

EVALUATION OF THE QUALITY OF LIFE OF PATIENTS
WITH LIVER CIRRHOSIS

O'rinov A.M.

Alfraganus university

Liver diseases are spreading all over the world. According to the World Health Organization, liver cirrhosis is the tenth leading cause of death among all diseases. In addition, liver diseases do not affect the quality of human life.

The aim is to evaluate the quality of life of healthy people and patients with liver cirrhosis according to the SF-36 questionnaire.

Materials and methods. 89 patients with cirrhosis of the liver were included in the study as the main group, and 30 healthy people who underwent examinations and did not have liver cirrhosis as a control group. Patients of the main group were also divided into 2 groups according to the administration of Probiotic "BST". A patient who was not prescribed probiotic "BST" was taken as a comparison group. All respondents were given a questionnaire at the beginning of the study and at the end of the research.

Criteria for assessing the quality of life according to the SF-36 questionnaire:

1. **Physical activity.** The respondent gives a subjective assessment of the extent of limited physical activity in the current state of health. Here a proper correlative relationship occurs; the higher the index, the greater the physical load the patient thinks he can perform.

2. **The role of physical problems in life activity limitation.** The respondent is asked to rate the level of limitation of daily activities due to health problems during the last 4 weeks. In this case, an inverse correlation occurs; according to the patient, the higher the indicator, the less limited his activity.

3. **Pain.** The patient describes the role of his pain sensations in the limitation of daily activities during the last 4 weeks. There is an inverse relationship; the higher the score, the less mixed pain sensations that affect daily activities.

4. **General condition.** The respondent gives a general subjective assessment of his current state of health. Observed in a correct correlational relationship; the higher the overall index, the higher the patient's assessment of his health.

5. **Life skills.** The patient evaluates the tone of freshness in his life during the last 4 weeks. The right relationship; the higher the score, the higher the respondent's assessment of their vitality in their life, or the more time they felt energized and refreshed in the last 4 weeks.

6. **Social activity.** The patient subjectively evaluates the level of relationships with friends, relatives, colleagues in the last 4 weeks. The correct correlation is observed; the higher the index, the higher the patient's level of social interaction.

7. **The role of emotional problems in limiting life activities.** The respondent rates the level of limitation of daily activities related to emotional problems during the last 4 weeks.

An inverse relationship is observed; if the indicator is high, according to the respondent, his emotional state has less influence on his daily activities.

8. Mental health. The respondent evaluates his mental mood (joy, peace, calmness, etc.) during the last 4 weeks. Correct correlation is observed; the higher the score, the better the patient's mood or feeling calm and relaxed during the 4 weeks..

Results. The obtained results show that there is a reliable difference in all scales of the SF-36 questionnaire between people with liver cirrhosis and healthy people.

Among healthy individuals, it was found that there is a moderately strong inverse correlation between physical activity (RF), the role of physical problems in the limitation of life activities (RR), general health (GN) and their age ($r=-0.56$). A negative moderately strong correlation was also found in patients with liver cirrhosis ($r=0.49$). It was found that there is a moderately strong inverse correlation between the duration of the disease and the physical and mental components of health in patients ($r=0.62$ and $r=0.58$, respectively). It was found that the correlation between disease level and physical and mental components of health is equal to $r=-0.65$ and $r=-0.61$, respectively.

There was no statistically significant difference in the experimental group, although the indicators of vital activity (VT) improved. Physical activity (RF), the role of physical problems in the limitation of life activities (RR), pain (VR), general health (GN) and the role of emotions in the limitation of life activities (RE) were statistically significantly different ($p<0.05$). Social functioning (SF) was 41.3 before the study and 53.4 at the end of the study (29.3% increase), and mental health (MH) went from 51.9 to 63.8 (22.9 %) increased ($p<0.01$).

Summary. From the obtained results, it can be concluded that the quality of life indicators of the group prescribed a diet enriched with hepatoprotector and probiotic "BST" increased compared to the comparative group. This leads to an increase in the life expectancy of patients.