

# COMPLIANCE RESEARCH RESULTS AND STUDY PROSPECTS IN DIFFERENT DISEASES

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**Abstract:** Article discusses about compliance research results and study prospects in different diseases.

**Key words:** About, compliance, research, results, study, prospects, different, diseases.

We will consider the results of the studies conducted on the compliance to the treatment of various diseases. These analyzes were conducted in order to identify the psychological factors affecting the compliance of a person in treatment during chronic diseases.

A World Health Organization (2003) report reviews research on adherence in long-term treatment. The report considered the characteristics of adherence to treatment in diseases such as asthma, oncological diseases, depression, diabetes, epilepsy, HIV infection, hypertension, smoking cessation, and tuberculosis. The analysis of studies devoted to the study of adherence to treatment in various diseases made it possible to identify several directions of its study:

- 1) research on fidelity in mental health disorders;**
- 2) study fidelity during infection;**
- 3) study adherence in chronic diseases.**

An example of the study of mental health disorders is the research of T.N. Kabanova, V.G. Buligina (2012). These works are dedicated to determining the role of subjective assessment of mental patients, forming their commitment to treatment and prevention of actions that are dangerous to society. 68 male patients diagnosed with organic mental disorders and schizophrenia took part in the study. It has been found that patients with lower than average education and lower professional qualifications are more prone to passionate games and face problems in making positive decisions.

These data intersect with the research results of B.A. Kazakovsev and T.N. Kabanova (2014). They studied the correlation of subjective evaluation of patients with high negative symptoms on the level of cognitive functioning in compulsory treatment. 140 male patients aged 19 to 63, diagnosed with schizophrenia and organic mental disorders in compulsory treatment, participated in the research. All patients were divided into 4 groups according to the degree of manifestation of negative symptoms (rigidity, affect, speech disorder, apatho-abolic disorder, anhedon-asocial and attention disorder): minimal manifestation, moderate manifestation, low manifestation and maximum manifestation. For example, patients with minimal symptoms show different trust in the doctor, active communication with relatives and friends. The condition of patients with high negative symptoms is expressed by distrust of the doctor and indifference to the absence of conflicts with other patients.

Thus, physician collaboration and decision-making factors are important in shaping treatment adherence in patients with mental health disorders.

Research on fidelity in infectious diseases is often conducted with the participation of patients with HIV infection and tuberculosis. Ye.V.Lyubayeva, S.N.Yenikolopov (2011) studied the

description of patients suffering from HIV infection and tuberculosis and the individual psychological role of forming adherence to treatment in them. In extroverts of patients with HIV and tuberculosis, conscientiousness and openness to experience, dependence level of adherence to therapy were found. The authors believe that the low significance of these indicators indicates that it is appropriate to take such patients under psychological observation. Ye.V. Sukhova (2015) studied the behavioral responses of patients to tuberculosis "kleymo" (brand). Patients diagnosed with fibro-cavernous tuberculosis participated in the research. For example, patients do not believe that they will be completely cured, they are tired of long treatment, and it has been found that long treatment in the hospital is depressing for them. Such patients are very concerned about the lack of other effective treatment methods. According to patients, treatment methods cause serious complications and treatment scares them, they change doses on their own, skip taking, and even stop treatment.

T.V. Sherstneva et al. (2017) proposed multidisciplinary approaches to the formation of adherence to treatment in patients with tuberculosis. In particular, they indicate the patient's history of suicidal actions, cognitive weakness, persistent insomnia, emotional-volitional disorders as markers of danger to loyalty.

Thus, intrapersonal and interpersonal factors also play an important role in adherence to treatment in infectious diseases.

Research on adherence to treatment in chronic diseases such as cardiovascular disease, dental disease, osteoporosis, chronic obstructive pulmonary disease, and diabetes mellitus is related to the study of the factors of adherence or non-adherence to therapeutic recommendations.

Ye.V.Grishenko, Ye.A.Naumova, Yu.G.Schwarz (2009) studied the long-term effect of pirlindole drug on adherence to treatment of depressed patients with heart disease. Due to the low compliance with antidepressants, the researchers noted that antidepressant treatment with pirlindole does not affect the long-term treatment of patients, and regular intake of drugs by patients with cardiac diseases does not affect adherence to treatment.

N.Yu. Juravskaya (2015) studied the specific characteristics of adherence to treatment of patients with cardiovascular diseases after stroke with drugs. He noted that the rate of adherence to drug treatment is very low. Adherence to treatment depends on factors related to illness (especially pre-stroke depression and anxiety), doctor and doctor-patient relationship (trust in doctor's instructions, access to information about one's patient, treatment effectiveness, self-efficacy). factors related to the possibility of influencing the course of the disease).

In the treatment of patients with arterial hypertension, O.V. Machilskaya (2016) introduced the factors determining adherence to treatment based on the analysis of the literature on the course of the disease, its duration, age and ethnic characteristics of patients, lifestyle, psychological character and mental disorders.

Ye.V. Sitkina et al. (2019) studied the peculiarities of the formation of compliant behavior in dental clinic patients. It is known that the dental health (health of the mouth and teeth) of the patients improved significantly after the doctor fully explained the hygiene rules, which testifies that the patients followed the doctor's recommendations. .

In women, scores on the internal locus of control scale changed the rate of dental discomfort at the first visit to the dental office. Women's internal responsibility for their dental health made it possible to control their own health, monitor the state of the oral cavity, rely on the opinion of a stranger - to follow the recommendations of a doctor-dentist.



Ye.A. Trifonova, A.V. Chernoray, I.O. Chumakova (2014) studied the role of relationships in the formation of the prognosis of mental adaptation in patients with cardiological diseases with a threat of death before hospitalization. They found that men and women have different predictions of adherence to medical recommendations. Among men, anxiety appeared as a factor in trying to quickly follow the doctor's instructions. Among women, anxiety showed low compliance and played the role of a seeker. Based on these data, the authors assume that in order to ensure adherence to medical instructions, it is necessary to reach the highest level of emotional tension and anxiety, which means danger and at the same time reflects the possibility of controlling the situation.

L.P. Yevstigneyeva et al. (2012) proposed an informational program for patients with osteoporosis and reported the impact of the program on treatment adherence. One finding of the study was that adherence was better in the period leading up to re-consultation: adherence to treatment was poorer when patients were not called for re-examination. In other words, research has revealed the role of treatment monitoring in supporting treatment adherence. It was shown that economic status had no effect on adherence to treatment: those who worked were found to be less committed to treatment than those who did not work.

Yu.P. Zinchenko, Ye.I. Pervichko and others (2011) studied the compliance of patients with chronic obstructive pulmonary disease. 85 patients diagnosed with OSOK and their treating doctors participated in the study. As an example, when it was reported that almost all the conditions for treatment were created, the examined patients (more than 65%) showed low compliance in treatment. The level of compliance among patients undergoing inpatient treatment is higher than among patients undergoing outpatient treatment.

The non-compliance of patients increased due to the fact that they did not follow the doctor's instructions not to smoke.

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