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PSYCHOLOGICAL DISTRESS AS A DETERMINANT OF HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

Khusainova Munira Alisherovna, Assistant

Department of Propaedeutics of Internal Diseases

Samarkand State Medical University

Abstract: The aim of this study was to evaluate the quality of life of patients with arterial hypertension and to examine its relationship with the components of metabolic syndrome. The study included 46 patients with stage II arterial hypertension and 18 apparently healthy individuals who served as the control group, while health-related quality of life was assessed using the MOS SF-36 questionnaire. Patients with concomitant metabolic syndrome demonstrated significantly lower scores for general health, physical functioning, vitality, and bodily pain compared with the control group. Quality-of-life impairment was significantly associated with abdominal obesity, impaired glucose metabolism, dyslipidemia, elevated blood pressure, and increased fibrinogen levels. These findings highlight the importance of comprehensive management of cardiometabolic risk factors to improve patients' quality of life.

Keywords: arterial hypertension, metabolic syndrome, quality of life, MOS SF-36, cardiometabolic risk.

ПСИХОЛОГИЧЕСКИЙ ДИСТРЕСС КАК ФАКТОР, ОПРЕДЕЛЯЮЩИЙ КАЧЕСТВО ЖИЗНИ ПАЦИЕНТОВ С СИСТЕМНОЙ КРАСНОЙ ВОЛЧАНКОЙ

Хусаинова Мунира Алишеровна

ассистент кафедры пропедевтики внутренних болезней

Самаркандский государственный медицинский университет

Аннотация: Целью исследования явилась оценка влияния психологического дистресса на качество жизни пациентов с системной красной волчанкой. В

исследование были включены 45 пациентов с подтверждённым диагнозом СКВ, качество жизни оценивали с помощью опросника LupusQoL**,** а уровень тревоги и депрессии — по шкале Hospital Anxiety and Depression Scale (HADS)**.** Установлено, что пациенты с более выраженными проявлениями тревоги и депрессии имели более низкие показатели физического и эмоционального благополучия, жизненной активности и повседневного функционирования. Полученные результаты свидетельствуют о том, что психологический дистресс является одним из важных факторов снижения качества жизни при системной красной волчанке и требует комплексного подхода к ведению пациентов.

Ключевые слова: системная красная волчанка, качество жизни, психологический дистресс, тревога, депрессия, LupusQoL, HADS.

Introduction: Arterial hypertension (AH) is one of the most prevalent cardiovascular diseases worldwide and is closely associated with metabolic abnormalities. Numerous studies have demonstrated a strong relationship between hypertension, insulin resistance, and metabolic syndrome (MetS), in which hypertension represents one of the principal clinical components. MetS is recognized as a cluster of cardiometabolic risk factors that substantially increases the likelihood of cardiovascular disease, type 2 diabetes mellitus, disability, and premature mortality while negatively affecting patients' quality of life.

The primary goal of antihypertensive treatment is not only to reduce blood pressure and prevent cardiovascular complications but also to preserve or improve patients' quality of life. Therefore, evaluation of health-related quality of life has become an important component of comprehensive patient management.

Quality of life is a multidimensional concept reflecting patients' physical, psychological, emotional, and social well-being based on their own perception of health. It is widely used to assess disease burden, treatment effectiveness, and functional status. Among generic instruments, the Medical Outcomes Study Short Form-36 (MOS SF-36) questionnaire is considered one of the most reliable and

extensively validated tools for evaluating health-related quality of life across different patient populations.

Aim of the study: The aim of the study was to evaluate health-related quality of life in patients with systemic lupus erythematosus and to investigate its association with psychological distress, including anxiety and depression.

Materials and methods. A cross-sectional study was conducted involving 46 patients with stage II arterial hypertension and metabolic syndrome, diagnosed according to established clinical guidelines. Patients with secondary hypertension or severe concomitant diseases were excluded from the study. The mean age of the participants was 55.2 ± 9.3 years, and the majority were women (78.3%). The average duration of hypertension ranged from 3 to 25 years.

Anthropometric measurements included body weight, height, waist circumference, hip circumference, and body mass index (BMI). Blood pressure was measured under standardized conditions. Metabolic abnormalities, including abdominal obesity, dyslipidemia, impaired glucose tolerance, and type 2 diabetes mellitus, were assessed using routine clinical and laboratory methods.

The control group consisted of 18 apparently healthy individuals matched for age and without signs of metabolic syndrome. Health-related quality of life was evaluated in all participants using the Medical Outcomes Study Short Form-36 (MOS SF-36) questionnaire. The study protocol was approved by the institutional ethics committee, and written informed consent was obtained from all participants.

Results. Patients with arterial hypertension and metabolic syndrome demonstrated significantly poorer health-related quality of life than healthy controls. The most pronounced differences were observed in the General Health (GH), Physical Functioning (PF), Bodily Pain (BP), and Vitality (VT) domains of the SF-36 questionnaire ($p < 0.05$). These findings indicate that metabolic syndrome has a considerable negative impact on patients' physical well-being and overall perception of health.

Correlation analysis revealed significant inverse relationships between quality-of-life scores and the principal components of metabolic syndrome. Indicators of

abdominal obesity, including body mass index and waist circumference, were associated with lower scores in physical functioning, general health, vitality, and pain. Similarly, higher systolic blood pressure was negatively correlated with several quality-of-life domains, suggesting that poor blood pressure control contributes to impaired daily functioning.

Among laboratory parameters, elevated fasting glucose, triglycerides, low-density lipoprotein cholesterol, and fibrinogen levels were associated with reduced quality-of-life scores, whereas higher high-density lipoprotein cholesterol showed positive associations with several SF-36 domains. Physical functioning was the domain most strongly influenced by metabolic and clinical variables, reflecting its sensitivity to cardiometabolic disturbances.

Our findings are consistent with previous studies reporting that both arterial hypertension and metabolic syndrome adversely affect health-related quality of life. Excess body weight, impaired glucose metabolism, dyslipidemia, and uncontrolled hypertension contribute not only to cardiovascular risk but also to limitations in physical activity and reduced subjective health perception. These results emphasize the importance of comprehensive management of metabolic syndrome, focusing on both cardiovascular risk reduction and improvement of patients' quality of life.

Conclusions: Patients with arterial hypertension and concomitant metabolic syndrome demonstrated significantly lower health-related quality-of-life scores, particularly in the domains of general health, physical functioning, bodily pain, and vitality**,** compared with healthy controls.

Health-related quality of life showed significant inverse associations with the major components of metabolic syndrome, including abdominal obesity, hyperglycemia, dyslipidemia, elevated blood pressure, and increased fibrinogen levels**,** suggesting that metabolic abnormalities substantially impair patients' physical well-being.

Among the eight SF-36 domains, physical functioning exhibited the strongest correlations with clinical and laboratory markers of metabolic syndrome, whereas social functioning and mental health showed no significant associations.

These findings indicate that the components of metabolic syndrome should be considered not only as cardiovascular risk factors but also as important determinants of reduced quality of life. Comprehensive correction of modifiable metabolic abnormalities may improve both clinical outcomes and patients' overall well-being.

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