

## ASSESSMENT OF QUALITY OF LIFE IN ELDERLY PATIENTS WITH ISCHEMIC HEART DISEASE

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**Objective:** To analyze the characteristics of clinical manifestations occurring against the background of combined cardiovascular and renal dysfunctions in elderly patients.

### **Materials and Methods:**

The study involved 125 elderly patients with ischemic heart disease (IHD) and life-threatening arrhythmias. Based on the presence or absence of arrhythmias in their medical history, the patients were divided into two groups:

Group 1 (n=65): Patients with IHD and associated life-threatening arrhythmias.

Group 2 (n=60): Patients with IHD but without life-threatening arrhythmias.

The research was conducted at the Bukhara regional branch of the Republican Specialized Scientific-Practical Medical Center of Cardiology. Patients' quality of life was assessed in terms of daily life activity, physical capacity, psychological state, and social activity. The Minnesota Living with Heart Failure Questionnaire (MLHFQ) was used for evaluation. This internationally recognized tool assesses factors affecting quality of life in patients with heart failure.

**Analysis of the Obtained Results:** One of the most common complaints was irregular heartbeat, which was reported in **73.8%** of patients in Group 1, compared to only **20%** in Group 2 ( $p < 0.001$ ). This symptom is one of the clinical manifestations of arrhythmia and is observed less frequently in patients without arrhythmia. Irregular heartbeat arises as a result of increased arrhythmogenic cellular activity, disturbances in repolarization processes, and myocardial ischemia. Symptoms of weakness and rapid fatigue were widespread in both groups, detected in **84.6%** of patients in Group 1 and **81.7%** in Group 2. These symptoms are explained by reduced cardiac output, insufficient perfusion, and impaired oxygen supply to organs and tissues. It is important to note that in elderly patients, due to trophic changes and multiple somatic pathologies, these symptoms become even more pronounced.

Neurological symptoms such as dizziness and loss of consciousness were observed in 30.8% of cases in Group 1, while only 3.3% of cases in Group 2 experienced these

symptoms ( $p < 0.001$ ). These symptoms are associated with the significant hemodynamic impact of arrhythmia, especially due to tachy- or bradyarrhythmias causing disruption of continuous cerebral blood flow.

Chest pain (anginal pain) was recorded in 53.8% of Group 1 and 63.3% of Group 2, with no statistically significant difference. This condition is related to myocardial ischemia and is explained by the presence of ischemic heart disease (IHD) in both groups. At the same time, patients with arrhythmia may sometimes not experience pain symptoms, which indicates a higher likelihood of "silent" ischemia in these patients.

Shortness of breath – a common symptom of chronic heart failure (CHF) – was detected in 76.9% of Group 1 and 70% of Group 2. This condition is explained by impaired systolic or diastolic heart function, pulmonary venous hypertension, interstitial edema, and trophic changes in the lungs. Arrhythmias may further worsen the respiratory condition, as fluctuations in cardiac output reduce perfusion even more. Leg edema was observed in 67.7% of Group 1 and 66.7% of Group 2. This sign develops due to excessive fluid retention, activation of the renin-angiotensin-aldosterone system, and impaired kidney function. Insomnia and anxiety occurred in 50.8% of Group 1 and 46.7% of Group 2. These symptoms are explained by changes in the psychoemotional state, hypoxia, inadequate rest, and subjective symptoms specific to arrhythmia when lying down.

### **Conclusion:**

According to the analysis, Group 1 ( $n=65$ ) patients had a significantly lower quality of life. Their average total score on the MLHFQ was  $67.4 \pm 8.2$ , which reflects high levels of functional limitation, fatigue, shortness of breath, sleep disorders, and psychological depression.

In contrast, Group 2 ( $n=60$ ) had relatively better quality of life indicators, with an average score of  $53.6 \pm 7.9$  ( $p < 0.01$ ), which represents a statistically significant difference. These patients reported fewer symptoms of shortness of breath, fatigue, and psychological disturbances.

Life-threatening arrhythmias have a significantly negative impact on quality of life. In such patients, therapeutic strategies should focus not only on hemodynamic stabilization but also on a comprehensive rehabilitation approach that includes psychological and social support.