

QUALITY OF LIFE OF PATIENTS SUFFERING FROM STABLE
ANGINA PECTORIS FC II.

Mukhsimova N.R.

Tashkent Medical Academy

*The aim of the study is to assess the quality of life of patients suffering
from functional class II angina.*

Materials and methods. The study was conducted in the cardiology department of the multidisciplinary clinic of the Tashkent Medical Academy. Forty patients with ischemic heart disease and stable angina of FC II of different age categories were taken for observation. The patients were divided into 2 groups. The first group included male patients suffering from angina of FC II, and the second group included women. The study was conducted on the basis of assessment scales and the Seattle Angina Questionnaire (SAQ), which consists of 5 scales assessing the most important aspects of coronary heart disease: physical limitation, Angina stability, Angina frequency, Treatment satisfaction, and Disease perception.

Results. The study of the quality of life of patients allowed us to establish that the incidence rates of angina in men are higher than in women aged 40-45 years. After 50 years, the rates in women increase by 25%.

It was also observed that risk factors such as arterial hypertension, diabetes mellitus, unhealthy lifestyle (physical inactivity) and bad habits (smoking) directly affect the quality of life in patients with coronary heart disease and angina pectoris.

According to the results of the SAQ questionnaire, it was revealed that men assessed their health as follows: PL (Physical Limitation) - 35, AS (Angina Stability) - 4, AF (Angina Frequency) - 8, TS (Treatment Satisfaction) - 16, DP (Disease Perception) - 9.

Women rated their health much better: PL (Physical Limitation) - 30, AS (Angina Stability) - 5, AF (Angina Frequency) - 10, TS (Treatment Satisfaction) - 20, DP (Disease Perception) - 10.

The quality of life for each of the five scales under consideration is measured in %, with 0% corresponding to the worst quality of life, and 100% to the best. Then, the answers are calculated using specially created formulas.

Conclusion. The analysis of the conducted study revealed a direct influence of age and gender in patients with coronary artery disease with stable angina of FC II on the quality of life. Angina most often occurs in men from 40-45 years old, and in women from 50-55 years old.



Based on the results obtained on the SAQ assessment scales, it was established that the quality of life of women with coronary heart disease is significantly lower compared to men. This is due to the fact that men are more susceptible to various risk factors that have a strong impact on their quality of life.

Patients with various risk factors showed a decrease in the SAQ questionnaire scores. In men, the most common risk factors were smoking, hypertension, and poor nutrition, while in women, physical inactivity and obesity.

