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HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH CORONARY ARTERY DISEASE DURING LIPID-LOWERING THERAPY

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Abstract: Health-related quality of life is an important indicator of treatment effectiveness in patients with coronary artery disease, complementing traditional clinical outcomes. This study evaluated the influence of lipid-lowering therapy on quality of life in patients with stable coronary artery disease and primary hypercholesterolemia. Clinical, biochemical, and patient-reported outcomes were analyzed before and after treatment. Improvement in lipid metabolism was accompanied by better exercise tolerance, fewer symptoms, and higher patient satisfaction with daily activities. Comprehensive lipid-lowering therapy may contribute to improved long-term quality of life and optimize the management of patients with coronary artery disease.

Keywords: coronary artery disease; quality of life; lipid-lowering therapy; hypercholesterolemia; exercise tolerance.

КАЧЕСТВО ЖИЗНИ, СВЯЗАННОЕ СО ЗДОРОВЬЕМ, У ПАЦИЕНТОВ С ИШЕМИЧЕСКОЙ БОЛЕЗНЬЮ СЕРДЦА НА ФОНЕ ГИПОЛИПИДЕМИЧЕСКОЙ ТЕРАПИИ

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Аннотация: Качество жизни, связанное со здоровьем, является важным показателем эффективности лечения пациентов с ишемической болезнью сердца наряду с традиционными клиническими критериями. В исследовании оценено влияние гиполипидемической терапии на качество жизни больных

со стабильной ишемической болезнью сердца и первичной гиперхолестеринемией. Проведен анализ клинических, биохимических показателей и субъективной оценки состояния пациентов до и после лечения. Улучшение липидного обмена сопровождалось повышением переносимости физических нагрузок, уменьшением выраженности симптомов и улучшением повседневной активности. Комплексная гиполипидемическая терапия способствует повышению качества жизни и оптимизации длительного ведения пациентов с ишемической болезнью сердца.

Ключевые слова: ишемическая болезнь сердца; качество жизни; гиполипидемическая терапия; гиперхолестеринемия; толерантность к физической нагрузке.

Introduction: Coronary artery disease remains one of the most common chronic cardiovascular disorders and continues to be a major cause of disability and reduced life expectancy worldwide. Along with preventing cardiovascular complications, improving patients' quality of life has become an important therapeutic objective because many individuals continue to experience physical limitations despite receiving standard medical treatment. Persistent angina, reduced exercise capacity, fatigue, and emotional distress negatively influence everyday functioning and social activity. Consequently, assessment of health-related quality of life has become an essential component of comprehensive cardiovascular care. Unlike laboratory or instrumental investigations, patient-reported outcomes provide direct information regarding the individual's perception of health, treatment effectiveness, and ability to perform daily activities. The presence of dyslipidemia further contributes to endothelial dysfunction, progression of atherosclerosis, and worsening clinical symptoms. Appropriate lipid-lowering therapy not only improves biochemical parameters but may also reduce ischemic manifestations and enhance functional status. Evaluation of quality of life before and after correction of lipid metabolism allows a broader assessment of treatment benefits beyond conventional clinical endpoints. A patient-centered approach integrating clinical examination with standardized quality-of-life questionnaires

may facilitate individualized therapeutic strategies, improve long-term adherence to treatment, and optimize rehabilitation in patients with chronic coronary artery disease.

Aim of the study: To evaluate the influence of lipid-lowering therapy on health-related quality of life, clinical manifestations, and functional status in patients with stable coronary artery disease and primary hypercholesterolemia.

Materials and methods. A prospective observational study included 46 male patients aged 50–65 years with stable coronary artery disease, functional class I–III stable angina, and primary isolated hypercholesterolemia. All patients underwent clinical examination, medical history assessment, electrocardiography, blood pressure measurement, and biochemical laboratory testing. Lipid profile analysis included determination of total cholesterol, low-density lipoprotein cholesterol, high-density lipoprotein cholesterol, and triglyceride concentrations. Quality of life was evaluated using a standardized medical and sociological questionnaire together with a multidimensional psychological assessment of patient well-being. Exercise tolerance, frequency of angina attacks, and medication use were also documented during the observation period. Patients received lipid-lowering therapy based on contemporary treatment recommendations, including statins or fibrates according to individual lipid abnormalities. Clinical evaluation was performed before treatment initiation and after completion of the therapeutic course. Statistical analysis included descriptive methods and comparison of quantitative variables using Student's t-test. Continuous variables were expressed as mean $\pm$ standard deviation, whereas categorical variables were presented as frequencies and percentages. Statistical significance was accepted at $p < 0.05$.

Results. Following lipid-lowering therapy, patients demonstrated significant improvement in lipid metabolism accompanied by favorable clinical changes. Total cholesterol and atherogenic lipid fractions decreased, while overall cardiovascular risk profile improved. Better biochemical control was associated with a reduction in the frequency of angina episodes and improved tolerance to physical activity. Most participants reported greater satisfaction with their daily

functioning and experienced fewer limitations during routine activities. Quality-of-life assessment showed improvement in physical well-being, emotional stability, and social functioning after completion of treatment. Patients receiving lipid-lowering therapy generally described a higher level of overall health compared with baseline evaluation despite maintaining dietary restrictions. Analysis of treatment-related symptoms indicated that lipid-lowering medications were well tolerated, with only a small proportion of patients reporting mild adverse effects that did not require discontinuation of therapy. In contrast, antianginal medications alone had a limited influence on patient-reported quality of life because their clinical benefits were sometimes offset by treatment-related discomfort. Comprehensive evaluation demonstrated that correction of dyslipidemia contributed not only to improved laboratory parameters but also to meaningful enhancement of functional capacity and subjective well-being. These findings support the inclusion of quality-of-life assessment as an important indicator of therapeutic effectiveness in patients with chronic coronary artery disease.

Conclusions: Lipid-lowering therapy provides clinically meaningful benefits beyond correction of serum lipid concentrations in patients with stable coronary artery disease. Improvement of lipid metabolism is associated with better exercise tolerance, fewer angina symptoms, and enhanced health-related quality of life. Standardized quality-of-life assessment complements conventional clinical evaluation by reflecting the patient's perception of physical, emotional, and social well-being. Incorporating patient-reported outcomes into routine cardiovascular practice may improve treatment monitoring, facilitate individualized therapeutic decisions, and optimize long-term management of patients with chronic coronary artery disease and dyslipidemia.

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