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SPECIFIC AND NON-SPECIFIC QUESTIONS USED TO EVALUATE PATIENTS WITH ULCERATIVE COLITIS FOR QUALITY OF LIFE

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Annotation. The study's findings about the quality of life (QoL) of inflammatory bowel disease patients are presented in the article based on the patients' social and demographic traits as well as clinical data. Patients with ulcerative colitis showed a multidirectional decline in their quality of life (QoL) components.

Keywords: quality of life, inflammatory bowel disease, medical plants

Introduction

Inflammatory bowel disease patients frequently need lifetime medical care. Telemedicine monitoring, which is frequently predicated on a physician's evaluation of the findings of a remote patient survey, is a promising subset of these healthcare services. To identify a list of criteria assessed by a questionnaire for future use in the monitoring and treatment of patients with inflammatory bowel illnesses, the Delphic technique was employed.

The research participants' expert group was made up of gastroenterologists with a range of professional backgrounds. An electronic survey form was developed in order to gather data, and it asked for the participant's term of service. There were three phases of the investigation. In the initial phase, the participants responded to an open-ended inquiry on the parameters that should be tracked in patients with inflammatory bowel disorders based on questionnaire assessments. The participants responded to the identical question in the second stage, selecting things from the proposed list without regard to quantity.

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The examination of the replies was the third phase of the research. The attainment of more than 75% of respondents' agreement on each criterion was regarded as the main outcome. The severity of the course and the existence of comorbidities make inflammatory bowel disorders (IBD), especially ulcerative colitis, a significant public health concern. Additionally, the necessity for costly medical care.

They frequently negatively affect patients' physical and mental well-being as well as their social possibilities, which has a substantial effect on both health and quality of life [1]. Both globally [2] and in Uzbekistan [3], the prevalence of IBD is continuously rising. Of patients with ulcerative colitis, 55.4% are over the age of 21, and 48.5% are between the ages of 21 and 40 [4]. Due to the recurrent nature of the disease, individuals with IBD often require lifetime monitoring; nevertheless, the best way to treat these patients outpatient throughout the remission phase is yet unknown.

The utilization of telemedicine technology is one of the potential strategies for managing IBD patients at the outpatient stage. When compared to patients getting normal care, patients under remote monitoring have a much improved quality of life and have fewer medical visits [5]. However, the question of what precisely has to be evaluated comes up when employing remote monitoring. There is no question about the significance of assessing the required laboratory markers, such as fecal calprotectin and C-reactive protein. Other elements, such as a psychological status that is not assessed in standard practice, are crucial for a patient's quality of life in addition to IBD activity indices.

A practical and pertinent way to assess different Questionnaires are used to gather information about the patient's condition. In addition to not requiring large time or cost commitments, they give the doctor the information they need, such as the clinical activity of IBD or the patient's willingness to treatment. Studies often assess the disease's activity and related quality of life; less frequently, they assess depression, adherence to medication, patient satisfaction with care, and overall quality of life [5].

The evaluation of visceral sensitivity [6], the impact of the illness on one's capacity to work [7, 8], and sexual activity [9] in individuals with IBD are the subjects of certain studies. However, the selection of certain endpoints is not supported by the research's authors.

Therefore, the lack of agreement on the characteristics that are assessed with their assistance is a barrier to the standardization of the use of questionnaires in the care of patients with IBD. Our study's objective was to develop the list of criteria required for the supervision

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of patients with IBD using a questionnaire and the Delphic technique, which assesses the expert opinion of gastroenterologists.

MATERIALS AND METHODS

A group of gastroenterologists who treat medical plants IBD were asked to take part in a survey between December and january 2024-25 in order to come to an agreement on the inclusion or exclusion of certain criteria in the evaluation of the disease during patient treatment and follow-up. The Delphic technique was selected for the decision-making process since it enables us to investigate regions outside the current ones and receive a collective judgment with a suitable degree of trustworthiness. understanding [10].

Prior to the study's commencement, a review of publications on patient exams with IBD by the use of questionnaires. Following a survey of the literature, the directions were established (Table 1) and assessed in both Uzbekistan and international writers' works. Convenience sampling, which selects the most available respondents for a survey, was used to create the participant sample. The Delphi study group's size, recommendations, and a clear definition of "small" or "large" samples are all up for debate [11, 12]. Size selection: Our research's key was established in accordance with R.B. Akins et al., who demonstrated the durability of the Delphic method's results for a group of 15–23 study specialists [13].

Phase I Indicating the duration of duty as a gastroenterologist was a requirement for survey participation. Initially, the participants responded to an open-ended question that read, "In your perspective.

The responses from the initial phase They were divided up into four groups: evaluation of the psychological condition; evaluation of therapeutic activities; • evaluation of life quality; .

The clinical picture of UC includes four clinical syndromes:

■intestinal syndrome – typical intestinal symptoms: blood in the stool, diarrhea, symptoms ;

■endotoxemia syndrome;

Metabolic disorders: weight loss, dehydration, hypoproteinemia, hypoalbuminemia, hypokalemia and other electrolyte disorders;

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systemic extra-intestinal autoimmune manifestations: arthropathies, skin lesions, aphthous stomatitis, eye lesions, primary sclerosing cholangitis, etc.

SYMPTOM	FREQUENCY OF SYMPTOM	FEATURES OF SYMPTOM
Diarrhea	65%	Mainly nocturnal diarrhea
Blood in the stool	95-100%	The amount of blood varies from streaks to clinically significant bleeding depending on the degree of endoscopic activity
of Tenesmus	35-40%	Emergency urge to defecate with the release of blood, mucus,pus, inflammatory exudate with almost no feces. Tenesmus is typical of proctitis and reflects activity in the rectal mucosa. The combination of diarrhea and tenesmus indicates a common lesion with higher activity in the rectum
Constipation	is Rare	Usually combined with tenesmus. Caused by persistent intestinal spasm above the affected area with proctitis or proctosigmoiditis
, abdominal pain	is optional	of a Spastic nature, more often before defecation

Phase II The participants were required to choose things from the proposed list at this step. The query was structured as follows:[8] "Select those items from the list below that, in your opinion, are important to evaluate in a patient with inflammatory bowel disease as during treatment of the attack, as well as during dynamic observation in remission"

the response choices that emerged from a review of the PubMed database's literature. We defined the endpoints of these trials by analyzing original research and systematic reviews assessing the efficacy of treating individuals with IBD. The quantity of alternatives that might be chosen was unrestricted.

The survey respondents were invited to add their response to the first stage question at the conclusion of the second stage, without revealing the language of their earlier responses.

Phase III An examination of the replies was conducted during the third stage of the study. The main objective was to get an agreement over the inclusion of measures for evaluating the patient's status[18].

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The language and software environment were utilized for data analysis. The Shapiro-Wilk test was used to determine if the distribution was normal. "Average value"± "standard deviation" is displayed for variables with a normal distribution. The median value and the interquartile range are displayed for variables whose distribution deviates from the norm. An assessment of the relationship between factors regarding It was ascertained by computing the correlation coefficient's Spearman or Pearson ranks, depending on the kind of distribution. We interviewed the participants once the study was over. The following queries were posed:

• Which type of question—one with many responses or one with an open-ended format—was easier to respond to?

• Why, in your opinion, did some things fail to receive enough votes? (This question had certain items that did not obtain seventy-five percent of the votes.)[19] Outcomes Of the 15 participants in the research, 13.3% were men. Participants' average age He was between the ages of 25 and 53, and his age was 36.6±9.9. Of all responders, 54% work in hospitals and 46% are employed by outpatient and polyclinic institutions, where they provide medical services. The research did not have any respondents who left. Fig. 1 displays the participants' distribution by job experience.

Table 4. Classification of UC severity in Uzbekkistan clinical guidelines

INDICATOR	SEVERITY OF THE CURRENT EXACERBATION (ATTACK) UC			
	MILD	MODERATE	SEVERE	SUPERHEAVY
Blood stool frequency, times / day	< 4	≥ 4	≥ 6	≥ 10
Heart rate, beats/min	Within the individual norm	≤ 90	> 90	> 90
Body temperature, °C	Normal	≤ 37.5	≥ 38	≥38
Hemoglobin, g / l	B Within the normal	range≥ 105	< 105	Progressive decrease

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in ESR, mm/ h	B Within the normal	range < 30	> 30	> 30
CRP, mg/ l	B Within the normal	range < 30	> 30	Progressive increase
in Albumin, g / l	B Within the normal	range Slight decrease	Significant decrease	< 26

In addition to the things in the table, the second stage's answer alternatives are determined by the previous stage's outcomes. 1) "Commitment to treatment" was added as a parameter. Each respondent's second stage results deviated from the first stage's results in that the number of parameters assessed by the questionnaires increased (the median number of parameters for the first and second stages, respectively, are 4 [3;5.15] and 16 [13.5;17]).The correlation study revealed no association between the respondent's workplace (hospital or outpatient clinic) and their responses on the first and second floors, as well as age, gender, and duration of service.

The participants were questioned upon the receipt of the second stage's results. Answering an open-ended question was more challenging for all respondents than answering a multiple-choice one. 27% of participants responded when asked why some criteria did not receive the appropriate amount of votes. They all pointed out that having IBD is not the only factor that affects an individual's ability to communicate with others and have a satisfying sexual life. Ka-In my view, the patient's perspective of his own body is unrelated to the existence of the disease and does not necessitate a gastroenterologist's evaluation[20].

Additionally, the respondents did not believe that a doctor should track a patient's level of satisfaction with medical care for all IBD patients. According to the responders, visceral sensitivity should be assessed in certain individuals whose symptoms cannot be fully described by the clinical progression of IBD and for whom a functional component can be attached.

Conclusion. Of the 15 participants in the research, 13.3% were men. Out of all the responders, 54% work in hospitals and 46% work in outpatient clinics. The participants' ages varied from 25 to 53 years old, and 53% had 1–4 years of experience, while 47% had 17–29 years. None of the criteria achieved the 75% consensus threshold, based on the first stage's findings. Seventy-two percent of the parameters were agreed upon by the responders after the

second stage. The respondents' age, gender, length of service, and location of employment did not correlate with their answers in either the first or second stage.

In conclusion. Abdominal pain, frequency of bowel movements, stool quality, presence of pathological impurities in feces, body temperature, joint and muscle pain, sleep quality, emotional state, including anxiety and mood, ability to work or attend classes for students, energy and strength, fixation on the disease, overall assessment of the patient's quality of life, and commitment to treatment are the last set of parameters that are advised for evaluation during treatment and follow-up of patients with IBD.

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