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JIF = 1.500	SJIF (Morocco) = 2.031	

SOI: [1.1/TAS](#) DOI: [10.15863/TAS](#)

International Scientific Journal Theoretical & Applied Science

p-ISSN: 2308-4944 (print) e-ISSN: 2409-0085 (online)

Year: 2016 Issue: 7 Volume: 39

Published: 30.07.2016 <http://T-Science.org>

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**SECTION 21. Pedagogy. Psychology. Innovations
in the field of education.**

ORGANIZATION OF THE PSYCHOLOGICAL SUPPORT IN THE CARDIOLOGY CLINICS

Abstract: Article deals with the organization of the psychological care of patients suffering from cardiovascular diseases, especially coronary heart disease and hypertension. It is noted that the role of psychologist at the stationary phase is to advise the physician in cases that do not require psychiatric treatment. In this work of psychologist is not limited to the diagnosis. The psychologist may use known methods of psychological influence, educate psycho-correction techniques, to help solve the internal conflicts of the patient, a better understanding of the disease. The author notes that in the course of providing psychological assistance to cardiac patients a good knowledge of the psychology of the patient, his personal characteristics and capabilities, its understanding and attitude to the disease certainly can and should increase the effectiveness of health care.

Key words: psychology of the patients, personal characteristics, clinical psychologist, psycho-correction, the response to disease, cardiovascular diseases, therapy and rehabilitation.

Language: English

Citation: Narmetova YK (2016) ORGANIZATION OF THE PSYCHOLOGICAL SUPPORT IN THE CARDIOLOGY CLINICS. ISJ Theoretical & Applied Science, 07 (39): 28-31.

Soi: <http://s-o-i.org/1.1/TAS-07-39-5> **Doi:**  <http://dx.doi.org/10.15863/TAS.2016.07.39.5>

Diseases of the cardiovascular system occupy a leading place in the structure of overall morbidity and disability population. By common of these, include coronary heart disease (CHD), hypertension and cerebral arteriosclerosis. In recent years, there has been a tendency to increase the incidence of coronary heart disease among younger persons. Many studies have found that 33-80% of patients with cardiovascular diseases, mental changes occur. During ischemic pain attack patients includes anxiety, thoughts of death from a heart attack, hopelessness and despair. These patients live with the constant fear of disturbing re-attack; they analyze any changes of heart activity in response to the slightest discomfort in the heart. It is no coincidence that of the non-psychiatric physicians with psychological problems most often encountered by cardiologists [1, p.43-44]. Clinical psychologist in cardiology clinic focuses mainly on differential diagnosis. However, there is now a widening of the scope of activities of psychologists in the treatment process to include experts in these issues of social adaptation of patients with different clinical entities groups.

Knowing the psychology of the patient, his personal characteristics and capabilities, its

understanding and attitude to the disease certainly can and should increase the effectiveness of health care. Qualitative psychological testing is one of the most important aspects of correctional work at all its stages.

As wrote M.Ya.Mudrov, [2, p.22] "knowing each other mutual actions of body and soul, duty honor to note that there is mental medication that the doctor's body. They are exhausted from the science of wisdom, most from psychology: his art to comfort the sad, angry soften; soothe impatient, abruptfrightentimid to make a bold, frank hidden, desperate intentioned. Simart is reported that fortitude that wins bodily pain, anguish, throwing. "

From a psychological point of view, the clinical psychologist-leading task is to correct the patient's attitude to his illness, the formation of an adequate relationship and maintain it throughout the diagnostic and treatment and rehabilitation process. This essentially is a psychological aspect and employees of medical institutions. Normalization of understanding of the disease, proper evaluation and attitudes achieved through an appeal to the individual, as well as the impact on the surrounding environment of the patient. The process of adjustment to disease provides maximum

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mobilization of reserve capacity of a patient for the successful examination and treatment, the formation of endurance and courage in the fight against the disease and its consequences in order to quick return to an active life. The importance of acquiring the normalization of emotional reactions to the manifestations of the disease, the removal of emotional tension, anxiety and suspiciousness-all increase the psychological stability of the patient. Create in hospitals favorable psychological climate, judicious use of his influence on the patient's relatives and friends, as well as medical staffs are improving the mood of the patient, the disappearance of distrust of the survey methods, and their fear of the emergence of hope and confidence in the recovery.

The role of the psychologist on the stationary phase is to advise the physician in cases that do not require psychiatric treatment. In this work of psychologist is not limited to the diagnosis. The psychologist may use known methods of psychological influence, educate psycho-correction techniques, to help solve the internal conflicts of the patient, a better understanding of the disease. An important element of the work of the psychologist is to prepare the patient for discharge, and later in life, the assimilation of medical advice on life style change, and to prepare the patient for the subsequent stages of secondary prevention and rehabilitation. Thus, the psychologist is necessary a specialist in cardiology. It should be noted that in the cardiac clinic constantly have to deal with somatogenic and psychogenic disorders. Somatogenically caused by mental disorders are more common in anxious-hypochondriac patients with hypochondriacally fixation on his condition. The requirements of complaints, in addition caused a major disease is often diagnosed much neurosis disorders: weakness, lethargy, fatigue, headache, disturbance of sleep, fear for their condition, excessive sweating, rapid heartbeat, and others. In these patients the various affective disorders a recurrent anxiety and anguish of varying severity. Such violations often observe in patients with hypertension, coronary heart disease.

One of the basic adjustment methods of personal reactions of patients, according to many authors, is psychotherapy [3, p.30]. The latter is defined as a complex medical impact mental resource on the psyche of the patient, and through the whole body in order to eliminate the painful symptoms and changes in attitude to the disease itself and the environment. Psychotherapeutic effects as one might think now, should be based on the dynamics of the disturbed relationship of the individual to the health and the social environment. Nowadays huge success of pharmacotherapy, leaving far behind the flag of all that has been created in the history of medicine, we are experiencing the decline of psychotherapy (auditory training, music therapy, psychogymnastics,

hypnosis, etc.). Main place in psychotherapy belongs to the so-called small, everyday psychotherapy conducted psychologist or physician.

In our opinion, the most adequate cardiological clinic so-called rational psychotherapy expository, soothing, distracting activating nature, indirect suggestion, taking into account the individual characteristics of the person, the nature of the disease and the severity of the general condition. The main goals of psychotherapy is an explanation of the role of the patient in the success of treatment and rehabilitation, correction scale experiences, the activation treatment, suppression of adverse reactions (self-centeredness, care in illness, indifference, etc.). The main task - reconstruction of relations of the individual patient by a conscious and purposeful re-education. The use of psychotherapy in the cardiology practice has its own characteristics. The object of psychotherapy are a variety of cardiovascular diseases, but primarily with psychosomatic orientation - heart disease and arterial hyperons. It should be emphasized that psychotherapy appears here, as in other diseases, as one of the important components of the treatment carried out by a specialist, but keeping the patient responsible for his treatment as a whole belongs to the doctor - a cardiologist or physician. Without dwelling on the more detailed and technical implementation techniques of various kinds of therapy, as they are well described in a manual, it should be emphasized that in somatic clinic apparently relatively rigid recommendation of a possible embodiment of psychotherapy. Various psychotherapeutic methods are designed to produce almost identical results. And the main task of any kind of psychotherapy is to awaken in the patient's will to recovery, to inspire him to improve confidence in the reality of his condition and unobtrusively and gradually help them to realize their own role and level of responsibility in the process of treatment. [4, p.28]

The aim of psychological counseling cardiac patients is also helping the patient to understand some of the inevitable consequences of the disease, which at the present level of science cannot be eliminated. The patient can expect more improvements have very vague ideas about what is going on in the treatment, including what is required of him. It is necessary to bring the expectations of the patient in accordance with the realities of the therapeutic situation.

At the stage of hospital treatment to begin psychological rehabilitation, it is important to evaluate how the present psychological state (related to the disease, the type) and to identify the premorbid personality traits, family circumstances and relationships at work - social circumstances. In the task of rehabilitation include not only the restoration of the previous patient's psychological balance, and

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correction of the previous life style, which led him to the disease. If you cannot correct all the psychological lifestyle risk factors remain opportunistic with respect to the repetition of the disease.

Correction of attitude to the disease - this seems to be a certain system of psychological and physiological functional reorganization of the patient for the development of psychological protection and restructuring of its units against the disease. This restructuring involves smoothing extreme variants and pathological forms of personal reactions, in a word "to teach the patient to be ill and be treated" [5, p.272]. Recovery is often not accompanied by a full return to the premorbid personality structure and the formation of new motivations, attitudes, desires, aspirations, which reflect changes in attitudes towards themselves and others. Knowledge of the value system of the patient, that is what he has lost, and that what can be replaced at any value reoriented, what are its prospects, helping "to heal not only the body but the soul." Very rarely come across patients with whom you can talk openly about the complexity of the disease, the need in-depth examination. For the majority of patients received a new survey should be explained. Communication with the patient still is the most intense and difficult. Psychotherapeutic aspects have to be taken into account during questioning, clarifying the history, which gives a lot, sometimes much more than history, reassembled researcher. The patient must feel that the details of his complaint, the facts of the communications are of great interest to the questioner. Caution is needed when examining and status. The consultant should beat the same time careful not to be avoided underscore excessive attention to any point.

Rehabilitation, according to the WHO definition takes into account the clinical and biological, psychological and social factors in the process of sanogenesis(1.6). Rehabilitation should be aimed not only at eliminating manifestations of the disease, but also on the development of patient characteristics that help to optimally adapt it to the environment. [6, p.31] Psychological support helps to overcome barriers to rehabilitation, eliminates installation on hospitalism, relieves fears and eliminates the possibility of ipohondrization. It should be taught to anticipatamalad just ment, look for the causes of the patient device, and change the negative attitude towards the situation. Hyperactualization peronality of experiences associated with prior CVD, in some cases significantly complicate the rehabilitation of patients return to work and doing psychotherapy one of these sential elements of comprehensive rehabilitation[7, p.3]

During psychological counseling should be an idea of the possible rehabilitation of the patient from the point of view of the state of his psychological and

social personality structure. In particular, it is necessary to determine the willingness to learn, the degree of preservation of professional skills, the level of cultural information, education, and other objects, and the ability to respond to requests of the social environment. [8, p.129]

One of the main tasks of rehabilitation is to teach the patient to perceive the disease and the vicissitudes of life so that they do not impede the achievement of its objectives. During psychological counseling is necessary to know the problems facing patients. [9, p.34] He needs to ensure and restore a sense of dignity and value, eliminate low self-esteem and increased dependency. [10, p.268]

Thus, the main task of psycho-correction relationship to disease is the reconstruction of the personality to release depending on the disease by focusing on the ability to achieve those or other life goals based on health status. [11, p.736]

When operating in the clinic psychologist must follow the following rules: Individual psychotherapy should be carried out in the form of interviews lasting 25-30 minutes, including sedation, information, explanation, clarification of all elements of the internal picture of the disease. The position of the psychologist must be flexible combines emotional support, confrontation(compare is on inadequate position of the patient with reality) and stimulation activities, positive reinforcement appropriate behavior during treatment. Every patient spend 5-6 interviews. [12, p.123]

With regard to diseaseanosognostic main task of psychotherapy to create a patient a correct understanding of the disease, eliminating the information deficit, introduction to research data, the destruction of stereotypes patients" of a strong body that will overcome the disease without treatment," a suggestion to the patient the need to revise its image life. Positive reinforcement of adequate behavior.

Patients with sensitivity and anxiety-sensitive type of attitude to the disease are most needed emotional support. The focus needs to be done to improve the self-esteem, social confidence, the ability to correct their lives. Anxious-hypochondriacally type, a combination of psychotherapeutic and psychopharmacological agents. Psychotherapy should be aimed at stimulating the activity of the patient, the development of interest in work, spiritual values, strengthen the resilience of the belief in recovery.

Group psychotherapy should be these cond part of the psychological rehabilitation. It should be conducted in groups of 5-6 people. Patients should be included in the group after the preparatory phase. During individual conversations with the patient should be created motivation for this unknown kind of the rapy for him.

Presumably, autogenously training can be more indicated in patients younger, features original

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thinking, a tendency to abstraction creative activity. Breathing-relaxation therapy is preferably recommended for persons with a high level of control behavior and a tendency to group activities in the age range of 45-55 and 55-60 years. The technique of biofeedback in ischemic heart disease and hypertension in all age and gender groups in

individuals who are prone to increased activity, change activity, the search for the logic in any situation.

It must be emphasized that it is very important for psychological correction measures in cardiology clinic interaction and mutual understanding between doctors and psychologists.

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