

QUALITY OF LIFE OF PATIENTS WITH TENSION HEADACHE

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Annotation. A study of the quality of life of 94 patients with tension headache was conducted at the "Humson" resort using the European Quality of Life Questionnaire – 5 areas of health: mobility, self-care, activity in everyday life, pain and mood. Patients were divided into three groups depending on the choice of treatment complex. The first group received balneotherapy and transcranial electrical stimulation of the brain, in the second group balneotherapy was combined with electrophoresis of mildronate endonasally, patients of the third group took only bromine baths and a therapeutic pool. Before treatment, the average health score for all groups was 0.59 ± 0.18 , or 59%. After treatment, the maximum values (89%) of the quality of life indicator were reliably noted in patients who took a course of brominated baths in combination with electrophoresis mildronate endonasally. Thus, the combination of physical methods of treatment and balneotherapy has significant advantages over monotherapy with balneofactors.

Keywords: tension headache, quality of life, European Quality of Life Questionnaire.

In the last decade, there has been a distinct increase in interest in the study of tension headaches (TH). This is dictated by their high prevalence in the population (46-80% of the population), development at a young and working age and a tendency to chronization, causing maladaptation and a decrease in the quality of life of patients. The quality of life is an integral characteristic of the physical, psychological, emotional and social functioning of the patient, based on his subjective perception [4].

A study of the quality of life of 94 patients with TH using a European questionnaire was conducted at the "Humson" resort quality of life — 5 directions (EuroQuality of life, or EuroQol-5D, by Walker S., Roser R., 1993; Kind P., de Charro F., 1998) [2]. This is a widespread European multidimensional questionnaire, which was developed by researchers from the UK, the Netherlands, Norway, Finland and Sweden. The questionnaire consists of two parts: the first reflects the health profile, the second — a visual analog scale for a global assessment of the quality of life.

The first part reflects the following five areas of health: mobility, self-care, activity in everyday life, pain and mood. Three levels of responses are provided for each of the spheres: the first corresponds to the norm, the second to moderate violations, the third to pronounced violations, after which the patient's response is transcoded into points. The questionnaire was filled out by the patients themselves. The test result is expressed as a single digital value, or a health score. The conversion of test results into a health score is carried out using special tables or coefficients. The combination 11111 corresponds to 1 point and reflects the state of "full health". In the future, this indicator is presented as a percentage (1 = 100%). The second part of EuroQol-5D is intended for severe somatic patients and was not used in our study.

Patients were divided into three groups depending on the choice of treatment complex. The first group (49 patients) received balneotherapy and transcranial electrical stimulation of the brain (TES); in the second group (25 patients) balneotherapy was combined with endonasal mildronate electrophoresis; patients of the third group (comparison group — 20 patients) took only bromine baths and a therapeutic pool [1, 3,5, 6].

All patients were diagnosed with TH based on the criteria of the International Classification of Headaches of the first and second revision of 1988 and 2003. The groups were comparable in age, duration of the disease, according to the characteristics of the pain syndrome and psychometric testing. The study was dominated by women (96%), so gender differences were not considered. When comparing the features of the neurological status in the studied groups, no differences were found.

Prior to treatment, in the study of quality of life, not a single patient noted the option of "full health". The average score of the state of health before treatment in the first group and the comparison group was 57%, in the second group — 62%. The average score for all groups was 0.59 ± 0.18 , or 59%.

Indicators of mobility and self-service in all groups corresponded to the first level, that is, patients with TH in these areas of health did not experience difficulties. Household activity was somewhat reduced in all groups of the examined, namely in the first group — in 13 (27%) patients, in the second group — in 7 (28%), in the comparison group — in 12 (60%) patients. Pain and discomfort of varying severity were noted by all patients, regardless of belonging to any group. In the first group, a moderate level of pain and anxiety (level 2) was shown by 19 (39%) patients, a pronounced level (level 3) was noted by 30 (61%) patients. In the second group, the indicators were 7 (28%) patients and 18 (72%) patients, respectively, in the comparison group — equally. Anxiety and depression according to this questionnaire were not experienced by 4 (8%) patients in the first group. Moderate level of anxiety/depression in this group was detected in 20 (41%) of the surveyed, pronounced — in 25 (51%). In the second group there were more patients with moderate changes — 17 (68%) and only 8 (32%) people with severe manifestations. In the comparison group, this ratio was 9 (45%) and 11 (55%) patients, respectively.

In the sections mobility, self-service and household activity, all the subjects noted point 1, which corresponds to the normal state in these areas. There were no pronounced changes in the pain/discomfort and anxiety/depression indicators (level 3) in any of the groups. In the first group, moderate pain and discomfort (level 2) were indicated by 23 (47%) patients, in the second group — 16 (64%) and in the comparison group 16 (80%) patients. Anxiety and depression of the second level were noted in the first group in 19 (39%), in the second group — in 14 (56%) and in the comparison group — in 17 (85%) patients. Consequently, the most significant changes in all indicators occurred in the second group of patients with TH who received a combination of basic therapy and endonasal electrophoresis of mildronate.

The data of the quality of life study, which, according to modern concepts, is an indicator of general well-being and the degree of comfort according to EuroQol-5D, show a significant and comparable increase in the health status score in all groups of subjects, which reflects an improvement in the quality of life as a result of the treatment. The maximum values of this indicator were reliably observed in patients of the second group who took the basic course in combination with mildronate electrophoresis. It can be confidently stated: the combination of physical methods of treatment and balneotherapy has significant advantages over monotherapy with balneofactors.

Literature

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