UDK: 616.12-005.4:616-036.86

COMPREHENSIVE ASSESSMENT OF QUALITY OF LIFE IN PATIENTS WITH STABLE ANGINA

Khusainova Munira Alisherovna, Assistant
Department of Propaedeutics of Internal Diseases
Samarkand State Medical University

Abstract: Health-related quality of life has become an important outcome in the management of patients with coronary artery disease because it reflects both clinical status and daily functioning. This study evaluated the factors influencing quality of life in patients with stable coronary artery disease receiving standard medical therapy. Clinical findings were analyzed together with patient-reported symptoms and functional limitations to determine their impact on well-being. Better symptom control and optimization of antianginal treatment were associated with improved physical activity, emotional status, and overall quality of life. Comprehensive assessment of patient-reported outcomes may support individualized treatment strategies and improve long-term clinical management.

Keywords: coronary artery disease; quality of life; stable angina; antianginal therapy; patient-reported outcomes.

КОМПЛЕКСНАЯ ОЦЕНКА КАЧЕСТВА ЖИЗНИ У ПАЦИЕНТОВ СО СТАБИЛЬНОЙ СТЕНОКАРДИЕЙ

Хусаинова Мунира Алишеровна
ассистент кафедры пропедевтики внутренних болезней
Самаркандский государственный медицинский университет

Аннотация: Качество жизни, связанное со здоровьем, является одним из важных критериев оценки эффективности лечения пациентов с ишемической болезнью сердца, поскольку отражает не только клиническое состояние, но и повседневную активность больного. В исследовании проанализированы факторы, влияющие на качество жизни пациентов со стабильной ишемической болезнью сердца, получающих стандартную медикаментозную терапию. Клинические данные сопоставлены с субъективной оценкой

симптомов и функциональных ограничений пациентов. Улучшение контроля стенокардии и оптимизация антиангинального лечения сопровождались повышением физической активности, эмоционального благополучия и общей оценки качества жизни. Комплексная оценка показателей качества жизни позволяет индивидуализировать лечебную тактику и повысить эффективность длительного ведения пациентов с ишемической болезнью сердца.

Ключевые слова: ишемическая болезнь сердца; качество жизни; стабильная стенокардия; антиангинальная терапия; показатели, сообщаемые пациентами.

Introduction: Coronary artery disease remains one of the leading causes of chronic disability and mortality worldwide despite continuous advances in cardiovascular prevention and treatment. Although modern therapeutic strategies have significantly reduced the incidence of acute cardiovascular events, many patients continue to experience persistent angina, limited physical activity, and psychological distress that negatively affect their daily lives. Consequently, health-related quality of life has become an essential indicator of treatment effectiveness in addition to traditional clinical outcomes. Unlike laboratory or instrumental findings, quality-of-life assessment reflects the patient's personal perception of physical, emotional, and social well-being. Standardized questionnaires have therefore become valuable instruments for evaluating the overall impact of coronary artery disease and monitoring therapeutic success. Among these tools, the EQ-5D questionnaire provides a simple and reliable assessment of mobility, self-care, usual activities, pain or discomfort, and anxiety or depression. Identification of factors associated with reduced quality of life allows physicians to individualize treatment and rehabilitation programs while improving long-term adherence to therapy. Furthermore, better understanding of patient-reported outcomes contributes to more comprehensive cardiovascular care and supports clinical decision-making beyond conventional diagnostic parameters. Routine assessment of quality of life should therefore be considered an important component of modern management strategies for patients with stable coronary artery disease.

Aim of the study: To evaluate health-related quality of life in patients with stable coronary artery disease and to determine the influence of clinical symptoms on everyday physical, emotional, and social functioning using the EQ-5D questionnaire.

Materials and methods. A cross-sectional observational study included 364 patients with clinically confirmed stable coronary artery disease who received outpatient or inpatient cardiology care. The study population consisted of 208 men and 156 women with stable angina of functional class II–III. Patients with acute myocardial infarction, severe heart failure, significant valvular disease, active inflammatory disorders, malignant neoplasms, or severe renal insufficiency were excluded. All participants underwent clinical examination, medical history assessment, physical evaluation, resting blood pressure measurement, electrocardiography, and routine laboratory investigations. Health-related quality of life was assessed using the standardized EQ-5D questionnaire, which evaluates mobility, self-care, usual daily activities, pain or discomfort, and anxiety or depression. Participants additionally completed the visual analogue scale to estimate their overall health status. Demographic variables, cardiovascular risk factors, current pharmacological therapy, and symptom severity were recorded for every patient. Data collection was performed according to a standardized protocol by trained investigators. Statistical analysis included descriptive statistics and comparison of qualitative and quantitative variables using appropriate statistical methods. Continuous variables were expressed as mean ± standard deviation, while categorical variables were presented as frequencies and percentages. Statistical significance was accepted at $p < 0.05$.

Results. Evaluation of questionnaire responses demonstrated that quality of life was substantially reduced in many patients with stable coronary artery disease despite ongoing medical treatment. The majority of participants reported limitations in physical activity caused by exertional chest discomfort and decreased exercise tolerance. Pain or discomfort represented the most frequently reported complaint and was closely associated with reduced self-rated health status.

Emotional disturbances, particularly anxiety related to recurrent angina episodes, were also common and negatively influenced everyday functioning. Women generally described greater impairment in mobility, higher pain intensity, and more frequent psychological symptoms than men, whereas differences in self-care and routine daily activities were less pronounced. Patients with more frequent angina attacks showed lower visual analogue scale scores and reported greater restrictions in social participation and physical independence. Comprehensive analysis demonstrated that patient-reported outcomes complemented routine clinical assessment by identifying aspects of health not reflected by conventional diagnostic investigations. Improvement of symptom control through optimized medical therapy was associated with better functional capacity and higher quality-of-life scores. These findings emphasize that regular assessment of health-related quality of life provides valuable information for individualized treatment planning, rehabilitation strategies, and long-term monitoring of patients with stable coronary artery disease.

Conclusions: Patients with stable coronary artery disease frequently experience reduced health-related quality of life affecting physical activity, emotional well-being, and everyday functioning. Standardized assessment using the EQ-5D questionnaire provides clinically meaningful information that complements routine cardiovascular evaluation. Greater symptom burden is associated with poorer patient-reported health status and lower functional capacity, emphasizing the importance of effective antianginal therapy and comprehensive rehabilitation. Regular evaluation of quality of life may improve individualized treatment planning, strengthen patient participation in long-term care, and contribute to better clinical outcomes while supporting a patient-centered approach to the management of chronic coronary artery disease.

References.

1. Ziyadullaev, S. K., Sultonov, I. I., Dushanova, G. A., & Akbarovna, K. S. (2021). The Effectiveness Of Pharmacotherapy For Dmards With Ra

Depending On The C3435t Polymorphism Of The Mdr1 Gene. *Int. J. of Aquatic Science*, *12*(3), 2908-2916.

2. Islomovich, S. I. (2024). GENDER CHARACTERISTICS OF THE CURRENT RHEUMATOID ARTHRITIS. *International journal of medical sciences*, *4*(10), 3-8.

3. Ilkhom, S. (2023). CAJAM–VOLUME 1. ISSUE 1. 2023. *Central Asian Journal of Advanced Medicine*, *1*(01), 16-19.

4. Kireev, V. V., Sultonov, I. I., Ziyadulaaev, S. K., Suyarov, A. A., Aripova, T. U., Usmanbekova, K. T., & Nasretdinova, M. T. (2021). Genetic Engineered Preparations-An Innovative Approach in the Treatment of Rheumatoid Arthritis. *Annals of the Romanian Society for Cell Biology*, *25*(3), 4114-4119.

5. Sultonov, I. I., Xasanov, F. S., Eshmuratov, S., Uralov, R. S., Shukurova, D., & Ziyadullayev, S. X. Predictors of Systemic Lupus Erythematosus: A Case-control Study. *International journal of health sciences*, *6*(S10), 175-182.

6. Khusainova, M. A., Vakhidov, J. J., Khayitov, S. M., & Mamadiyorova, M. M. (2023). Cardiac arrhythmias in patients with rheumatoid arthritis. *Science and Education*, *4*(2), 130-137.

7. Yarmatov, S., Khusainova, M., & Djabbarova, N. (2023). STUDY OF QUALITY OF LIFE INDICATORS IN PATIENTS WITH CORONARY HEART DISEASE USING THE SF-36 QUESTIONNAIRE. *Бюллетень студентов нового Узбекистана*, *1*(7), 58-64.