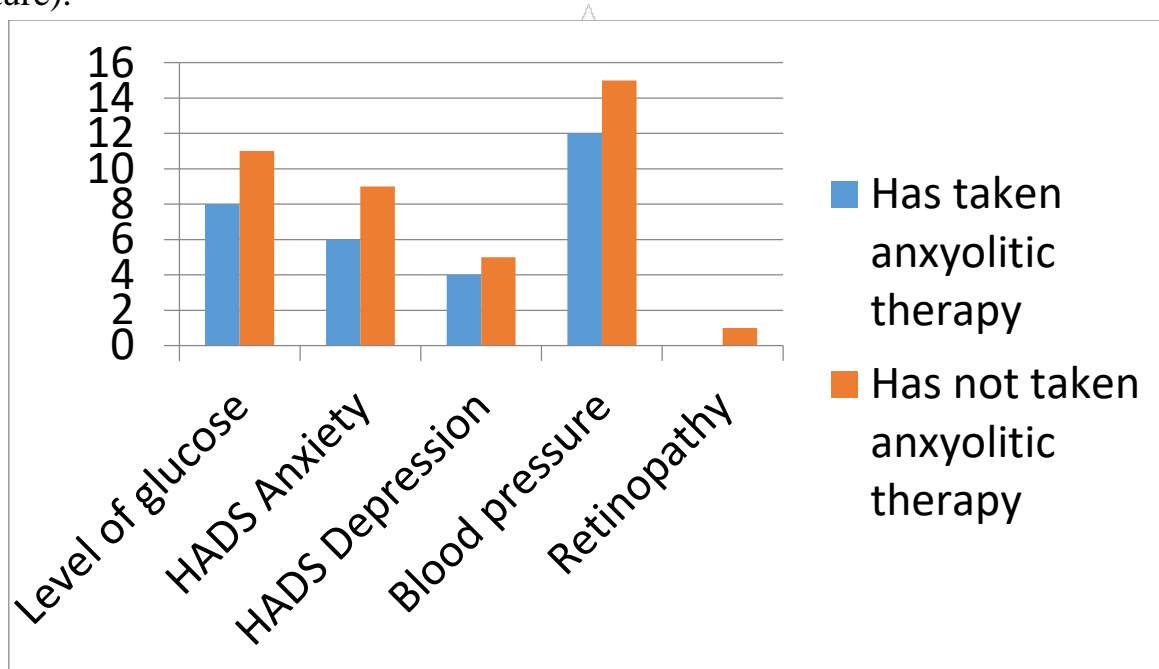
1-picture. Anxiety prevalence by HADS

2-picture. Depression prevalence by HADS

According to the results of the survey, the most causative factors are the following: long duration of diabetes, increasing complications of the disease, such as retinopathy and diabetic neuropathy, and patients' lack of information about the disease. Although anxiety disorders are common in people with diabetes, the number of patients receiving anti-anxiety medication is very low. 11.7% of patients diagnosed with anxiety disorder (n=2) received anti-anxiety medication.

When comparing 2 patients who received anxiolytic therapy and those who did not receive it, patients who took anxiolytic drugs had a mild illness and fewer complications were observed. For comparison, patients with the same age, disease duration, and blood glucose levels were taken. In a patient receiving anxiolytic therapy, the blood glucose level is 8 mmol/l, 11 mmol/l without it; Anxiety on the HADS was 6 points, 9 points when not taking anxiolytics, and depression on the HADS was 4 points when receiving treatment, and 5 points when not receiving treatment. A patient

who had anxiety but did not receive treatment for anxiety developed retinopathy (3-picture).



3-picture. Comparisons of the course and complications of the diabetes in 2 groups of patients: 1- patient who has taken anxiolytic therapy and 2- patient who has not taken anxiolytic therapy.

Summary. Anxiety disorders are common in patients with type II diabetes. However, only 11.7% of patients with anxiety disorders received anxiolytic therapy. Anxiety itself can later lead to depression. Anxiety and depression lead to the severity of the disease and an increase in complications. Taking into account the above, it is necessary to include anxiety and depression detection methods in the standard diabetes screening plan.

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