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## USE OF THE MOS SF-36 QUESTIONNAIRE IN THE ASSESSMENT OF QUALITY OF LIFE IN SURGERY

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### ANNOTATION

Laboratory and physical indicators are the criteria of treatment effectiveness in clinical research. However, despite this, the above-mentioned indicators cannot provide complete information about the patient's condition and functioning in everyday life. In some diseases, the opinion expressed by the patient about his condition is an important indicator of his health. In recent years, indicators of the quality of life of patients have been in the focus of the medical community as one of the main criteria for the effectiveness of treatment. SF-36 is considered a general questionnaire and has universal value for various nosologies. The data of this survey allows to assess the psychological, social and medical condition of the subject. Research of quality of life in surgery is necessary for comparison of treatment programs, evaluation of treatment results, improvement of treatment quality and its monitoring; quality of life information has prognostic value and is used to select a patient for surgery and to plan treatment.

### Keywords

quality of life, surgery, transplantation, oncology, surgery, MOS SF-36 questionnaire, psychological status, social status, medical status

### ХИРУРГИЯДА ҲАЁТ СИФАТИНИ БАҲОЛАШДА MOS SF-36 СЎРОВНОМАДАН ФОЙДАЛАНИШ

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### АННОТАТСИЯ

Азалдан клиник тадқиқотларда даволаш самарадорлиги мезонлари деб лаборатор ва физикал кўрсаткичлар ҳисобланади. Бироқ, шунга қарамай юқорида қайд қилинган кўрсаткичлар кундалик ҳаётда беморнинг ахволи ва фаолият юритиши ҳақида тўлиқ маълумот бера олмайди. Айрим касалликларда беморнинг ахволи тўғрисида ўзи билдирган фикри унинг соғлиғининг муҳим кўрсаткичи ҳисобланади. Сўнгги йилларда беморларнинг



хаёт сифати кўрсаткичлари даволаш самарадорлигининг асосий мезонларидан бири сифатида тиббиёт жамиятининг диққат марказида бўлмоқда. SF-36 умумий сўровнома ҳисобланиб, турли нозология учун универсал аҳамиятга эга. Ушбу сўровнома маълумотлари текширилувчининг психологик, ижтимоий ва тиббий ҳолатини баҳолашга имкон беради. Хирургияда хаёт сифатини тадқиқ этиш – даволаш дастурларини такқослаш, даволаш натижаларини баҳолаш, даволаш сифатини яхшиланиш ва уни мониторингини олиб бориш учун керак; хаёт сифати ҳақидаги маълумот прогностик аҳамиятга эга бўлиб, беморда хирургик операцияни танлаш ва даволашни режалаштириш учун қўлланилади.

### **Калит сўзлар**

хаёт сифати, хирургия, трансплантация, онкология, операция, MOS SF-36 сўровнома, психологик ҳолат, ижтимоий ҳолат, тиббий ҳолат.

Laboratory and physical indicators are the criteria of treatment effectiveness in clinical studies [6]. However, the above-mentioned indicators cannot provide complete information about the patient's condition and functioning in everyday life [2]. In some diseases, the patient's self-reported opinion about his condition is an important indicator of his health [2,3].

Diseases affect a person's physical condition, psychological behavior, emotional reactions, and often change their place and role in social life [8]. In addition to the dynamics of disease symptoms, laboratory and instrumental indicators, the importance of physical, psychoemotional, and social satisfaction with life in each patient is often overlooked [13,16]. For this reason, the research group of the World Health Organization (WHO) examines the issues of quality and efficiency of medical care taking into account three factors: adequacy (compatibility, similarity), economic and scientific-technical level [20].

Adequacy in medical care means achieving a level of quality of life suitable for the patient [19].

Quality of life is a combination of physical, psychological, emotional and social characteristics of the patient, which is based on subjective concepts. Many studies consider the quality of life as the level of satisfaction of a person with his physical, psychological and social condition [2,3,4,6].

Human life quality (HLQ) is the highest category that forms the basis of quality research in practical medicine. Human LQ is an important concept not only in health care, but also in all areas of modern society [4,11]. The methodology of study of HLQ has opened a new stage in the life of society of the 21st century as a



whole and was the first to offer a simple, informative and reliable way to determine the decisive parameters that form the basis of human success [9,10] .

In recent years, indicators of the quality of life of patients have been in the focus of the medical community as one of the main criteria for the effectiveness of treatment. Assessment of quality of life is an important part of the examination of patients with various diseases, and it is also a powerful and sensitive way to manage the effectiveness of treatment [6,9,11].

The field of quality of life assessment has a wide scope in medicine and includes the following situations:

- 1) assessment of a specific patient and the general condition of the entire population;
- 2) study of various production, social and other effects, preventive and rehabilitation programs;
- 3) evaluation of treatment efficiency;
- 4) preparation of individualized programs of treatment;
- 5) comprehensive examination of work capacity;
- 6) clinical experience of new treatment approaches [12,17].

In the US, quality of life is defined as satisfaction with a patient's physical, psychological, spiritual, and financial condition. In modern foreign medicine, the term "health-related quality of life" (HRQL) is widely used [16].

The first studies on the quality of life in surgery were carried out in the 80s [14,18].

In 1995, the MAPI Research Institute (MAPI Research Institute) was founded in France, which coordinates research on quality of life, validates developed questionnaires, and recommends their use [17] .

One of the most effective methods for detecting HS is questionnaires filled out by patients. There are questionnaires used in different diseases and used in a specific disease or group of diseases [19].

The most widely used general questionnaires in the 70s are Quality of Well-Being (QWB) Index, Sickness Impact Profile (SIP); In the 80s, Nottingham Health Profile (NHP), Quality of Life Index (QLI), COOPCharts; In the 1990s, the EuroQol Index, MOS Functioning and Well-Being Profile (MOS-FWBP), MOS 36-Item Short-Form Health Survey (MOS SF-36), and in 2003 the WHO quality of life questionnaire were developed [5,12,15 ,21].

The most common questionnaire in clinical research is the MOS 36 -Item Short-Form Health Survey (MOS SF-36). (coordinator - John E. Ware, Health Institute, New England Medical Center, Boston, USA) [10, 13 ] .



SF-36 is considered a general questionnaire and has universal value for various nosologies. The data of this questionnaire consists of three main components that allow to assess the psychological, social and medical condition of the subject: functional ability, perception of the level of his health and satisfaction with life, degree of manifestation of symptoms of the disease and its consequences (17).

The following quality of life criteria have been studied [12,17]:

Physical Functioning (PhF). Subjective assessment of the amount of daily physical exertion of the patient during the study. Direct correlation: the higher the index, the more physically active the patient can be.

Role-Physical (RPh). Patient's assessment of the level of limitation of physical activity due to health problems during the last 4 weeks. Inverse relationship: the higher the indicator, the lower the degree of limitation.

Bodily Pain (BP). A description of the limitations of the patient's daily activities due to subjective pain during the last 4 weeks. Inverse correlation: the higher the index, the less pain the patient experiences.

General Health (GH). Subjective assessment of the general condition of the patient during the study. Direct correlation: the higher the indicator, the better the general condition of the patient.

Vitality (V). Subjective assessment of the patient's vital activity (freshness, strength (energy), etc.) in the last 4 weeks. Direct correlation: the higher the indicator, the higher the vital activity of the patient.

Social Functioning (SF). Subjective assessment of the patient's interactions with friends, relatives, work colleagues, and other community members over the past 4 weeks. Direct correlation: the higher the index, the higher the patient's level of social aloha.

Direct correlation: the higher the indicator, the higher the vital activity of the patient.

Role-Emotional (RE). In the past 4 weeks, the patient's daily activities are limited by mental (emotional) problems. Inverse relationship: the higher the indicator, the lower the influence of the mental (emotional) state on the patient's activity.

Mental Health (MH). Subjective assessment of the patient's mood (joy, peace, calmness, etc.) during the last 4 weeks. Direct correlation: the higher the indicator, the higher the mood of the patient.

PhF, RPh, BP, GH pointers i physical health, V, SF, RE, MH while pointers i spiritual health evaluates.



is determined by the ability to work, the patient's ability to perform daily tasks. This indicator of quality of life includes the ability to get enough rest, including sleep, along with components such as resistance to various physical stresses, ability to work, and job satisfaction.

Mental health includes social aspects of the patient (the patient's place in society and family, active participation in community life, etc.) and mental-emotional state.

It includes Physical Functioning (PhF), Role-Physical (RPh), Bodily Pain (BP), General Health (GH), Vitality (V), Social Functioning (SF), Role-Emotional (RE), Mental Health (MH), quality of life. It is evaluated in points according to criteria such as the integrated index of quality of life (IIQL) and its parts (integrated quality of life index of physical health IIQL-PhH and integrated quality of life index of mental health IIQL-MH).

Currently, the quality of life indicator is widely used in practical surgery: organ and tissue transplantation, palliative surgery and oncology. In surgery, the patient's quality of life indicators are usually examined before and after the operation, because the patient's postoperative HLQ is the main factor of the effectiveness of the surgical treatment [6,8,19].

The spectrum of surgical diseases has changed, the development of new surgical methods and technologies requires a serious evaluation of the results of surgical procedures. The development of new treatments in surgery is not always aimed at reducing the likelihood of disease recurrence or improving survival. In the absence of a radical effect of operative treatment, the instruction for surgery can be considered as an independent instruction in order to improve the patient's quality of life [3,12,15].

In short, research on quality of life in surgery is needed to compare treatment programs, evaluate treatment outcomes, improve treatment quality, and monitor it; information about quality of life has prognostic value and is used for the selection of surgical operation and treatment planning in the patient.

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