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CHANGES IN PSYCHOLOGICAL STATUS IN PATIENTS WITH BREAST CANCER

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Abstract
Constant emotional stress leads to decomposition of the secretion of stress hormones, among which cortisol plays an important role.
Symptoms of a psychological disorder include anxiety, depression, deconstructed emotional responses and interpersonal relationships, communication. According to the literature, differences in dividends in the severity of psychological disorders are due to age, stress resistance of the individual, level of education, knowledge of diseases and methods of treatment, social status and support.

Keywords: emotional reactions, breast cancer, disorder

Summary
Constant emotional stress leads to the decomposition of the secretion of stress hormones, among which cortisol plays an important role.
The symptoms of a psychological disorder include anxiety, depression, reconstructed emotional reactions and interpersonal relationships, communication. According to the literature, the differences in dividends in the severity of psychological disorders are due to age, the individual's stress resistance, level of education, knowledge of diseases and treatment methods, social status and support.

Keywords: emotional reactions, breast cancer, disorder

Introduction

In cases of a significant increase in the number of women diagnosed with breast cancer, information about the factors that affect the patient's life becomes more important: they can be used in choosing tactics for the treatment and rehabilitation of patients, as well as in taking measures to ensure the best comfort in life during and after illness [1]. Due to the doctrine of the quality of life of cancer patients, many studies by foreign authors are devoted to [1-5], but there are very few of them in the domestic literature. It has been proven that age, stage of the disease, education, socio-demographic factors, type of surgery and complications affect the quality of life [1, 6-8].

The trigger moment for changing the quality of life is a stressful situation associated with obtaining information about the presence of a malignant, but malignant formation associated with a fatal outcome, subsequent waiting for an upcoming operation, treatment associated in most cases with loss of the mammary gland (MRI) and numerous side effects, the absence guarantees of full recovery, fear of relapse [9, 10]. Constant emotional stress leads to decomposition of the secretion of stress hormones, among which cortisol plays an important role.

Symptoms of a psychological disorder include anxiety, depression, deconstructed emotional responses and interpersonal relationships, communication. According to the literature, differences in dividends in the severity of psychological disorders are due to age, stress resistance of the individual, level of education, knowledge of diseases and treatment methods, social status and support of those who are in the region [9].

The indicator of the quality of life of sick patients today is an additional criterion for the effectiveness and safety of the treatment of malignant neoplasms [1]. Quality of life assessment allows you to determine the effectiveness of treatment for a particular patient and use the data obtained to adjust the treatment schedule. In addition, the method of studying the quality of life is a reliable and informative way to determine the October parameters of human well-being [2]. The assessment of the quality of life in medicine is associated with "the need to deconstruct a holistic, complex picture of the world of a sick person, an objective vision of the patient and the disease by doctors, to supplement it with a subjective assessment of the patient's own position, that is, the need to collect objective and subjective criteria for assessing his condition" [4].

Purpose of the Study

The study of mental disorders at different stages of the course of cancer in patients with breast cancer, taking into account the influence of premorbid personality traits and psychosomatic correlations in their development.

Materials and Methods of Research

The study included 102 patients with histologically confirmed MSH. The first sample included 50 patients who were diagnosed with breast cancer for the first time (mean age 46.7 ± 11.1 years). This sample was created in patients with psychiatric disorders arising from somatic disease conditions according to ICD-10 (neurotic and somatoform disorders associated with stress). The second sample consisted of 52 patients with disease duration and signs of personality disorder in ICD-10 (mean age

58.6 ± 5.8 years) with a follow-up of 4 years or more (in some cases up to 18 years), respectively. The main research methods were clinical-psychopathological, follow-up and statistical. The inclusion criteria for patients in the study were: 1) the presence of histologically confirmed breast cancer;

The exclusion criteria were the conditions of patients who did not allow a psychopathological examination to the required extent (severe somatic withdrawal, mental retardation, gross organic release of the central nervous system, progressive schizophrenia with severe personality changes, substance abuse). The main research methods were clinical-psychopathological, follow-up, and statistical.

As a result of the correlation analysis, I deconstruct the relationship between my wife's cancer psychologists and the assessment of the quality of life of spouses with breast cancer. Quality of life indicators have a strong direct relationship with core beliefs and activities, internationalism in different areas of life. For other indicators, no significant relationship was found with the assessment of the quality of life in women with breast cancer.

Life indicators do not have a significant positive correlation with the 6 quality of life dimensions. In our opinion, the higher the improvement in women with breast cancer, the higher the quality of life indicators. Participation in what is happening reflects self-confidence and the belief that your own voice has meaning and gives a positive result. The lower the internalized health and disease control in women with breast cancer, the higher the vital and physical activity scores and the lower the pain severity scores. Perhaps, if the disease is considered as a result of one case and hopes for recovery from the actions of other people, primarily doctors, there is an assessment of the physical condition, improvement of life and reduction of pain. In general, many of all connections are associated with core beliefs, vitality, inherent in women with breast cancer in various areas, with such indicators of quality of life as mental health, vital activity, role functioning, due to the emotional state. The least association of these psychological characteristics of women with breast cancer was determined by their assessment of their physical health status, treatment expectations and physical functioning.

Therefore, based on the empirical data obtained, it can be assumed that the personal parameters of a person, such as his life activity, basic beliefs, and the inner belonging of the personality, form the basis of the psychological mechanisms for forming an assessment of the quality of life.

Conclusions

A thorough study of the psychological true adaptation of the individual in difficult living conditions contributes to the understanding of the psychological mechanisms of the quality of life. The relationships that we determine with the assessment of the quality of life of psychological signs in patients with breast cancer indicate the possible influence of the components of life, fundamental beliefs on the formation of a subjective assessment of the degree of satisfaction with the physical and mental states of internationalism in various spheres of life.

The results of our empirical studies confirm the assumption that we put forward. Based on the data obtained, it is possible to formulate an assumption that requires further confirmation that the psychological characteristics of women with breast cancer are psychological mechanisms for the formation of quality of life.

Bibliography

1. Dyachenko, V. G. Prospects for studying the quality of life of patients with breast cancer (literature review) / V. G. Dyachenko, V. L. Kovalenko // Far Eastern Medical Journal. - 2013. - No. 3. - P. 134-138.
2. Ionova, T. I. The value of the study of the quality of life in modern health care / T. I. Ionova // Quality and life. - 2019. - No. 1 (21). - P. 3-8.
3. Kotelnikova, AV Psychosocial factors of health-related quality of life in patients with impaired motor functions / AV Kotelnikova, AA Kukshina // Clinical and Special Psychology. - 2017. - T. 6. - No. 1. - S. 63-78.
4. Nepomnyashchaya, V.A. Psychological mechanisms of formation of quality of life / V.A. Nepomnyashchaya // Siberian Journal of Psychology. - 2004. - No. 20. - S. 28-33. — URL: https://cyberleninka. ru/article/n/psihologicheskie-mehanizmy-formirovaniya-kachestva-zhizni (date of access: 06/09/2020).
5. Psychological structure of the quality of life of patients with epilepsy: a guide for doctors and medical. psychologists / L. I. Wasserman et al. / Ministry of Health and Social. development Ros. Federation, St. Petersburg. scientific research psychoneurol. in-t im. V. M. Bekhtereva. - St. Petersburg: SPbNIPNI, 2008. - 44 .
6. Clarke D, Cook K, Coleman K, Smith G. A qualitative examination of the experience of "depression" in hospitalized medically ill patients. Psychopathology. 2006;39:303-312.https://doi.org/10.1159/000095778
7. Smulevich A.B., Volel B.A., Medvedev V.E. Personality development in somatic diseases (to the problem of acquired hypochondria). Mental disorders in general medicine (Appendix "Psychiatry and psychopharmacotherapy"). 2008;2:4-11. [Smulevich AB, Volel BA, Medvedev VE. Development of personality in somatic

diseases (to the problem of acquired hypochondria). Mental disorders in general medicine. Zh Psihiatriya i psihofarmakoterapiya. 2008;2:4-11. (In Russ.)].
8. Lichko A.E. Adolescent psychotherapy. L.: Medicine; 1985. [Lichko AE. Adolescuk Psychiatry. L. Medicine; 1985. (In Russ.)].
9. Calhoun LG, Tedeschi RG. The foundations of posttraumatic growth: An expanded framework. Eds. Calhoun LG, Tedeschi RG In: Handbook of post-traumatic growth. Mahwah. NJ: Lawrence Erlbaum Associates. 2006;3-23
10. Allen J, Savadatti S, Levy A. The transition from breast cancer "patient" to "survivor". Psychooncology. 2009;18(1):71-78.https://doi.org/10.1002/pon.138
11. Specht G. Ueber die structure und klinische stellung der melancholia agitata. Zentralbl Nervenheilkr Psych. 1908;39:449-469.
12. Evald G. "Schauanfalle" als postenzephalitische Storung. MSc Psychiatr. 1925;57:222.
13. Barsky A, Cleary P, Sarnie M, Klerman G. The course of transient hypochondriasis. Am J Psychiatry. 1993;150(3):484-488.
14. Beisser A. Denial and affirmation in illness and health. American Journal of
15. Psychiatry. 1979;136(8):1026-1030
16. Jzspers K. Allgemeine Psychopathology. Berlin-Heidelburg-New York: Sprender Verlag; 1965.
17. Feldman M. The body-image and object-relations. Brit J Med Psychol. 1975;48:317-332.