

**PSYCHOTROPIC THERAPY ON THE QUALITY OF LIFE OF PATIENTS WITH  
DIASTOLIC CHRONIC HEART FAILURE**

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**Abstract:** The importance of studying the problem of diastolic heart failure is also associated with a close correlation between indicators of diastolic dysfunction, instrumental markers of decompensation and the quality of life of patients with chronic heart failure. The combination of cardiovascular diseases and effective disorders worsens the clinical status and prognosis of patients. It has been established that the inclusion of psychotropic drugs in the complex therapy of patients with chronic heart failure with preserved systolic function is accompanied by normalization of their mental status, improvement of the clinical condition of patients, and an increase in the quality of life. The paper presents data on the assessment of the effect of psychotropic therapy on the quality of life of patients with diastolic chronic heart failure (CHF) with concomitant affective disorders. 57 patients (51 women, 6 men) were examined, 36 of whom had anxiety-depressive disorders. All patients underwent a quality of life study, the level of physical functioning and the severity of affective disorders were assessed when the patient was included in the study, as well as again after 3 months a month from the start of therapy. At the same time, an improvement in indicators characterizing physical and mental status and health-related quality of life was recorded against the background of antidepressant treatment.

**Key words:** affective disorders, diastolic chronic heart failure, quality of life.

## **INTRODUCTION**

The effect of concomitant depressive disorder on the somatic state of patients suffering from hypertension complicated by diastolic heart failure was studied for the first time. The negative effect of depression on the results of the six-minute walk test was shown, as well as the absence of a significant effect of depression on the morphofunctional parameters of the heart. The relationship of concomitant depressive disorders with indicators of quality of life in patients with hypertension complicated by diastolic heart failure has been studied. It has been established that the inclusion of psychotropic drugs in the complex therapy of patients with chronic heart failure with preserved systolic function is accompanied by normalization of their mental status, improvement of the clinical condition of patients, and an increase in the quality of life. The proven negative effect of depression on the course of chronic heart failure indicates the need for timely diagnosis and treatment of emotional disorders in patients with hypertension complicated by diastolic heart failure. The revealed positive effect of therapy with the inclusion of on the clinical condition, as well as on the quality of life of patients, allows us to recommend this drug for the treatment of patients with chronic heart failure that has developed against the background of hypertension. The purpose of this study was to study the effect of drug correction of nosogenic anxiety and depression on the quality of life (QOL) of patients suffering from hypertension complicated by chronic heart failure with preserved systolic function (CHF-SSF).

## **MATERIALS AND METHODS OF RESEARCH**

The study included 57 patients (6 men and 51 women) with a diagnosis of hypertension complicated by CHF-SSF (PV>45%), in the presence of affective disorders, as well as in the absence of exclusion criteria. The main group consisted of 36 patients whose somatic disease was accompanied by affective disorders. To correct anxiety and depressive disorders (TDD) in these patients in addition The antidepressant amitriptyline at a dose of 50 mg per day was prescribed for standard therapy. The comparison group included 21 patients without anxiety and depressive disorders. The average age of patients in the main group was  $68.1 \pm 4$  years, in the comparison group –  $68 \pm 3.9$  years. Patients were excluded from the study: – with other diseases that led to the development of CHF; – with severe mental disorders; – with behavioral disorders; – with a history of episodes of major depression; and also: – patients who are unable to perform the test 6-minute walk (6M X test) due to decompensation of the condition or concomitant diseases; – unable to fill out questionnaires on their own due to intellectual abilities; – patients who took antidepressants or tranquilizers before the study; – patients with a permanent form of fibrillation atria, due to the lack of generally accepted approaches to assessing diastolic function in this pathology. The patients were examined using general clinical methods once upon admission to the cardiology department. In addition, at the beginning of the study, as well as after 3 months, they were evaluated: • functional state, • severity of depressive disorders, • the quality of life of patients.

The examination of patients included physical examination, electrocardiography (ECG), radiography, assessment of linear dimensions and volumetric LV parameters was performed by echocardiography. A 6-minute exercise tolerance test was used as an objective test. The score of the severity of CHF symptoms was determined using the “Scale for assessing the clinical condition of a patient with CHF” (SACC). The choice of the SF-36 variant (Study of treatment results) was used as a general method for assessing QOL. A short health survey consisting of 36 items). To assess the disease-specific aspects of QOL in patients with CHF, a Minnesota survey of people living with heart failure was conducted. The questionnaire (HAQ). As a result of the application of the latter, the total QOL index is calculated, resulting from a simple summation of the indicators of all responses. The worst QL corresponds to a total value of 105, and the best value is 0. Depressive disorders were detected by psychometric methods with proven validity. They used: – The Hospital Scale of Anxiety and Depression (the Hospital Anxiety and Depression Scale, HADS) – for screening and subjective assessment of the effective condition of patients with heart failure. – Montgomery-Asberg Scale (MontgomeryAsberg Depression Rating Scale, MADS) – for an objective assessment of the condition of patients. Depending on the amount of points scored on this scale and the functional class of CHF (FC CHF), patients were ranked into 8 subgroups.

## THE RESULTS AND THEIR DISCUSSION

According to the results of the HADS and MADS questionnaires, TDR was detected in 36 of the 57 patients observed. There were no significant differences on the SHOCK scale. However, the results of the six-minute walk test revealed statistically significant ( $p < 0.05$ ) differences in the physical functioning of patients. The distance covered in 6 minutes by patients with TDR, it was significantly shorter than the distance traveled by patients who did not suffer from TD. The results of 6MX in patients with varying degrees of depressive symptoms and different FC of CHF during the initial examination. The highest average

values of the 6MX test were observed in the group of patients without affective disorders, the lowest in patients with moderate TDR ( $p < 0.05$ ). Thus, a direct relationship was revealed between the physical status of patients and the severity of disorders in the affective sphere. During the initial study, the quality of life of patients in the main group turned out to be low. Their functioning capabilities They were limited by both physical and emotional state and were significantly inferior in most points of the SF-36 scale to the patients of the comparison group. The Minnesota Questionnaire (MLHFQ) confirmed the presence of significant differences between patients with affective disorders and patients without them. An analysis of the dependence of quality of life on the severity of affective disorders showed that the worst indicators occurred in patients with moderate According to the MLHFQ questionnaire, the TDR was  $56.3 \pm 5.4$  points for patients with 2 FC CHF and  $54.9 \pm 6.6$  points for patients with 3 FC CHF. Patients in the comparison group with 3 FC and 2FC CHF who did not suffer from affective disorders scored  $44.6 \pm 4.2$  and  $32.0 \pm 6.27$  points, respectively, according to this method, which with high confidence ( $p \leq 0.001$ ) indicates a higher quality of life for patients in the comparison group. Statistically significant differences were also found when comparing the quality of life of patients without TDR and with MTDR. At the same time, the rates of patients with MTDD were slightly higher than the data obtained in patients with UTD, but also inferior to patients in the comparison group. Three months of antidepressant therapy led to a significant improvement in the mental state of patients. Upon repeated examination, against the background of pyrazidol treatment, according to HADRS and MADRS, TDR persists in 5 (10.4%) patients with affective disorders. At the same time, the severity of TDR in these patients decreased from a moderate degree at the beginning of the study to the level of MTDR. Despite the persistence of TDR in 5 patients upon repeated examination, the total score according to the MADRS questionnaire decreased in all subgroups with affective disorders. At the end of the study, positive changes in the physical status of patients were recorded against the background of taking an antidepressant, which was confirmed by positive changes in the results of the six-minute walk test with an increase in the distance traveled from  $326 \pm 33$  meters at the beginning of the study to  $376.3 \pm 26.1$  meters at the end of the study. When comparing TSH in the main and control groups, no significant differences were repeatedly revealed ( $p > 0.05$ ). The results were  $401 \pm 40$  meters for patients without TDR and  $376.3 \pm 26.1$  meters for patients suffering from TDR, which also indicates in favor of improving the physical status of patients suffering from affective disorders. After 3 months from the start of the study, according to both SF-36 and MLHFQ data, there is an improvement QOL in all points in patients with affective disorders, which is probably due to the reduction of TDR, improvement of both physical and mental functioning against the background of a complex (somatotropic and psychotropic) approach to the therapy of these patients. In the comparison group, against the background of standard therapy CHF, according to MLHFQ, is statistically significant An improvement in the quality of life was revealed in patients with CHF 3 FC. According to the SF-36 questionnaire, an improvement in the quality of life was revealed on the scales of "Physical functioning" as well as "Role-based physical functioning". The improvement of these indicators is probably due to the effective treatment of CHF, an increase in the physical capabilities of this category of patients. Analysis of the quality of life of patients 1 FC CHF and 2 FC CHF without affective disorders did not reveal any changes in indicators 3 months after the start of the study. The level of mental functioning of patients of 1FC, 2 FC, according to the data The MLHFQ and SF-36 questionnaires did not change during the observation period.

## CONCLUSIONS

1. Patients with TDR have the worst 6MX test scores, which indicates a low level of physical functioning and a negative effect of affective disorders on the physical abilities of patients. A direct relationship was revealed between the level of physical functioning of patients and the severity of disorders in the affective sphere.
2. The presence of depression significantly worsens the quality of life of patients with diastolic CHF.
3. Against the background of antidepressant therapy, patients showed an improvement in both physical and psychosocial functioning. An increase in the quality of life was also recorded on the scales of satisfaction with mental and general health, freedom from pain.

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