



## "IMPACT OF ANXIETY-DEPRESSIVE SYNDROME ON QUALITY OF LIFE IN PATIENTS WITH DIFFERENT PHENOTYPES OF CHRONIC HEART FAILURE"

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**Objective:** To study the significance of anxiety-depressive syndrome (ADS) in different phenotypes of chronic heart failure (CHF).

**Materials and Methods:** A total of 78 patients with CHF were examined (mean age  $66.7 \pm 7.07$  years), including 42 men (53.8%) and 36 women (46.2%). The study was conducted using the clinical condition assessment scale (CCAS) and the 6-minute walk test (6MWT). Functional examination methods included ECG, echocardiography (EchoCG).

CHF phenotypes were classified as follows:

- Preserved ejection fraction (EF  $61.1 \pm 9.2\%$ ) – 34 patients (43.6%)
- Mildly reduced ejection fraction (EF  $46.0 \pm 2.7\%$ ) – 16 patients (20.5%)
- Reduced ejection fraction (EF  $28.9 \pm 7.3\%$ ) – 28 patients (35.9%)

Psychological disorders were assessed using the Hospital Anxiety and Depression Scale (HADS). Quality of life (QoL) was evaluated using the "Minnesota Living with Heart Failure Questionnaire" (MLHFQ).

**Results:** According to the HADS scale, psychopathological disorders, including mild to severe ADS, were identified in most CHF patients (73.1%,  $n=57$ ). Among them:

- Anxiety was predominant in 14 patients (24,1%)
- Depression was predominant in 10 patients (17,2%)
- Both anxiety and depression were equally present in 33 patients (56,9%)

When analyzing results based on CHF phenotypes:

- Patients with preserved EF showed a higher prevalence of mild (subclinical) ADS (39%) or anxiety (25%).
- Patients with reduced EF predominantly had severe depressive disorders (81%).
- In patients with mildly reduced EF, ADS (16%) was observed in both mild and severe forms.

The quality of life indicators in patients with psychological disorders were on average 1.7 times worse than those in patients with a normal psycho-emotional state. According to the Minnesota QoL questionnaire, the lowest quality of life was recorded in patients with reduced EF (84 points).

**Conclusion:** As EF decreases and disease duration increases, the frequency of anxiety-depressive disorders rises, which in turn negatively affects the quality of life in CHF patients, as reflected in the MLHFQ results.

