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ASSESSMENT OF PSYCHOEMOTIONAL STATE IN CHRONIC HEADACHES: INTERGROUP ANALYSIS USING THE HADS SCALE

D.B.Akhmedova[1]

1. Bukhara State Medical Institute, Bukhara, Uzbekistan.

Abstract.

Relevance. Headache is one of the most common medical conditions worldwide. Migraine, chronic tension-type headache, and medication-overuse headache significantly affect patients' quality of life. This study assessed the psychoemotional state of patients based on headache types. To evaluate anxiety and depression levels using the Hospital Anxiety and Depression Scale (HADS) and analyze psychological changes associated with different types of headaches. **Materials and Methods**. The study involved 315 patients divided into four groups: migraine with aura, migraine without aura, chronic tension-type headache (CTTH), and medication-overuse headache. Anxiety and depression levels were assessed using the HADS scale, and intergroup differences were statistically analyzed. **Results and Discussion.** The study revealed higher levels of anxiety and depression in the migraine with aura and chronic tension-type headache groups. Subclinical depression was more frequently observed in the migraine without aura group compared to other groups. Clinical anxiety and depression levels were also significantly high in the medication-overuse headache group, indicating a strong impact of pain on emotional well-being. **Conclusion**. Assessing the psychological state of patients with headaches, providing psychological support, and implementing therapy aimed at reducing anxiety and depression is crucial. Integrating neurological and psychological approaches in migraine and headache treatment is essential for effective management.

Key words: headache, migraine, chronic tension-type headache, medication-overuse headache.

Kirish

Bosh og‘rig‘i jahon aholisi orasida eng ko‘p tarqalgan kasalliklardan biri hisoblanadi. Xususan, migren, surunkali zo‘riqishdagi bosh og‘rig‘i va abuzusli bosh og‘riqlar juda ko‘p uchraydi va bemorlarning hayot sifatiga jiddiy ta’sir ko‘rsatadi. Og‘riq sub’ektiv holat bo‘lib, uning ta’siri nafaqat jismoniy og‘riq darajasi, balki bemorning ruhiy va emotsional holati bilan ham bog‘liq. Shuning uchun bosh og‘rig‘i bo‘lgan bemorlarda xavotir va depressiya darajasini baholash, ularni aniqlash va muvofiq davolash choralarini ko‘rish muhimdir. Ushbu tadqiqotda bosh og‘rig‘i turlariga qarab, bemorlarning psixoemotsional holati baholandi va ular o‘rtasidagi farqlar aniqlandi.

Olimlar tomonidan migren va bosh og‘riq turlarining bemorning psixoemotsional holatiga ta’siri keng o‘rganilgan. Bir qator tadqiqotlar migren va surunkali bosh og‘rig‘i bilan og‘rigan bemorlarda xavotir va depressiya holatlari boshqa kasalliklarga nisbatan yuqori ekanligini ko‘rsatadi. Bir qator tadqiqotlar migren va surunkali bosh og‘rig‘i bilan og‘rigan bemorlarda xavotir va depressiya holatlari boshqa kasalliklarga nisbatan yuqori ekanligini ko‘rsatadi. Almarzooqi va hamkorlari (2017) psixologik yengillik darajasi migren ta’sirini pasaytirishda muhim rol o‘ynaydi [2]. Zampieri va hamkorlari (2014) migren bilan og‘rigan bemorlarda xavotir, depressiya va shaxsiyatga doir buzilishlar ancha keng tarqalganligini ta’kidlashgan [10]. Ramsden va hamkorlari (2016) dietadagi o‘zgarishlar bosh og‘riq bilan og‘rigan bemorlarda psixologik holatni yaxshilashini ko‘rsatishgan [9]. Golovacheva va hamkorlari (2024) migren va depressiya o‘rtasidagi bog‘liqlikni aniqlab, og‘riq kasallikning xronik tus olishiga yordam beradigan omillardan biri ekanligini ta’kidlashgan [5]. Gandolfi va hamkorlari (2019)

migren bilan og‘rigan bemorlarda farmakologik muolajalarning psixologik ta’sirini tahlil qilgan [4]. Emadi va hamkorlari (2019) psixologik omillarning migren xronik tus olishidagi rolini o‘rganishgan [3]. Karbovski va Noviska (2024) migren va uning psixoemotsional ta’sirlarini baholash bo‘yicha tadqiqot o‘tkazishgan [6]. Onur va hamkorlari (2017) kognitiv-behavioral terapiyaning migren bemorlariga ta’sirini o‘rgangan [8]. Mansueto va hamkorlari (2018) migren bilan og‘rigan bemorlarga psixologik muolajalarni tadqiq etishgan [7]. Al-Hashel va hamkorlari (2020) botulinum toksinining migren va psixologik holatga ta’sirini tahlil qilgan [1]. Shuningdek, bosh og‘riq bilan bog‘liq xavotir va depressiyaning og‘riq intensivligi hamda davomiyligiga ta’siri borligi aniqlangan. Hozirgi tadqiqotda mazkur konsepsiyalarni tasdiqlash va ularni aniq raqamlar bilan tasvirlash maqsad qilingan.

Tadqiqot metodologiyasi

Tadqiqotda 315 nafar bemor qatnashdi va ular 4 guruhga bo‘lindi: aurali migren, aurasiz migren, surunkali zo‘riqishdagi bosh og‘rig‘i (SZBO) va abuzusli bosh og‘riq. Har bir bemor xavotir va depressiya darajasi HADS shkalasi bo‘yicha baholandi. Natijalar guruhlararo taqqoslanib, ularning statistik ahamiyati χ^2 (xi-kvadrat) usuli yordamida aniqlandi.

Natijalar va tahlillar

Tadqiqot ma’lumotlari har xil migren turlari va sog‘lom bosh og‘riqlarga chalingan bemorlarda havotir va depressiya darajasini HADS shkalasi orqali baholaydi. Ushbu shkala ikki asosiy ko‘rsatkich bo‘yicha bemorlarning psixologik holatini o‘lchaydi: havotir va depressiya.

1-jadval

Tadqiqot guruxi bemorlarida HADS shkalasi havotir va depressiya darajasi

Trigger omillar	Tadqiqot guruxlari							
	1-gurux aurali migren		2-gurux aurasiz migren		3- gurux SZBO		4-gurux abuzus bosh og‘riq	
	abs	M±m,%	abs	M±m,%	abs	M±m,%	abs	M±m,%
1 bo‘lim (xavotir darajasini aniklash)								
0-7-norma (ishonchli xavotir va depressiya belgilarisiz)	21	27,63±5,13	23	30,67±5,32	24	20,51±3,73	13	27,66±6,52
8-10-subklinik xavotir /depressiya	26	34,21±5,44	27	36±5,54	59	50,43±4,62	17	36,17±7,01
11 va yuqori-klinik ifodalangan xavotir / depressiya	29	38,16±5,57	25	33,33±5,44	34	29,06±4,2	17	36,17±7,01
R	x2=1,289;r=0,525		x2=0,320;r=0,852		x2=16,667;r=0,000		x2=0,681;r=0,711	
R	x2 Pirsona = 7,529; r = 0,275							
2 bo‘lim (depressiya darajasini baxolash)								
0-7-norma (ishonchli xavotir va depressiya belgilarisiz)	21	27,63±5,13	22	29,33±5,26	34	29,06±4,2	13	27,66±6,52
8-10-subklinik xavotir /depressiya	19	25±4,97	29	38,67±5,62	29	24,79±3,99	12	25,53±6,36
11 va yuqori-klinik ifodalangan xavotir / depressiya	36	47,37±5,73	24	32±5,39	54	46,15±4,61	22	46,81±7,28
R	x2=6,816;r=0,033		x2=1,040;r=0,595		x2=8,974;r=0,011		x2=3,872; r=0,144	
R	x2 Pirsona = 6,709; r = 0,329							

Havotir darajasi tahlil qilinganda, xavotirsiz va normal psixologik holatdagi bemorlar aurasiz migren guruhida 30,67%, aurali migren guruhida 27,63%, surunkali zo‘riqishdagi bosh og‘rig‘i guruhida 20,51% va abuzusli bosh og‘riq guruhida 27,66%ni tashkil etgan. Bu natijalar shuni ko‘rsatadiki, xavotirsiz bemorlar surunkali zo‘riqishdagi bosh og‘rig‘i guruhida eng kam uchraydi, bu esa og‘riqning ularning ruhiy holatiga jiddiy ta’sir o‘tkazishini tasdiqlaydi.

Subklinik xavotir va depressiya belgilari aurali migren guruhida 34,21%, aurasiz migren

guruhida 36%, surunkali zo‘riqishdagi bosh og‘rig‘i guruhida 50,43% va abuzusli bosh og‘riq guruhida 36,17%ni tashkil etgan. Bu ko‘rsatkichlardan kelib chiqib, surunkali zo‘riqishdagi bosh og‘rig‘i bo‘lgan bemorlarda xavotir va depressiya belgilari boshqa guruhlarga qaraganda sezilarli yuqori ekanligi aniqlandi (χ^2=16,667; p=0,000). Klinik xavotir darajasi esa aurali migren guruhida 38,1%, aurasiz migren guruhida 33,3%, surunkali zo‘riqishdagi bosh og‘rig‘i guruhida 29,06% va abuzusli bosh og‘riq guruhida 36,17%ni tashkil etgan. Bu ma’lumotlar aurali migren va abuzusli bosh og‘riq guruhlarida xavotir va depressiya yuqori darajada kuzatilganini ko‘rsatadi.

Depressiya darajasi baholanganda, depressiyasiz va normal psixologik holatdagi bemorlar aurali migren guruhida 27,63%, aurasiz migren guruhida 29,33%, surunkali zo‘riqishdagi bosh og‘rig‘i guruhida 29,06% va abuzusli bosh og‘riq guruhida 27,66%ni tashkil etgan. Bu guruhlar orasida katta farq aniqlanmadi. Subklinik darajadagi depressiya esa aurali migren guruhida 25%, aurasiz migren guruhida 38,67%, surunkali zo‘riqishdagi bosh og‘rig‘i guruhida 24,79% va abuzusli bosh og‘riq guruhida 25,53%ni tashkil etgan. Bu ma’lumotlar aurasiz migren guruhida subklinik depressiya darajasi boshqa guruhlarga qaraganda yuqori ekanligini tasdiqlaydi.

Klinik darajada namoyon bo‘lgan depressiya holatlari esa aurali migren guruhida 47,37%, aurasiz migren guruhida 32%, surunkali zo‘riqishdagi bosh og‘rig‘i guruhida 46,15% va abuzusli bosh og‘riq guruhida 46,81%ni tashkil qilgan. Bu natijalar aurali migren, surunkali zo‘riqishdagi bosh og‘rig‘i va abuzusli bosh og‘riq guruhlarida klinik darajadagi depressiya holatlari aurasiz migren guruhiga nisbatan ancha yuqori ekanligini ko‘rsatadi. Shu tariqa, surunkali zo‘riqishdagi bosh og‘rig‘i va aurali migren guruhlarida xavotir va depressiya yuqori darajada kuzatilgan. Shuningdek, aurasiz migren guruhida subklinik depressiya boshqa guruhlarga nisbatan ko‘proq uchraydi, bu esa ushbu bemorlarning ruhiy holatini yaxshilash uchun alohida yondashuv talab etilishini ko‘rsatadi. Abuzusli bosh og‘riq guruhida klinik xavotir va depressiya yuqori bo‘lib, bu og‘riqning bemorlarning emotsional holatiga kuchli ta’sir ko‘rsatishini anglatadi. Ushbu natijalardan kelib chiqib, bosh og‘rig‘i bo‘lgan bemorlarda ruhiy holatni baholash, ularga psixologik qo‘llab-quvvatlash ko‘rsatish va xavotir hamda depressiyani kamaytirishga qaratilgan terapiyalar joriy etish zarurligi aniqlandi. Shuningdek, migren va boshqa bosh og‘riq turlarini samarali davolashda psixologik va nevrologik yondashuvlarning birgalikda qo‘llanishi muhim ekanligi tasdiqlandi.

Xulosa

Tadqiqot natijalari shuni ko‘rsatdiki, bosh og‘rig‘i turlari bemorlarning psixoemotsional holatiga har xil darajada ta’sir ko‘rsatadi. Surunkali zo‘riqishdagi bosh og‘rig‘i va aurali migren xavotir va depressiyaning yuqori darajada kuzatilishi bilan ajralib turdi. Aurasiz migren guruhida esa subklinik depressiya holatlari boshqa guruhlarga qaraganda ko‘proq qayd etildi. Shuning uchun, migren va boshqa bosh og‘riq turlarini davolashda nafaqat tibbiy, balki psixologik yordam ham talab etilishi aniqlandi. Ushbu tadqiqot kelgusida migren va bosh og‘riqlar bilan bog‘liq psixoemotsional omillarni chuqurroq o‘rganish uchun asos bo‘lib xizmat qiladi.

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