American Journal Of Social Sciences And Humanity Research

VOLUME Vol.05 Issue02 2025
PAGE NO. 49-52
DOI 10.37547/ajsshr/Volume05Issue02-11

Empirical study of the psychoemotional area of patients with thyroid disease

Jumaniyozova Shakhnoza Rajabboy kizi
Urgench State Pedagogical Institute, Teacher of the Department of "General Psychology and Primary Education Pedagogy", Uzbekistan

Received: 12 December 2024; **Accepted:** 14 January 2025; **Published:** 16 February 2025

Abstract: This article presents a review of the impact of thyroid disease on the psychoemotional state of patients in various research studies. In the study, 40 patients with thyroid disease and 40 healthy people were administered the Giessen questionnaire, and the results were analyzed.

Keywords: Psychological state, mental disorder, cognitive sphere, psychic factors, hyperthyroidism, hypothyroidism, subjective degree of illness, subjective malaise intensity, somatic disorders, depression, lethargy.

Introduction: Today, thyroid disease is one of the most common diseases. In addition to external factors, psychological factors also play an important role in the development of thyroid disease. Empirical studies of the psychological state of patients with thyroid disease are of great importance in medicine and psychology. The disease affects the general condition of the patient, including the physiological, cognitive, and mental state [3]

The World Health Organization considers thyroid disease as a global problem due to its widespread prevalence today. Therefore, WHO pays special attention to social and public health in order to reduce the spread of thyroid disease. One of these methods is to provide knowledge about thyroid disease, its treatment, methods, and prevention among the population, and to promote the widespread dissemination of information [1].

WHO supports the development of measures to study the medical and psycho-emotional state of patients with thyroid disease, to expand treatment options. Our study is also aimed at empirically studying the psycho-emotional state of patients with thyroid disease [2].

Literature review

We have conducted many scientific studies and studies devoted to the impact of thyroid disease on the psycho-emotional state of a person. One of these researchers was the Russian scientist S.P. Botkin, who in 1884 conducted the first scientific experimental work on thyroid diseases and their psycho-emotional impact. S.P. Botkin identifies possible changes in the mental state of patients with hypothyroidism and hyperthyroidism.

Changes in the psychoemotional state of patients with hypothyroidism:

- Depression and lethargy: depression, general weakness in the body, a predominant feeling of fatigue, low energy.

Changes in the psychoemotional state of patients with hyperthyroidism:

- Anxiety and nervousness, a feeling of instability, difficulties in self-control, etc.

Botkin emphasized the importance of psychotherapeutic methods, mental recovery and psychological support in the treatment of patients with thyroid disease, along with special medications [6].

Another research work by scientists Grigoriev and Pavlova devoted to the influence of thyroid diseases on the human mental state, studying the psychological disorders of the disease based on their experiences. In the study of scientists, they determined and analyzed the effects of hypothyroidism and hyperthyroidism on the psychoemotional state of the patient, as a result of which the patient's mood is depressed, anxious, and

depressed. According to the content of the study, the researchers found that in patients with hypothyroidism, as a result of hormonal disorders, the patient's tendency to constantly be depressed and prone to depressive states is high, and as a result of the disease, the overall energy of the body in patients is low. As a result, depression prevails in the patient's mental state.

Hyperthyroidism (increased thyroid function) can cause various symptoms such as anxiety, irritability, frequent mood swings, insomnia, and in some cases hallucinations. In this type of thyroid disease, patients may exhibit a rapid and aggressive mood [7]. The studies of Grigoriev and Pavlova suggest the need for medical, as well as psychological, support in thyroid diseases.[7]

METHODOLOGY

This study was based on the analysis of the literature studied and the scientific research works of E.A. Grigoriev and Pavlova. In order to empirically study patients, the Giessen questionnaire was administered to 40 patients with thyroid disease and 40 healthy people undergoing treatment at the Republican Specialized Endocrinology Medical Center, and the results were analyzed. This methodology was adapted at the Bekhterev Institute of Psychoneurology. This questionnaire determines the intensity of complaints about emotional changes in a person's mood. The natural state of a person affects the emotional stereotype of his behavior. This is the result of the influence of somatics on the psyche. The opposite may also be true, the emotional stereotype in a person affects the internal experiences of a person in his natural state.

The emotional stereotype of behavior affects the perception of organic conditions. In medicine, there is a concept called "Subjective level of illness". Unlike the objective manifestation of somatic disorders, the subjective level indicates the emotional state of a person's health. Each sensation is accompanied by a subjective feeling. The sum of such sensations determines the intensity of subjective malaise.

RESULTS

The minimum score on the weakness scale is 13.00, the maximum score is 36.00. The average value is 23.20. The standard deviation is 5.82. The norm on this scale was from 17 to 29 points. Asymmetry (A=.120) and Excess (E=-.811) were . (Table 2)

The minimum score on the Stomach Complaints Scale was 13.00, the maximum score was 32.00. The mean value was 20.85. The standard deviation was 5.71. The norm on this scale was from 15 to 27 points. Asymmetry (A=.347) and Excess (E= -1.097) were. (Table 2)

The minimum score on the Body Pain Scale was 13.00, the maximum score was 33.00. The mean value was 23.58. The standard deviation was 5.80. The norm on this scale was from 18 to 29 points. Asymmetry (A=-.211) and Excess (E=-.851) were the scores. (Table 2)

The minimum score on the Heart Complaints Scale was 13.00, the maximum score was 30.00. The mean value was 19.55. The standard deviation was 4.51. The norm on this scale was from 15 to 24 points. Asymmetry (A=.481) and Excess (E=-.393) were the scores. (Table 2)

The minimum score on the Pressure Complaints Scale was 55.00, the maximum score was 119.00. The mean value was 86.20. The standard deviation was 19.45. The norm on this scale was from 67 to 106 points. Asymmetry (A=.154) and Eccentricity (E=-1.253) were the scores. (Table 2)

Descriptive statistics for the Giessen questionnaire (n=40).

Table 2.

	Number	Minimum	Maximum	Average value	Standard deviation	Asymmetry	Excess
Weakness	40	13,00	36,00	23,20	5,82	,120	-,811
Stomach complaints	40	13,00	32,00	20,85	5,71	,347	-1,097
Pain in various parts of the body	40	13,00	33,00	23,58	5,80	-,211	-,851
Heart complaints	40	13,00	30,00	19,55	4,51	,481	-,393

Pressure complaints	40	55,00	119,00	86,20	19,45	,154	-1,253

The compliance of the scales with the normal distribution according to the Giessen questionnaire was checked. According to the analysis of the results, it was observed that the data on the fatigue scale conformed to the law of normal distribution. (Z= 0.688; p>0.05). It was observed that the data on the stomach complaints scale conformed to the law of normal distribution. (Z= 0.948; p>0.05). It was observed that the data on the pain scale in various parts of the body conformed to the law of normal distribution. (Z=0.611; p>0.05). It was observed that the data on the heart complaints scale conformed to the law of normal distribution. (Z=0.723; p>0.05). It was observed that the data on the pressure complaints scale conformed to the law of normal distribution. (Z=0.902; p>0.05) (Table 6)

The compliance of the methods with the law of normal distribution was checked using the Kolmogorov-Smirnov criterion (n=40)

Table 6.

	Z	P
Weakness	0,688	,731
Stomach complaints	0,948	,329
Pain in various parts of the body	0,611	,850
Heart complaints	0,723	,673
Pressure complaints	0,902	,390

There was no gender difference in the level of confidence on the weakness scale (t=-1.165; p>0.05). This scale was the same in men and women. (Table 8)

There was no gender difference in the level of confidence on the stomach complaints scale (t= 0.237; p>0.05). This scale was the same in men and women. (Table 8)

There was no gender difference in the level of confidence on the pain scale in different parts of the body (t=-0.935; p>0.05). This scale was the same in men and women. (Table 8)

There was no gender difference in the level of confidence on the heart complaints scale (t=-0.958; p>0.05). This scale was the same in men and women. (Table 8)

There was no gender difference in the level of confidence on the pressure complaints scale (t= -0.667; p>0.05). This scale was the same for men and women. (Table 8)

Gender differences in the results of the Giessen questionnaire (Student's test n= 40)

Table 8.

	Gender	Number	Average value	Standard deviation	T	p
Weakness	Male	4	20,00	5,60	-1,165	,251
	Female	36	23,56	5,81		
Stomach complaints	Male	4	21,50	5,51	0,237	,814
	Female	36	20,78	5,80		
Pain in various parts	Male	4	21,00	3,16	-0,935	,356

of the body	Female	36	23,86	5,98		
Heart complaints	Male	4	17,50	1,73	-0,958	,344
	Female	36	19,78	4,67		
Pressure complaints	Male	4	80,00	15,25	-0,667	,509
	Female	36	86,89	19,92		
	Female	36	41,67	6,09		

CONCLUSION

From the study conducted on patients with thyroid disease and healthy people, we can conclude that the patients had higher scores on the Giessen Methodology scales than healthy people. From this analysis, we can say that thyroid diseases have a negative impact on the psychoemotional state of the patient. It was also found that the scores on the scales were the same in men and women.

REFERENCES

Dilbar Abdullayevna. (2024). THE NEED FOR SOCIAL-PSYCHOLOGICAL STUDY OF THE PSYCHOEMOTIONAL STATES OF ADOLESCENTS WITH SOMATIC DISEASES. News of the NUUz, 1(1.1.1), 215-219. https://doi.org/10.69617/uzmu.v1i1.1.1.741

Уразбаева, Д. (2017). ОНКОЛОГИК БЕМОРЛАРНИНГ ШАХСИЙ ЭМОЦИОНАЛ СОҲАСИГА ПСИХОТЕРАПЕВТИК ТАЪСИР ҚИЛИШ. ВЕСТНИК КАРАКАЛПАКСКОГО ГОСУДАРСТВЕННОГО УНИВЕРСИТЕТА ИМЕНИ БЕРДАХА, 35(4), 46-50.

Urazbaeva, D. A. (2020). Specific peculiarities of conducting psychological actions with oncology patients. International Journal of Current Research and Review, 12(16), 126-129.

Urazbaeva, D. (2024). TIBBIYOT SOHASIDA PSIXOLOGIK XIZMATNI TASHKIL QILISH ZARURATI. Молодые ученые, 2(6), 39-42

Kemp.S.(2019). eMedicineSalomatlik.2020 yi 1-iyun kuni emedicinehealht.com

Hamroyevx.T, Narboyeva A.N. Endokrinologiya. Samarqand-2012. B-66-70.

Григорьева Е.А., Павлова Е.А.Депрессия и тиреотоксикоз // Социалная и клиническая психиатрияю – 2010. – Т.20.- № 2. – С. 100-107.