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COMPARATIVE EVALUATION OF HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH ACUTE MYOCARDIAL INFARCTION AND DECOMPENSATED CHRONIC CORONARY HEART DISEASE

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Abstract: This study compared health-related quality of life in patients hospitalized with acute myocardial infarction and decompensated chronic coronary heart disease. The analysis included 140 patients aged 45–65 years, comprising 78 individuals with ST-segment elevation myocardial infarction and 62 with chronic coronary disease decompensation. Quality of life was assessed using the Minnesota and Seattle questionnaires and an analogue-visual scale. Patients with chronic disease demonstrated poorer overall quality of life, with Minnesota scores of 23 versus 11 points. Their analogue-visual assessment was also lower, 60 versus 70 points, indicating greater functional burden during hospitalization.

Keywords: Keywords: coronary heart disease; myocardial infarction; quality of life; Seattle questionnaire; Minnesota questionnaire.

СРАВНИТЕЛЬНАЯ ОЦЕНКА КАЧЕСТВА ЖИЗНИ ПАЦИЕНТОВ С ОСТРЫМ ИНФАРКТОМ МИОКАРДА И ДЕКОМПЕНСИРОВАННОЙ ХРОНИЧЕСКОЙ ИШЕМИЧЕСКОЙ БОЛЕЗНЬЮ СЕРДЦА

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Аннотация: В исследовании проведено сравнение качества жизни пациентов, госпитализированных с острым инфарктом миокарда и декомпенсацией хронической ишемической болезни сердца. В анализ включены 140 больных в возрасте 45–65 лет: 78 пациентов с инфарктом миокарда с подъемом сегмента ST и 62 пациента с декомпенсированной хронической ИБС. Качество жизни оценивали по Миннесотскому и

Сизтловскому опросникам, а также аналогово-визуальной шкале. У пациентов с хронической ИБС показатели были хуже: сумма баллов Миннесотского опросника Quality of life has become an important patient-centered outcome in cardiovascular medicine because coronary disease affects physical activity, symptoms, social functioning, and psychological well-being. Ischemic heart disease remains a major cardiovascular condition associated with recurrent hospitalization, impaired working capacity, disability, and reduced everyday functioning. The subjective assessment of health can therefore complement conventional clinical evaluation and provide additional information about the consequences of cardiovascular disease.

Acute myocardial infarction and chronic coronary heart disease represent different clinical situations. An acute coronary event may occur in patients without a long history of diagnosed ischemic disease, whereas chronic disease can be accompanied by prolonged symptoms, recurrent angina, heart failure, and progressive functional limitations. These differences may influence how patients perceive their health during hospitalization.

Assessment with standardized questionnaires makes it possible to quantify separate components of quality of life rather than relying exclusively on a general subjective impression. The Minnesota questionnaire provides an overall assessment in which higher scores indicate poorer quality of life. The Seattle questionnaire evaluates physical limitations, angina frequency, treatment satisfaction, anginal pain, and disease-related quality of life. An analogue-visual scale additionally reflects the patient's global perception of current health.

Comparing these parameters in acute myocardial infarction and decompensated chronic coronary disease may identify domains requiring greater attention during inpatient treatment and subsequent rehabilitation.

Aim of the study: To compare the main components of health-related quality of life in patients with ST-segment elevation acute myocardial infarction and patients with decompensated chronic coronary heart disease during hospitalization.

Materials and methods. The study included 140 patients aged 45–65 years who were admitted urgently to a cardiology department. The cohort comprised 113 men and 27 women. Patients were divided into two groups according to the clinical condition responsible for hospitalization. Group 1 consisted of 78 patients with acute myocardial infarction accompanied by ST-segment elevation. Group 2 included 62 patients with decompensated chronic coronary heart disease, represented by unstable angina or postinfarction cardiosclerosis with unstable angina. Patients with ST-segment elevation myocardial infarction were treated with restoration of the infarct-related coronary artery by percutaneous transluminal coronary angioplasty; stenting was performed in 59 patients (75.6%). Group 2 received conservative treatment.

Health-related quality of life was assessed at hospital admission using the Minnesota Living with Heart Failure Questionnaire, the Seattle Angina Questionnaire, and an analogue-visual scale. The Minnesota questionnaire contains 21 questions scored on a six-point Likert scale; higher total scores indicate poorer quality of life. The Seattle questionnaire evaluates physical limitations, angina frequency, treatment satisfaction, anginal symptoms, and disease-related quality of life. Higher Seattle scores represent better functioning. The analogue-visual scale was used to obtain a subjective global assessment of health status. Statistical processing was performed with StatSoft Statistica 12. Normally distributed variables were expressed as mean and standard deviation; non-normal variables were presented as median and quartiles. Student's t-test or Mann–Whitney test was applied as appropriate. Differences were considered significant at $p < 0.05$.

Results. The Minnesota questionnaire demonstrated a significantly poorer quality of life in patients with decompensated chronic coronary heart disease. The median score in Group 2 was 23 (17;33), compared with 11 (6;20) in patients with acute myocardial infarction ($p = 0.004$). According to the Seattle questionnaire, physical limitations were also more pronounced in chronic disease: the PL score was 76 (62.2;84) versus 81 (69;88.9) in the acute myocardial infarction group ($p = 0.042$). The AS scale, reflecting anginal symptoms, was 50 (0;100) in Group 2 and 100

(50;125) in Group 1 ($p=0.004$). Angina frequency was lower in the chronic group, with AF values of 60 (20;90) compared with 90 (60;100) in Group 1 ($p=0.009$). Disease-related quality of life was also reduced: DP was 39.5 ± 9.4 points in Group 2 versus 49 ± 10.2 points in Group 1 ($p=0.007$). Treatment satisfaction did not differ significantly and remained high in both groups: 95 (89;95) versus 95 (88.8;95) points ($p=0.641$). The analogue-visual scale confirmed the difference, showing 60 (50;75) points in chronic coronary disease compared with 70 (60;80) after acute myocardial infarction ($p=0.014$). Within the chronic group, patients with postinfarction cardiosclerosis demonstrated lower PL and DP values than those with decompensated stable angina. Their left ventricular ejection fraction was also lower, 45% (42;50), compared with 52% (50;55) in the stable-angina subgroup.

Conclusions: Patients with decompensated chronic coronary heart disease had a more pronounced reduction in quality of life than patients hospitalized with ST-segment elevation myocardial infarction. The Minnesota questionnaire showed scores of 23 versus 11 points, while the analogue-visual assessment was 60 versus 70 points. The greatest differences were identified in physical limitations, anginal symptoms, angina frequency, and disease-related quality of life. Treatment satisfaction remained similarly high in both groups. Within chronic disease, postinfarction cardiosclerosis was associated with poorer physical functioning and disease-related quality of life, accompanied by a lower left ventricular ejection fraction and longer heart failure history.

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