

STUDYING THE EMOTIONAL STATE IN IRRITABLE BOWEL SYNDROME

Yakubova Ranokhon Maksimovna

Department of Infectious Diseases Andijan State Medical Institute

Abstract: The psycho-emotional state of 60 patients with irritable bowel syndrome was studied, as a result of which it was concluded that the emotional state is one of the contributing factors leading to the development of irritable bowel syndrome.

Key words: Irritable bowel syndrome, psycho-emotional factor, questionnaire.

Relevance: According to the World Health Organization, from 14-22 to 30-48% of the population suffer from irritable bowel syndrome, which corresponds to 22 million people [1]. It is especially deplorable that the peak of the presence of this syndrome falls on the most able-bodied age of the population, on average, 30-40 year olds. Especially, the incidence is increased in women, about two out of three. [2]. Every general practitioner encounters this pathology in about 28% of cases. In European countries, this syndrome occurs in 3-22% of the population [3]. The psychoemotional state in patients with irritable bowel syndrome has been studied for a long time, but exhaustive data on its influence on the pathogenesis of the development of the syndrome are not enough today.

The problem of diagnosing and treating diseases of the gastrointestinal tract (GIT) is one of the most important in modern internal medicine. In recent decades, in developed countries, functional intestinal pathology is most often found in gastroenterological patients. The relevance of the problem of irritable bowel syndrome (IBS) is determined, firstly, by its prevalence.

Around a billion people worldwide suffer from IBS. In addition, in this case we are faced with the “iceberg phenomenon”: only 9–23% of people with symptoms of IBS go to the doctor annually, and 38–46% visited the doctor about this only once in their life. Secondly, the significance of this problem is associated with a significant decrease in the quality of life of patients.

A comparison of the quality of life of patients with IBS, as well as patients with diabetes mellitus, acute myocardial infarction, arterial hypertension and depression showed that in people suffering from IBS, the quality of life is comparable to that of patients suffering from depression, and is the lowest among all examined groups [6]. A number of studies have shown that the quality of life of patients with IBS in relation to nutrition, sleep, rest, sexual activity, family and social status is significantly reduced. At the same time, according to the HRQOL (Health related quality of life) scale, the quality of life in IBS suffers to a degree comparable to such diseases as ulcerative colitis and Crohn's disease. Women and elderly people with a long history of the disease have the worst indicators of quality of life. It is impossible not to take into account the patient's attitude towards the limitations caused by the disease, the nature of “coexistence” with it.

The range of psycho-emotional adaptation in these cases is quite wide: from underestimating one's condition, optimism or indifference to a feeling of hopelessness and

severe depression [7]. Patients with IBS often have a burdened psychosocial history (physical violence, sexual abuse, fatal life shocks, serious illness or death of a loved one, divorce, etc.), concomitant psychopathology and require treatment from a neuropsychiatrist. They behave like patients suffering from a severe organic disease, with a satisfactory general condition, good appearance and no signs of disease progression. They tend to have difficulty creating a trusting relationship with their doctor. Thirdly, it is necessary to point out the insufficient effectiveness of existing treatment regimens for IBS.

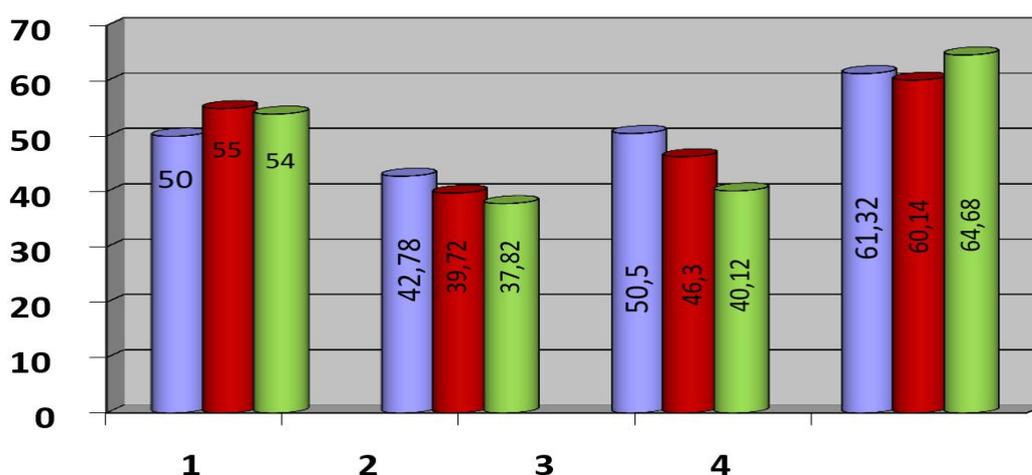
Purpose: To study the vegetovascular and psycho-emotional state in patients with irritable bowel syndrome.

Materials and Methods: 60 male and female people with established irritable bowel syndrome were examined. The psycho-emotional state was assessed by the questionnaire method using the SAN questionnaire. [5]

Results of the study: During the initial survey of 60 people, 35 people were treated with traditional treatment without the addition of drugs that affect the vegetovascular system, while in the second group, in addition to traditional treatment, sedatives were added.

When using the SAN questionnaire to assess the psycho-emotional state of patients with irritable bowel syndrome, it was found that in the first group after treatment without the use of sedatives, asthenia was observed in more than half of the group, while in the second group after treatment with sedatives, asthenia was observed in 2 patients, and the rest were not observed. After 15 days of treatment, the survey was re-conducted and the following results were obtained, shown in diagram № 1

Diagram № 1 Results of the “SAN” test before and after treatment in patients with irritable bowel syndrome



1. Average degree. 2 before treatment. 3-after traditional treatment. 4-after treatment with the addition of sedatives as well.

As we can see, according to the diagram, before treatment, the psycho-emotional state of patients with irritable bowel syndrome according to the SAN questionnaire averaged 42.78

points. After treatment, it averaged 50.5 points, while when sedatives were added to the treatment program, this figure was 61.32 points.

The activity index before treatment, if it averaged 39.72 points, after the application of traditional treatment, it amounted to 46.3 points. When sedatives were added to the traditional treatment, the indicator was 60.14 points.

The mood score was 37.82 points before treatment, while after conventional treatment it was 40.12 points. After adding sedatives to conventional treatment, the mood score was 64.68.

Conclusions: Thus, according to the results of our study, it is clear that in 86% of patients with irritable bowel syndrome there is a fact of a stressful state in the form of anxiety, asthenia, mood changes, psychoemotional disorders. There was also a significant difference in treatment with and without sedatives, in which in the treatment regimen with the use of traditional treatment and sedatives in combination, the result improved by 2 times, which is important and improves both the patient's well-being and shortens the period.

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