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## The study of psychological personality profile of patients experiencing bronchial asthma and chronic obstructive pulmonary disease

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### Abstract

The modern tempo and living conditions led to the growth of the factors, provoking the development of a great number of human diseases. At present moment the medical science is going through a great burst of respiratory diseases. The most wide-spread diseases, which cause great economic losses, are bronchial asthma and chronic obstructive pulmonary disease. Numerous studies showed that anxiously depressive states of the patients with the mentioned pathology are accompanied by quite widespread psychological disturbances. It is important to note that a similar state of patients is also observed in the period of remission. Depression and anxiety that the patients, having chronic obstructive pulmonary disease, experience are particularly pronounced. 185 people – the patients, having bronchial asthma, - took part in the study conducted by us. Among them there are 50 people having a mild degree of disease severity, 110 people have a medium degree of severity and 25 - have a severe degree of disease. The average age of the patients is 38 – 56. 145 people were included into a group of the patients experiencing chronic obstructive pulmonary disease (COPD). Among them there are 95 people, who are the patients of II<sup>nd</sup> stage of disease severity, and 50 people have III<sup>rd</sup> stage of disease. The average age was 57 – 63. The conducted studies prove the necessity of providing psychological support for the patients experiencing bronchial asthma and chronic obstructive pulmonary disease at all stages of medical social rehabilitation. Application of the modern methods allows attaining the full range of treatment of more than 75% of patients.

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### 1. Introduction

At present bronchial asthma (BA) maintains the positions of growing prevalence not only in the Russian Federation, but also abroad. This growth of the incidence rate is accompanied by the growth of the rates of disability and

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social disadaptation of the patients in modern society (see Global strategy of diagnostics, treatment, and preventive measures of chronic obstructive pulmonary disease. M.: Atmosphaera, 2008, pp. 26-30).

Raising the question concerning chronic obstructive pulmonary disease (COPD), we imply the disease of all world society. According to WHO's forecast, by 2020 COPD will be the second disease among all the rest diseases of the adult population. It may result in early disability and mortality among the working-age population ( see Celli B R (1995) Standards for the diagnosis and care of patients with chronic obstructive pulmonary disease - current concepts and future prospects, Abstracts of Intern Workshop, 14-15 Dec 1995, Seville, Spain. pp. 28-31).

Achievements in the field of medicine allow a practitioner to use medicaments, directed at achievement of the complete control over the disease. But in practice, the most important thing in a treatment process appears to be the degree of compliance, which can be achieved between a practitioner and a patient. What are other methods that can be applied in the treatment of patients, having BA and COPD? This is certainly a psychocorrection (see Smulevich A.B. (2010) The need for psychopharmacotherapy and organisation of psychiatric support in somatic hospital, *Clin. medicine*. No 10, pp. 22-27). A great variety of clinical implications that the patients, having the mentioned pathological states, experience allows us to consider the formation of a definite psycho-status of patients. A comprehensive study of BA and COPD represents a scientific interest for practical medicine, which proved to be an actual problem also in our research (see Ovchinnikov B.V., 2005) The basics of clinical psychology and medical psychodiagnostics. St. Petersburg).

## 2. Materials and methods of study

Only 330 people took part in the study that we conducted. Among them there were 185 patients being ill with bronchial asthma. Among them there were 50 patients, who had a mild degree of disease severity, 110 patients had a medium degree of severity and 25 people had a severe degree of disease. The average age of the patients was in the range of 38 – 56.

The group of patients, having chronic obstructive pulmonary disease (COPD), comprised 145 people. Among them there were 95 people, having the II<sup>nd</sup> stage of disease severity, and 50 people, having the III<sup>rd</sup> stage of disease. The average age was in the range of 57 – 63.

The patients were included into the study by means of random selection at the stage of regular medical check-up in the conditions of MI "Surgut district clinical hospital" of the consultative diagnostic outpatient department. The observation was conducted in the course of 2012 – 2014.

Conducting a multilateral study of the personality of the patients having BA and COPD, we applied the method, proposed by a standardized and adapted Minnesota inventory (MMPI). This inventory provides the opportunity of conducting the assessment of psychological status of the examined patient according to 13 scales. Three scales are evaluative, and the subsequent three are clinical ones.

The patients were offered to give either a positive or a negative response during the poll. The data, obtained as a result of the poll, were converted into T-points. One point corresponds to 0, 1 of root-mean square deviation. The limit from 30 to 70 T-points were considered to be the norm.

The use of T-norms allows obtaining comparable scores of each of the studied tendencies.

For statistical processing of the material the application package STATISTICA 6.0 (Stat Soft Inc) was used. The Student criterion (t), Wilcoxon criterion were used for assessment of the significance of differences of the quantitative variables in two linked samples; the U-criterion of Mann-Whitney was used for assessment of significance of differences of quantitative variables in two independent samples; Mac Nemara criterion % was used for linked samples; and the two-sided precise criterion of Fisher was used for independent samples for comparison of variables, presented in the form of frequencies; the correlation analysis was conducted by means of calculation of the correlation coefficient of Spearman (Glants S., 1995; Gelman V.Y., 2002; Rebrova O.Y., 2002).

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