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FEATURES OF PSYCHOLOGICAL REHABILITATION IN PATIENTS WITH EYE INJURIES

Niyazova Zebiniso, Nurkhodjaev Sabir,
Akhmedzhanova Aziza, Abdullaev Shakhzodbek
Tashkent Pediatric Medical Institute
Andijan State Medical Institute

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Abstract: Of particular rehabilitation and prognostic interest is visual acuity of the remaining single seeing eye, which remains high in 87.7% of cases. Taking this factor into account, true disability occurred only in 5.75% of cases, in the remaining 94.25% high monocular adaptive conditions remain.Questionnaire studies among children show a 30% decrease in activity in relations with peers, deterioration in school performance - 56.5%. Questioning among adults shows a change in plans for the future of the child - in 47.7% of cases, parents note the physical inconvenience (suffering) of children in 65.5%. This indicates that a child with a traumatic illness develops a state of chronic stress.

Keywords: eye injuries, psychological rehabilitation, children, ophthalmic problems.

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Eye injuries occupy a leading place among other causes of visual disability and constitute 16.7% of primary people with disabilities with a fluctuation from 3% to 28.6% [1,2,3,4]. The organization of ophthalmologic care continues to remain in the center of attention of ophthalmologists and health care organizers, as damage to the organ of vision still remains one of the causes of blindness and disability. More than 70% of all injuries to the eye are people actively involved in work. At the same time, more than 20% of those hospitalized for ocular injury were discharged from the hospital with visual acuity below 0.05, including in 5% of patients, the outcome of the injury was enucleation [5]. At the same time, the overwhelming majority (76-80%) of the disabled received an eye injury in the conditions of production, being at the young most able-bodied age. Among occupational injuries of all localizations, eye injuries are in 5th place and make up 95%, which is disproportionately high, given the

small surface of the eyeballs relative to the total body surface (0.15%) [6].

Assessing the economic damage that eye injuries cause to society,it is very important to take into account the long-term consequences of injuries. A significant part of the victims will need time-delayed ophthalmic interventions [7]. 24.4% of disabled people need a rational labor arrangement, 18.6% need professional retraining [8].

Children's injuries and its consequences remain constant in the structure of ocular morbidity throughout the world [9,10, 11, 12]. According to generalized literature data [13], eye injuries in childhood account for an average of 35-46.8% of the total pediatric ophthalmology, or 9-10% of all childhood injuries. At the same time, new patterns and tendencies emerged in the pediatric ophthalmopathology, which requires their refinement and more detailed study.

Injuries to the organ of vision are one of the leading causes of blindness and low vision in children, as they arise in the context of the continued growth of the eyeball with the incomplete functional formation of the visual apparatus [14,15]. The immaturity of nerve tissues, hormonal and humoral statuses, high permeability of barrier systems, low activity of specific and nonspecific immunity, especially reactivity and metabolic processes in the children's body cause more severe course and outcome of eye damage.

According to Sh.M. Dadamukhammedova (2005) in 2003, 6,662 patients were admitted to the emergency room of the city children's hospital in Tashkent on an emergency basis. Of these, 51.3% with an organ injury. According to the damage conditions, household (40.8%) and school injuries (36.5%) prevailed, street injuries occurred in 16.5% of cases, and others (transport, birth, etc.) - 86.0% of cases. Among the damaging factors, mechanical factors prevailed - in 71.6%, thermal - in 11.4%, combined - in 11.5%, chemical factors - in 5.4% of patients. Eye damage in boys was observed in 67.4%, in girls - 32.6% of cases. Eye injuries in boys were most common between the ages of 8 and 13, girls aged 5-7 and 8-9 years.

The structure of injuries according to appealability was as follows: superficial damage to the cornea and conjunctiva (erosion, foreign bodies - in 55.2% - 40.2% of cases, contusion - in 22.9% - 15.4%; burns 12.9% - 9.8%, injuries of the manhole guard - 12.1% - 8.3%, penetrating injuries of the eye - 3.1% - 2.6%, non-penetrating injuries - 1.2% - 1.0%.

9.4% - 12.1% of those who first asked for help were hospitalized. In the structure of hospital injury, contusional injuries prevail 23.4 - 58.8%, perforated injuries - 15 - 44%, burns 7 - 11.9%, injury of the auxiliary eye apparatus - 6.2 - 17.3%.

A special group consists of children who have undergone enucleation of the eyeball (7.5%)

in the outcome of the injury. Against this background, the most difficult task of the medical and social services is the prospective prognostic assessment of rehabilitation measures, allowing optimal integration of one-eyed children into the society.

Of particular rehabilitation and prognostic interest is visual acuity of the remaining single seeing eye, which remains high in 87.7% of cases. Taking this factor into account, true disability occurred only in 5.75% of cases, in the remaining 94.25% high monocular adaptive conditions remain.

Questionnaire studies among children show a 30% decrease in activity in relations with peers, deterioration in school performance - 56.5%. Questioning among adults shows a change in plans for the future of the child - in 47.7% of cases, parents note the physical inconvenience (suffering) of children in 65.5%. This indicates that a child with a traumatic illness develops a state of chronic stress.

Rehabilitation wishes should include qualified help from a psychologist, which most often takes on a prosthetic doctor, a doctor, less often parents. Given the violation of the plans of the parents in relation to themselves and the child for the foreseeable future, psychological training should also be recommended for the parents.

The strategic direction in the fight against eye injuries should be considered the administrative and legislative level, which makes it possible to evaluate it as a centralized injury prevention; the tactical task remains to reduce the risk of blindness by optimizing and improving treatment, diagnostic and rehabilitation activities at the level of regional specialized services - eye centers with the tasks of clinical examination and rehabilitation. The best way to maintain a sufficient level of fighting injuries and its consequences is to create targeted programs with targeted funding.

Extremely important are the development of methods for joint actions of general practitioners and ophthalmologists, familiarizing specialists with elementary methods of providing first aid for injuries to the organ of vision, studying the mental state of an injured person who has lost his sight, developing preventive measures and treating rescuers [16,17,18,19].

The social consequences of severe visual impairment can lead to disability - an important medical and social category that can serve as an integral indicator of public health, social well-being, conditions and quality of life. In the scale of factors determining the state of disability, the main indicators are morbidity, the socio-economic characteristics of the country, the demographic situation, the activities of the health care and social welfare services, the economic environment, etc. The consequences of injuries are one of the main causes of disabling visual disorders and are 16% of the total. Mostly disability is caused by household (56%) and criminal

(18%) injuries, in the outcome of which in 25% of cases anophthalmos, in 13% - subatrophy of the eyeball, in 30% - various cornea of the cornea. In the nosological structure of childhood disability, eye injury is 10.5% [20,21,22, 23, 24].

The main form of medical and social assistance for people with disabilities is rehabilitation, the purpose of which is to restore the health and social status of a disabled person to eliminate or compensate for limited life activities caused by a health disorder [25, 26, 27, 28, 29]. The first and key link among different types of rehabilitation is rehabilitation treatment and other medical rehabilitation measures, which need from 70 to 90% of disabled people in separate groups. Realization of this need is extremely insignificant, in most regions it does not exceed 5-10%.The relationship between medical rehabilitation and its other stages - psychological correction, vocational, social and household rehabilitation - is insufficient. Due coordination and continuity of the rehabilitation activities of medical institutions and services of medical and social expertise are not everywhere [30, 31, 32, 33].

Clinical and statistical analysis shows that the greatest success in preventing blindness and rehabilitating people with ophthalmology disabilities has been achieved in those regions where new forms of organization of ophthalmological care for the population are being implemented, advanced, most advanced organizational, diagnostic, medical, and information technologies have been implemented [34, 35, 36 , 37, 38, 39].

V.A. Momot et al. (2006) studied the prevalence and structure of disability in the All-Russian Society of the Blind. The results obtained in the study of the incidence of visually impaired persons and the peculiarities of their psychological status showed that disabled people are less susceptible to psychosomatic and somatic disease, but at the same time the proportion of psychological disorders and psychogenic pathology of the neurotic level is significantly higher than those of non-working disabled people. (68% of all neurotic disorders found in workers with disabilities). In general, the number of mental disorders of the neurotic level in visually impaired persons averages 12-15% of the total number of diseases. Psychological disorders are much more common. Their prevalence among visually impaired workers is 78% of the total. The authors believe that this is caused by additional mental traumatization in the form of problems associated with the performance of professional activities (conflicts with superiors, employees, the subjective feeling of uselessness of work performed, lack of moral satisfaction, etc.). In addition, disabled workers more often experience psychological problems caused by the presence of frustrating events (the impossibility of achieving their goals), situations

involving a sense of inferiority, or excessive demands from others. It is obvious that non-working disabled people are excluded, to some extent, from the social circle, which undoubtedly leads to a violation of interpersonal relations. Therefore, non-working visually impaired persons have been given such stressful factors as abad relationship with people around them (conflicts with neighbors, friends) and social problems (difficult financial situation, poor living conditions, disruption of the usual household environment in an apartment, or other familiar place: open doors, extended chairs, etc.).

The results of the study of the psychological state of the visually impaired allowed the authors to conclude that psycho-prophylactic and rehabilitation measures are needed to improve social adaptation and improve the quality of life of people with disabilities living in urban areas. Persons with disabilities living in large regional, regional and republican centers are more susceptible to the adverse effects of psycho-traumatic factors, among which the problems of forced mobility restrictions and difficulties of movement and orientation in urban areas come first (problems of this kind were found in 90% of visually impaired people).). While people with disabilities living in rural areas, the above listed adverse factors occur in 12% of cases.

Recently, much attention has been paid to the definition of goals, objectives and directions for improving and intensifying the process of rehabilitation of people with limited livelihoods. Nevertheless, despite significant improvements in the field of social transformations, the level of ongoing rehabilitation work is not always satisfactory for the present day. The problem of improving the effectiveness of rehabilitation measures is also relevant for people with visual impairment. Solving this problem will make it possible, from a new point of view, to assess the process of rehabilitation of blind people in general, regarding rehabilitation as a system of complex measures, including medicine, psychology, defectology, typhoid pedagogy, etc. [40,41,42,43].

Modern living conditions themselves make quite high demands on the state of the physiological functions and mental qualities of people with disabilities. Under the influence of factors leading to loss of vision, various changes can occur, accompanied by the development of such functional states as psycho-emotional tension, fatigue, and psychological exhaustion, which significantly reduce the adaptive capabilities of the disabled and contribute to the formation of various diseases. Modern science is particularly acute for the rehabilitation of people with disabilities, which includes aspects not only of traditional medical rehabilitation activities, but also a number of socio-psychological, vocational-pedagogical and other factors [44,45,46].

One of the areas of rehabilitation of persons with disabilities is vocational rehabilitation, which refers to the process and system for restoring the competitiveness of a disabled person in the labor market. Vocational rehabilitation includes vocational guidance, vocational training and education, vocational adaptation and rational employment of a disabled person. Vocational education as a system and process of mastering the knowledge, skills and abilities of a particular professional activity plays a decisive role in the vocational rehabilitation of persons with disabilities, since it creates the basis for the implementation of the principles of equal opportunities [47].

The traditional approach to disability as a problem of the circle of "sick, painful, disabled, disabled" people in our country led them to segregation, which, on the one hand, deprived them of the opportunity to develop and use their potential opportunities in difficult economic conditions, on the other - made almost insuperable inaccessibility of the environment, deepening the isolation of persons with disabilities from the spheres of using their individual resources to improve their financial situation, including through education.

The study, development and practical implementation of measures for the social protection of persons with disabilities with the pathology of the organ of vision, the blind and the visually impaired is the prerogative of clinical and social ophthalmology, the field of scientific and practical activities.

Based on clinical ophthalmology, social ophthalmology studies the medical and social consequences of visual disorders, solves the medical and social problems of blindness and disability due to visual impairment.

The main tasks of clinical and social ophthalmology is:

- study of the epidemiological, clinical, social and hygienic aspects of the problem of blindness and visual disability;
- scientific development of methodological, clinical, social, organizational positions and criteria for ophthalmological medical and social expertise;
- theoretical development of principles, methodology, methods and organizational forms of medical and social rehabilitation of the blind and visually impaired.

A very important integral indicator of public health and the effectiveness of measures to protect it are data on disability.

Of fundamental importance in the system of social protection of persons with disabilities is medical and social expertise, the conceptual position of which has now undergone fundamental changes.

The concept of disability that responds to international views treats it as "social insufficiency due to disability" caused by an impairment of health with a persistent disorder of body functions. With such an approach, the social consequences of the disease (injuries, defects) are assessed with the analysis of the

main sequentially interrelated conditions that form the disability: disease ? persistent impairment of functions ? disability ? social insufficiency (disability). The modern concept required the transformation of the service of medical-labor expertise into medical-social expertise, the creation of its other structures and, most importantly, the scientific development of new methodological approaches, criteria, principles of expertise.

The main importance is acquired by a comprehensive assessment of the health status and degree of disability, from the whole diversity of which such major categories for social sufficiency of a person as the ability for self-care, independent movement, orientation, communication, training, work, and control of their behavior are highlighted. All this fully applies to ophthalmic medical and social expertise [48,49,50,51,52].

Such an analysis assumes a detailed assessment of the clinical and functional characteristics of the visual analyzer and other body systems, determining the type, course, clinical prognosis of ophthalmopathology and possible comorbid diseases, the degree of activity of the mechanisms involved in compensating the visual defect, the level of adaptation to it, the analysis of social, social -the environment, occupational factors, determine the psychological characteristics of the individual [53,54,55,56].

In assessing the ability to work and communicate, a more differentiated analysis is needed to determine the compliance of all the parameters of the clinical and functional state of the organs of vision, especially professionally significant functions, with the requirements imposed by the nature and working conditions. The data of ophthalmoenergy studies are of great importance, mainly for persons working in visual professions. The importance of such an analysis has increased in recent years due to the introduction of new industrial technologies, the technical re-equipment of industry, and the widespread computerization of production technologies (57.58, 59.60.61).

A comprehensive assessment of the above positions allows you to determine the social consequences of visual impairment, the presence, group and cause of disability, the degree of need of a sick person in social protection [62,63,64,65].

The main measure of the social protection of a disabled person is rehabilitation - the process and system of medical, psychological, pedagogical, social and economic measures aimed at eliminating or possibly fully compensating for the disability caused by a health disorder with a persistent disorder of body functions.

Studies conducted by the ophthalmologists of FTSERI testify to the very high neediness of the visually impaired in various types of medical and social rehabilitation [66]. So, 92% of disabled people need medical rehabilitation, 72% need professional vocational

rehabilitation, 42% of disabled people need social and psychological adjustment.

Formation of rehabilitation programs provides for the mandatory differentiation of rehabilitation measures, an individual-personal approach, determined by the factors causing disability of patients and the level of its rehabilitation potential. In this case, an important position should be not only determining the degree of loss or violation of medical and social status, but also identifying their safety, availability of compensatory-adaptation reserves, the activation of which can contribute to medical and social rehabilitation of the disabled person.

Of particular note is the difficulty in organizing eye prosthetics, especially in children who require frequent changes of individual prostheses. Serious deficiencies, often the lack of clinical examination of patients and people with disabilities with severe progressive forms of ophthalmopathology, negatively affect the results of medical rehabilitation.

Social integration of people with disabilities is recognized by the UN as the most promising direction of world social policy towards people with disabilities. Achieving the social integration of the blind and visually impaired, optimizing their quality of life requires the development and implementation of a comprehensive program of measures, including a significant expansion of research on problems of clinical and social ophthalmology, taking into account the current state of scientific knowledge in the field of clinical ophthalmology, related sections of medicine, social sciences, socio-economic state of the state and its objectives for the protection of health and social protection of the population [67].

Research results indicate the need for social, medical, psychological, and vocational rehabilitation among visually impaired persons in order to fully adapt to ever-changing living conditions [68,69,70,71].

It should be noted that an integrated approach to the object of rehabilitation in combination with medical, psychological, social, and pedagogical profile measures makes it possible to more effectively solve problems of optimizing the rehabilitation process of visually impaired persons. Creating a unified system of comprehensive rehabilitation of blind and visually impaired people, adherence to common organizational principles and the search for the most effective ways of solving problems, as well as proper organization of the activities of the rehabilitation institution create prerequisites for restoring the body's functional capabilities, improving health and quality of life, and more fully meeting the needs disabled people in various activities.

An analysis of the scientific literature has shown that, both in the foreign press and in Uzbekistan, there are few complex social and hygienic works devoted to ophthalmological traumatism.

Meanwhile, it is such studies that would play an important role in recognizing the risk factors for injury to the visual analyzer, developing methods for its prevention, and rehabilitation of patients. Many of these issues are still pending. Interest in ocular trauma is great due to the little knowledge of all aspects of this type of lesion. There is no doubt that the most promising are preventive measures aimed at preventing injuries. Prevention of eye injuries is one of the priorities of practical health care and goes far beyond purely ophthalmic problems.

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