

PSYCHOEMOTIONAL ASPECT IN THE DEVELOPMENT OF VARIOUS
DISEASES IN CHILDREN AND ADOLESCENTS

<https://doi.org/10.5281/zenodo.7618532>



ELSEVIER



Shamsiyeva E.R.
Ibragimova L.M
Tashkent Medical Academy



Abstract: In the modern world, the approach to the treatment of somatic patients is based on two main components: drug and non-drug therapy. The psycho-emotional state of the patient plays an important role. Long-term ill children are very vulnerable, often spending most of their time in hospital, depriving themselves of meetings, games, entertainment, pain and painful procedures. Such children rarely attend school and lead social lives. All this can cause increased anxiety and depression in children, which can further affect the development and course of the disease. In attempting to cure the sick, a pediatrician may not pay sufficient attention to the individual characteristics of the child and his or her parents. The mental state of the patient and his or her close relatives in the non-physical departments is not taken seriously, but can significantly change the clinical picture of the disease. The lack of research on the subject and the absence of informed solutions to the problem had made it necessary to conduct research.

Keywords: psycho-emotional state, questionnaire, anxiety, children.

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Received: 07-02-2023

Accepted: 08-02-2023

Published: 22-02-2023

Relevance. Diseases of children and adolescents require special professionalism to choose the right approach to treatment. Often, diseases form a «closed circle» in which somatic symptoms have a direct impact on the psycho-emotional health of a person, which further aggravates his somatic condition. Therefore, treatment should not only traditionally, but also correct the psychological condition of the patient. There are currently no statistics in Uzbekistan on the relationship between the psycho-emotional state of the patient and the development of various diseases and the role of those close to him in this process. At the same time, the modern approach of foreign pediatricians proves the need for complex treatment of patients together with child psychologists.

Novelty. For the first time in Uzbekistan, a study has been conducted to determine the correlation between the psycho-emotional status of children and adolescents in the development of diseases, as well as the role of their parents in the occurrence or course of these diseases.

Research objective. In patients and their parents to identify the psychoemotional status and determine the need for comprehensive work with a child psychologist.

Tasks.

1. To prepare a clinical questionnaire that determines the level of anxiety and depression of the child and his parent.

2. To investigate the psychological status of patients, to identify the characterological features of the personality of sick children.
3. To analyze the results and identify the group of diseases with the strongest indicator of anxiety and depression.
4. To analyze the data of the patient's parents and determine the relationship between the child's illness and the level of anxiety of his loved one.
5. To develop an algorithm for monitoring sick children, supplement it with a psychologist's consultation and recommend the necessary psycho-corrective therapy.

Materials and Methods. We have prepared 2 clinical questionnaires for the study: The Children's Form of Manifest Anxiety Scale (CMAS) and A. T. Beck's anxiety scale for the mothers of these children. Testing was conducted among 20 children from 10 to 15 years old and 12 middle-aged mothers. This number is explained by the fact that after 7 years, parents cannot be in the ward with their children according to rules.

Results and discussion. A total of 32 people participated in the study, of which 12 were mothers of sick children, 20 were children themselves. Children were examined on the basis of 1 TMA clinic. The age of the patients was: 10 years-7 people (35%), 11 years-5 people (25%), 12 years-5 people (25%), 13-1 people years (5%) and 14 years-2 people (10%). The patients were divided into 4 groups of diseases: 5 patients (25%) from the Department of Allergology, 5 patients (25%) from the Department of Pulmonology, 5 patients (25%) from the Department of Cardiorheumatology and 5 patients (25%) from the Department of Nephrology. Among the patients, 12 children (60%) were girls and 8 (40%) boys. According to the results of the questionnaire, it was found that 2 children out of 20 (10%) showed a normal level of anxiety, a slightly increased level of anxiety was found in 5 children (25%), 8 children (40%) showed a clearly increased level of anxiety, the remaining 5 children (25 %) had a very high degree of anxiety, in connection with which the last 2 groups were classified as a risk group. It should be noted that children with a clearly increased and very high level of anxiety were in the Department of Allergology and Nephrology. Of no small importance are the results of a survey of mothers of patients. The test showed that out of 12 respondents, three (25%) had a slight level of anxiety, six (50%) had an average level of anxiety, and the remaining three (25%) had a very high degree of anxiety. Particular attention should be paid to the fact that in mothers with very high anxiety, children suffered from allergic diseases (more often atopic dermatitis and bronchial asthma). Summing up, it is necessary to note the relationship between the level of anxiety of the child and his parent. It can be assumed that there is a correlation between the level of anxiety of the parents and his child. In addition, diseases of an allergic

profile, where an important place is given to the psychological state of the patient, show an increase in the level of anxiety to a greater extent.

Conclusion. Based on the results obtained, the following conclusions were drawn:

1. Children from the Department of Pulmonology and Cardiorheumatology as a whole did not show a serious increase in anxiety, in contrast to the children from the Allergology and Nephrology Department, whose condition is assessed as clearly disturbing. 2. According to the results of the study, children suffering from bronchial asthma, atopic dermatitis and allergic bronchitis, as well as children diagnosed with acute and chronic glomerulonephritis, were included in the risk group in terms of anxiety. In the first case, this is due to the direct relationship between the psycho-emotional status of the child and the occurrence of allergic diseases, and in the second, the necessary long-term hormonal therapy with corticosteroids, which can change the psycho-emotional background of the child. 3. Mothers of anxious children themselves have a tendency to increased anxiety, which proves the connection between the state of the parent and the well-being of the child. 4. Children at risk, as well as their parents, will be recommended therapy with a child and family psychologist to normalize their condition and provide quality treatment.

5. A pediatrician needs to pay special attention to children at risk, since medication alone may not give the desired long-term effect. 6. It is necessary to introduce an algorithm for identifying children with increased anxiety in the daily practice of a pediatrician for joint work with a child psychologist.

Perspectives. In the future, the study will continue, the number of participants and the spectrum of diseases will expand for a more complete picture. The plans are to cover children's departments throughout the city and compile extensive statistics. The main goal in the future is to provide hospitals with offices of child psychologists and make consultations accessible and mandatory for everyone (if indicated). This will help to significantly reduce the number of relapses of many diseases, prevent negative consequences and the transition of the disturbed psycho-emotional state of the mother and child into a spectrum of psychiatric diseases.

Recommendations. Until such a system is introduced in our country, we offer several recommendations that will help you cope with anxiety on your own:

Parents:	Children:
<ul style="list-style-type: none">-breathe deeply- have a rest-Take a soothing bath- go in for sports or go for a walk	<ul style="list-style-type: none">- caress the baby and talk to him in a soothing voice- play mind games-spending time outdoors- Be sure to follow the diet and sleep

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