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QUALITY OF LIFE IN WOMEN WITH OVERT AND SUBCLINICAL HYPOTHYROIDISM: INFLUENCE OF AGE AND DISEASE SEVERITY

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Abstract: This study assessed quality of life in women with hypothyroidism according to disease type and age. The analysis included 25 women aged 18–59 years with uncompensated hypothyroidism and 18 controls. Participants were classified into groups with overt or subclinical hypothyroidism and younger or middle adulthood. Quality of life was evaluated using the Quality of Life Enjoyment and Satisfaction Questionnaire short form, covering physical, emotional, social, occupational, and daily-life domains. Quality of life was significantly reduced in hypothyroidism groups, with the lowest score of 39.9 ± 7.8 in middle-aged women with overt hypothyroidism.

Keywords: hypothyroidism; quality of life; overt hypothyroidism; subclinical hypothyroidism; age.

КАЧЕСТВО ЖИЗНИ ЖЕНЩИН ПРИ МАНИФЕСТНОМ И СУБКЛИНИЧЕСКОМ ГИПОТИРЕОЗЕ: ВЛИЯНИЕ ВОЗРАСТА И ТЯЖЕСТИ ЗАБОЛЕВАНИЯ

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Аннотация: В исследовании оценивалось качество жизни женщин с гипотиреозом в зависимости от клинической формы заболевания и возраста. Обследованы 25 женщин 18–59 лет с некомпенсированным гипотиреозом и 18 контрольных здоровых лица. Пациентки были распределены на группы с манифестным или субклиническим гипотиреозом молодого и среднего возраста. Качество жизни оценивали с помощью краткой версии опросника

Quality of Life Enjoyment and Satisfaction Questionnaire, включающего физические, эмоциональные, социальные и повседневные аспекты. Во всех группах гипотиреоза показатели были ниже контроля, а минимальный результат отмечен при манифестном гипотиреозе в среднем возрасте и составил $39,9 \pm 7,8$ балла в общей оценке.

Ключевые слова: гипотиреоз; качество жизни; манифестный гипотиреоз; субклинический гипотиреоз; возраст.

Introduction: Hypothyroidism is a chronic endocrine disorder that may substantially influence everyday functioning even when its biochemical abnormalities are not severe. The consequences of thyroid hormone deficiency extend beyond classical somatic symptoms and may involve mood, physical activity, occupational performance, social interaction, and general satisfaction with life. Patient-reported quality of life therefore provides complementary information that cannot be obtained from laboratory indicators alone. The degree of impairment may vary according to the clinical form of hypothyroidism and the patient's age. Overt hypothyroidism is generally associated with more pronounced clinical manifestations, whereas subclinical disease may produce less obvious but still measurable changes in well-being. Age may additionally modify the perception of symptoms and the ability to maintain normal daily activities. For this reason, evaluating quality of life separately in younger and middle-aged women may reveal clinically relevant differences that can be overlooked in routine follow-up. The source study examined women with uncompensated overt and subclinical hypothyroidism and compared them with healthy controls. Particular attention was given to physical health, emotional state, work, household activity, mobility, interpersonal relationships, leisure, sexual life, financial circumstances, and overall life satisfaction. Such multidimensional assessment helps characterize the patient's subjective burden and may support more individualized clinical management. Identifying the domains most strongly affected by hypothyroidism can also improve communication between physicians and patients and facilitate targeted supportive interventions.

Aim of the study: To determine how the clinical form of hypothyroidism and age are associated with quality-of-life characteristics in women with overt and subclinical disease.

Materials and methods. The study included 25 women aged 18–59 years with uncompensated hypothyroidism, defined by thyroid-stimulating hormone concentrations above 4.0 mIU/L, and 18 healthy women serving as controls. Participants with hypothyroidism were divided into four groups according to age and disease type: IA included women aged 18–44 years with overt hypothyroidism, IB women aged 45–59 years with overt hypothyroidism, IIA younger women with subclinical hypothyroidism, and IIB women aged 45–59 years with subclinical hypothyroidism. The control group was comparable in age and social status. Quality of life was assessed using the short form of the Quality of Life Enjoyment and Satisfaction Questionnaire. Participants independently rated 15 aspects of life during the preceding week on a five-point scale. Evaluated domains included physical health, work, household activities, ability to manage daily life, mobility, vision-related ability, mood, family relationships, social relationships, sexual interest, leisure activities, financial position, housing conditions, general well-being, and satisfaction with medical treatment. Overall life satisfaction was also recorded. Statistical analysis used parametric and nonparametric procedures. The study evaluated differences between age groups and between overt and subclinical hypothyroidism. Statistical significance was assessed using the reported probability values, with $p < 0.05$ considered significant. Results were additionally presented graphically to demonstrate variation in total quality-of-life scores and individual life domains across the study groups.

Results. Quality-of-life scores were significantly lower in all hypothyroidism groups than in the control population, with $p < 0.01$. The lowest overall value was observed among middle-aged women with overt hypothyroidism, reaching 39.9 ± 7.8 points, significantly below 44.4 ± 9.3 in younger women with overt disease and 45.1 ± 6.6 in middle-aged women with subclinical hypothyroidism ($p < 0.01$). Among women with overt hypothyroidism, younger participants reported

higher satisfaction with physical health ($p=0.025$), mobility without dizziness ($p<0.01$), vision-related functioning ($p=0.027$), and sexual interest ($p=0.0011$) than middle-aged participants. The most problematic domains in overt hypothyroidism were physical health, work, and household activities, which were generally rated as low satisfaction. Interpersonal relationships were comparatively better preserved, with family and social interactions commonly assessed as moderate or high. Overall life satisfaction in overt hypothyroidism averaged 3.1 ± 0.7 points, corresponding to moderate satisfaction. In subclinical hypothyroidism, the younger group demonstrated significantly better satisfaction with vision ($p=0.017$) and overall life satisfaction ($p=0.042$) than the middle-aged group. The mean overall life satisfaction score in subclinical disease was 3.5 ± 0.6 points. Across both age categories, quality-of-life scores were significantly higher in subclinical than overt hypothyroidism ($p<0.01$). In younger women, overt disease produced lower satisfaction with the ability to manage daily activities ($p=0.018$) and household work ($p=0.01$). In middle-aged women, overt disease was associated with lower satisfaction with physical health ($p=0.021$) and mobility ($p=0.0018$).

Conclusions: Quality of life was substantially impaired in women with hypothyroidism, with the greatest burden observed in middle-aged patients with overt disease. The overall quality-of-life score was 39.9 ± 7.8 in this group, compared with 44.4 ± 9.3 in younger women with overt hypothyroidism and 45.1 ± 6.6 in middle-aged women with subclinical disease. Subclinical hypothyroidism was consistently associated with better patient-reported outcomes than overt disease. Physical health, occupational and household activities, mobility, and sexual life represented the most vulnerable domains, whereas interpersonal relationships were relatively preserved. These findings indicate that age and clinical severity should both be considered when evaluating the subjective burden of hypothyroidism.

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