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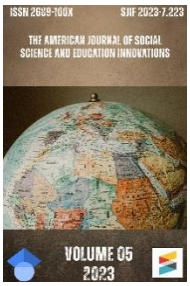

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Research Article

PSYCHOLOGICAL FEATURES OF PERSONAL ATTITUDE TO DIABETES DISEASE

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ABSTRACT

The peculiarities of the attitude of the individual to the disease and treatment in diabetes mellitus are analyzed in the article. The research is conducted in the frames of a biopsychosocial approach towards health and disease (G.Engel), V.N.Myasischev's theory of attitudes. The tutorial "Attitude type towards disease" (L.Vasserman) was used as a research method.

At all stages of the development of medical science, there was a violation of the therapeutic order. As early as the Hippocratic era, the problem of loyalty and the patient's lying about taking the drug was an urgent issue. Despite the changes in medical practice and in-depth reforms, the problem of adherence to doctor's recommendations remains relevant even in the current period, over the past decade this direction has become the subject of independent scientific research not only in medical practice but also in clinical psychology.

The phenomenon of treatment adherence is considered in the science of psychology from the side of various approaches, theories, structures, and factors. Hence, there are loyalty models of biomedical, behavioral, communicative, cognitive, and self-management (e.g., L. Myers, K. Evidence, 1998; M.X. Karamyan, 2010).

I.E. Leppic gives a broad definition of compliance- basically: it represents the type of patient Hulk, the degree of complability, and the pursuit of purpose. In his views, the scientist includes the patient's taking the medicine on the Hulk, regular visits to the hospital, and proper adherence to the doctor's instructions. The absence of complacency can be explained in a narrow framework as follows: the patient takes the drug in the wrong dose (in very small quantities or overstates), how many times does not follow the procedure of administration and duration, or takes another drug that the doctor does not recommend at all. In particular, the issues of adherence to treatment in diabetes have not been studied by scientists from Uzbekistan. However, B.X. Shagazatova (2004) on the issue of improving the basics of medical social care and treatment-prevention measures, D.I. Ilkhamova (2003) –

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characteristics of the sex of the age of an individual in cardiovascular diseases, M.X. Karamyan-conducted research on the nature of the value relationship of the attitude to health.

An analysis of the work devoted to the attitude to treatment and commitment to therapy shows that, in general, the question of its basis in diabetes mellitus, in the second – of the connection between the commitment to treatment and the motivational – values of the individual is little studied. In other words, despite our understanding of the importance of psychological factors in the constructive formation of the attitude to treatment, research on the dependence of loyalty on individual-motivational characteristics was found in patients with Type 1 and Type 2 sugar diabetes.

KEYWORDS

Personality, disease, diabetes mellitus, personality's attitude to disease, personality's attitude to treatment, emotions, behavior.

INTRODUCTION

The patient's attitude towards treatment influences the prevention of the disease and the effectiveness of treatment. In particular, the issue of attitude to treatment in patients with diabetes mellitus, a chronic disease, is very acute.

Diabetes mellitus is a chronic disease that occurs when the pancreas does not produce insulin and develops as a result of ineffective absorption of insulin produced by the body [1]. According to the World Health Organization (WHO) as of October 30, 2018, there are approximately 422 million people with diabetes worldwide. The disease is a leading cause of blindness, heart attack, kidney failure, stroke, and leg amputation. Based on this, 1.6 million deaths recorded in 2016 were due to diabetes [2]. According to WHO, in 2017, mortality from diabetes in Uzbekistan amounted to 5636 people, or 3.34% of total mortality [3].

Diabetes can be treated and its complications can be managed through diet, smoking cessation, physical activity, and regular medication. These actions are closely related to treatment adherence and are an important component of treatment response.

Diabetes can be treated and its complications can be managed through diet, smoking cessation, physical activity, and regular medication. These actions are closely related to treatment adherence and are an important component of treatment response.

A person’s attitude towards the disease is reflected in many characteristics, including attitude towards treatment [4]. For example, illness manifests itself as fear, fatigue, blaming doctors and other people, or, conversely, denial of the illness, the belief that the illness does not affect one’s life. Treatment attitudes include, for example, treatment avoidance, panic, and seeking new treatments.

Diabetes mellitus is a chronic disease, and reducing its severity depends on the patient’s commitment to constructive behavior [5]. According to the World Health Organization, a person's recovery from diabetes depends on their attitude.

For example:

Control your blood sugar levels through proper diet, physical activity, and medications;

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Control blood fat and blood pressure to reduce the risk of heart disease and other diseases;

Carrying out regular clinical monitoring aimed at identifying complications of the eyes, kidneys, and feet to prescribe modern treatment methods [6]. In this article, we examine the responses of patients with diabetes to the disease response and treatment response blocks of the two blocks of the Disease Response Questionnaire.

LITERATURE REVIEW

The concept of attitude to illness and treatment has been studied by many scientists (F. Alexander, R. A. Luria, V. N. Myasishchev, V. V. Nikolaeva, I. Svetkova, etc.) [7;8;9;10;11]. Often in the psychological literature, attitude to treatment is studied through loyalty (complicity)

L. Myers, K. Midens; R. Kadyrov; E. A. Naumova, Yu. G. Schwartz, etc.) [12; 13; 14].

The phenomenon of treatment adherence is considered in psychology from different approaches, theories, structures, and factors. Therefore, there are biomedical, behavioral, communicative, cognitive, and self-management models of loyalty (for example, L. Myers, K. Midens, 1998; M.K. Karamyan, 2010) [15].

I. E. Leppik gave a broad definition of compliance, mainly: the type of behavior of the patient, the level of compliance, and the desire for a goal. The scientist also includes in his views that the patient takes medications, regularly visits the hospital, and follows the doctor's instructions. In a narrow sense, lack of compliance can be explained as follows: the patient takes the wrong dose of the drug (too little or too much), does not follow the order and duration of administration, or takes another drug that was not recommended. generally a doctor [13].

In particular, Uzbek scientists have not studied issues of adherence to diabetes treatment. However, B.H. Shagazatova (2004) on the issue of improving the fundamentals of medical and social care and treatment and preventive measures, D.I. Ilkhamova (2003) - on characteristics of a person's age and gender in cardiovascular diseases, M.K. Karamyan - researched the nature of value relations attitude towards health [16;17;18]].

RESEARCH METHODOLOGY

When studying the motivational and value characteristics of a person's attitude towards treatment, a comprehensive and multifaceted analysis is carried out.

Firstly, in the process of conducting the study, characteristics of attitude towards treatment were determined, including behavioral components - cognitive, emotional, and loyal. Secondly, the study determined the motivational and value characteristics of attitudes towards the treatment of patients with diabetes mellitus. Thirdly, the possible connection between the motivational and value characteristics of patients' attitudes towards treatment and adherence indicators was studied.

For this reason, J. Angel's systemic biopsychosocial approach, V. N. Myasishchev's attitude theory, and communicative, cognitive, and self-management models of loyalty were chosen as the methodological basis for the empirical study.

For this study, we consider the above-mentioned contemporary research, approaches, and theories as a basis.

DJ. Based on Engel's systemic biopsychosocial approach, we can say that biological, psychological,

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and sociological factors have a great influence on human health and illness.

Diseases arise not only under the influence of biological factors, but also as a result of the system of human activity, and in addition to biological elements, the psychosocial system (personal, dyadic, family and social relationships) is also involved in the process. DJ. Engel argues that health and disease are determined by many interacting factors [19]. In other words, according to the views of J. Angel, the medical concept of health and illness often ignores the attention, care, and motivation of a person [20].

In our study, attitudes and high levels of treatment adherence may be determined not only by biological and social (socio-economic) factors but also by several psychological factors.

We chose the biopsychosocial model of health and illness as the methodological basis for the study because it takes into account the following:

first, the psychosocial context for viewing health and illness;

secondly, the role of emotional, motivational, and personal qualities in assessing human health.

The psychological meaning of attitude, based on V.N. Myasishchev's theory of attitude, is that it is a form of reflection of the surrounding existence in human behavior [21].

V.N. Myasishchev emphasizes that a person intervenes in the system of relations in society from birth to death and in every possible way forms his subjective attitude to existence. This system consists of specialized components that determine a person's attitude to the outside world and himself: character, temperament, and abilities.

Communication, cognitive, and self-monitoring models of treatment adherence [23].

The main idea of the communicative model of treatment adherence is the understanding of the importance of the interaction style of medical personnel. Interaction with patients, understanding and effective communication of medical personnel, and stability of relationships between patients and doctors are factors that increase treatment adherence [24]. In the cognitive model of medication adherence, among the social-cognitive factors, the health belief model, social-cognitive theory, and the theory of planned behavior are important [25;26].

Self-efficacy is highlighted as an important social-cognitive factor in the cognitive model of medication adherence. A. Bandura's social-cognitive theory highlights self-efficacy. This quality expresses a person's self-confidence and the ability to use fully all their capabilities to achieve their goals [27].

ANALYSIS AND RESULTS

When studying the motivational and value characteristics of a person's attitude towards illness and treatment, a comprehensive and multifaceted analysis is carried out. First, in the process of conducting the study, characteristics of attitude towards treatment were determined, including behavioral components - cognitive, emotional, and goal-oriented. Secondly, the study determined the motivational and value characteristics of the attitude toward the treatment of patients with diabetes mellitus. Thirdly, the possible connection between the motivational and value characteristics of patients' attitudes towards treatment and adherence indicators was studied.

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When we analyzed support for blocking the emotion-related response to illness, higher rates were observed in patients with type 1 diabetes. We see that their worries about their future, as well as their ongoing treatments and medications, have left them extremely emotionally drained. Type 2 diabetes is more likely to cause feelings of avoidance from others than type 1 diabetes, just because of the disease. People with type 1 and type 2 diabetes mellitus in the emotional characteristics of their attitude to the disease more often choose the following confirmation options: "My illness scares me" (66.7% and 55.1%, respectively), "My illness scares me." I am irritable, impatient and irritable" (66.7% and 53.1%, respectively), "I feel that my illness is more serious than the doctors diagnosed" (49% and 30.6%, respectively) 1 - Table.

Table 1.

Distribution of answers to questions related to emotions in the "Attitude towards illness" block, %

No	Confirmations	%		
		All selection H=100	Type 1 sweet diabetes H=51	Type 2 sweet diabetes H=49
1	My illness scares me	61	66.7	55.1
2	My illness makes me angry, impatient, and irritable.	60	66.7	53.1
3	I feel that my illness is much more serious than the doctors diagnosed.	40	49.0	30.6
4	My illness depresses me as if people are avoiding me.	23	29.4	16.3
5	I'm so sick of this disease that I don't care what happens to me	20	17.6	22.4
6	I am healthy and I am not bothered by illnesses	31	33.3	28.6
7	I know whose fault I got sick and I will not forgive this person	38	39.2	36.7

My illness scares me

When analyzing the confirmation of the block of attitudes towards the disease, depending on the opinions of the patients, it was found that patients with type 1 and type 2 diabetes mellitus (72.5% and 83.7%, respectively) try not to think about the disease and live a carefree life, and the associated complications with their disease (49% and 30.6%, respectively). At the same time, patients also noted the statement that "doctors exaggerate the danger of my disease" (43.1% and 22.4%, respectively).

When studying the responses of patients with type 1 and type 2 diabetes mellitus to the behavioral questions of the disease response block, it turned out that "I'm trying to overcome the disease, I work as before and work even more" (75.4% and 75.5%, respectively), "I am I try my best not to overcome the disease" (62.7% and 67.3%, respectively), "I feel special because my illness is different from others and requires attention" (39.2% and 53.1%, respectively) chose affirmations.

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When we analyzed responses to questions related to emotions, patients with type 1 and 2 diabetes said: "I feel overwhelmed by endless procedures, I just want to be left alone" (19.6% and 16.3%, respectively), "I get upset and angry when treatment does not work" (51.0% and 36.3%, respectively) and "The difficulties and risks associated with future treatment frighten me" (56.9% and 40.8%, respectively)) chose affirmations.

When analyzing the results, it turned out that emotional support for treatment attitudes was higher in patients with type 1 diabetes. They are always afraid of future dangers. They avoid various treatments related to their disease and use only reliable medications. Table 2 provides answers to questions related to the patient's attitude to the disease and thoughts.

Table 2.

Distribution of answers to questions related to patients' opinions in the "Attitude towards treatment" block, %

No	Confirmations	%		
		All selection H=100	Type 1 sweet diabetes H=51	Type 2 sweet diabetes H=49
1	I do not believe in luck in treatment and consider it useless.	34.0	27.5	40.8
2	I don't need any treatment	18	19.6	16.3
3	I feel like I am being prescribed medications and treatments that I don't need and being pushed into unnecessary surgeries.	21	25.5	16.3
4	Among the methods of treatment used, there are harmful ones that, in my opinion, should be prohibited.	32	31.4	32.7
5	I feel like I'm being mistreated	20	19.6	20.4
6	With all the new medications, treatments, and surgeries, I have endless thoughts about the complications and risks associated with them.	31	29.4	32.7

This table presents the patient's answers to questions about his attitude towards the disease as follows: patients with type 1 and type 2 diabetes mellitus "I don't believe in luck in treatment and consider it useless" (27.5% and 40.8%, respectively), "I don't know treatment is required" (19.6% and 16.3% respectively), "I am prescribed medications and medical procedures that I do not need, unnecessary surgery, I believe that it will contribute to the practice" (25.5% and 16 .3%, respectively), "Among the treatments used, there are harmful ones that, in my opinion, should be prohibited" (31.4% and 32.7%, respectively), "I feel that I am being treated incorrectly" (19. 6% and 20.4%, respectively) "All new medications, treatments, and surgical procedures give me endless thoughts about the complications and risks associated with them" (29.4% and 32.7%, respectively) chose affirmations.

In answers to questions related to the patient's attitude towards the disease, patients with type 1 and type 2 diabetes mellitus said: "I avoid various methods of treatment, if I think less about it, then I believe that my body will defeat the disease" (68.6). % and 55.1%, respectively), "I am looking for new methods of

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treatment, unfortunately, I am always disappointed" (27.5% and 30.6%, respectively), "Medicines and medical practices very quickly have an unusual effect on me, and this surprises doctors" (29.4% and 26.4%, respectively), "I would be ready for the most painful and dangerous treatment to get rid of the disease" (60.8% and 42.9%, respectively), chose affirmations such as "I avoid talking about treatment with other people" (39.2% and 24.5%, respectively).

There are differences between the responses of patients with type 1 and type 2 diabetes mellitus depending on the block of attitude towards the disease and attitude towards treatment of the Attitudes towards Treatment questionnaire. People with type 1 diabetes are emotional about the disease and constantly think differently about it. Behavioral evidence for this block has a high percentage of type 2 diabetes. Therefore, patients with type 2 diabetes try not to let the disease defeat them.

Conclusion/Recommendations. Thus, biopsychosocial approaches to the concept of illness and health, communicative, cognitive, and self-management models of treatment adherence, and the theory of relationships by V.N. Myasishchev allowed us to study the complex motivational and value characteristics of adherence to treatment in diabetes mellitus. These theoretical and methodological approaches include the main factors - socio-demographic (gender, age, level of education), medical (type of diabetes, duration of the disease), motivational (self-efficacy, locus of disease control, self-control), and value. distinguish between factors (the content of life).

In conclusion, the emotional state of patients with type 1 diabetes is much higher in the treatment response block. In contrast, patients with type 2 diabetes were found to have different beliefs about treatment. In terms of behavior during treatment, the indicators of patients with type 1 diabetes mellitus were significantly higher. We believe that this situation is because the rates of type 1 patients are higher than those of type 2 patients since they have experience with treatment.

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