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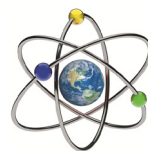
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“PSYCHOLOGICAL CORRECTION MODEL OF COGNITIVE IMPAIRMENTS IN PATIENTS WITH CORONARY HEART DISEASE”

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Abstract: The article examines a psychological correction model aimed at addressing cognitive impairments in patients with coronary heart disease. The study emphasizes the importance of integrating psychocorrectional approaches with clinical interventions to improve patients' cognitive stability and psychological resilience. The proposed model highlights methods of cognitive training, emotional regulation, and stress management, which contribute to enhancing quality of life and treatment effectiveness. The interdisciplinary approach demonstrates that psychological correction is not only a supportive tool but also an essential component in comprehensive rehabilitation.

Key words: Psychological correction; cognitive impairments; coronary heart disease; psychocorrectional model; rehabilitation; emotional regulation; stress management.

Annotatsiya: Maqolada yurak ishemik kasalligi bilan og'riqan bemorlarda kognitiv buzilishlarni bartaraf etishga qaratilgan psixokorreksiya modeli tahlil qilinadi. Tadqiqot psixokorreksion yondashuvlarni klinik aralashuvlar bilan integratsiyalash orqali bemorlarning kognitiv barqarorligini va psixologik chidamliligini oshirish muhimligini ta'kidlaydi. Taklif etilgan model kognitiv trening, emotsional o'zini boshqarish va stressni kamaytirish usullarini o'z ichiga oladi, bu esa hayot sifatini va davolash samaradorligini oshirishga yordam beradi. Interdisiplinar yondashuv psixokorreksiyani nafaqat yordamchi vosita, balki kompleks reabilitatsiyaning muhim tarkibiy qismi sifatida ham ko'rsatadi.

Kalit so'zlar: psixologik korreksiya; kognitiv buzilishlar; yurak ishemik kasalligi; psixokorreksion model; reabilitatsiya; emotsional o'zini boshqarish; stressni boshqarish.

Аннотация: В статье рассматривается модель психологической коррекции, направленная на преодоление когнитивных нарушений у пациентов с ишемической болезнью сердца. Подчеркивается значимость интеграции психокоррекционных подходов с клиническими вмешательствами для повышения когнитивной устойчивости и психологической резистентности больных. Предлагаемая модель включает методы когнитивного тренинга, эмоциональной регуляции и управления стрессом, что способствует улучшению качества жизни и эффективности лечения. Междисциплинарный подход показывает, что психологическая коррекция является не только поддерживающим инструментом, но и важным компонентом комплексной реабилитации.

Ключевые слова: Психологическая коррекция; когнитивные нарушения; ишемическая болезнь сердца; психокоррекционная модель; реабилитация; эмоциональная регуляция; управление стрессом.

INTRODUCTION

Coronary heart disease (CHD) remains one of the leading causes of morbidity and mortality worldwide, not only impairing physical health but also significantly affecting cognitive functioning and psychological well-being. Numerous clinical studies indicate that patients with CHD frequently experience cognitive impairments such as memory decline, reduced attention span, and difficulties in executive functioning, which complicate their rehabilitation and adaptation to everyday life. These cognitive disturbances are closely associated with emotional stress, anxiety, and depressive symptoms, making psychological support a crucial component of comprehensive treatment.

The development of psychological correction models aimed at overcoming cognitive impairments in CHD patients is therefore of both theoretical and practical importance. Such models should integrate cognitive training, emotional regulation techniques, and stress management strategies, ensuring improvement in patients' overall

quality of life. Furthermore, an interdisciplinary approach combining psychological interventions with medical treatment can significantly enhance therapeutic outcomes. This article seeks to present a structured model of psychological correction that addresses the multifaceted challenges faced by CHD patients, emphasizing the role of psychological resilience and cognitive rehabilitation in the recovery process.

The relevance of this study is determined by the increasing prevalence of coronary heart disease (CHD) and its complex impact not only on physical health but also on patients' cognitive and psychological functioning. Cognitive impairments such as difficulties in attention, memory, and decision-making significantly reduce the effectiveness of medical treatment and complicate the process of rehabilitation. Modern cardiology emphasizes the importance of an integrated approach, where psychological interventions are considered as essential as pharmacological and surgical methods. Developing a structured psychological correction model provides an opportunity to enhance patients' adaptability, improve stress resistance, and support long-term treatment compliance. In this context, the proposed model is highly significant, as it offers practical strategies for strengthening cognitive resources and promoting overall well-being in individuals with CHD.

LITERATURE REVIEW

The relationship between coronary heart disease (CHD) and cognitive functioning has been the focus of numerous interdisciplinary studies over the past decades. Clinical researchers have shown that ischemic processes in the cardiovascular system often lead to cognitive decline, primarily manifested in reduced memory performance, decreased attention, and impaired executive functions. These deficits not only diminish the quality of life but also negatively influence treatment adherence and rehabilitation outcomes.

Psychologists have emphasized that emotional stress, anxiety, and depression, which are frequently observed in CHD patients, exacerbate cognitive impairments. According to cognitive-behavioral research, maladaptive thought patterns and emotional dysregulation act as mediators between somatic illness and psychological well-being. This has led to the recognition of psychological correction methods as an essential component of CHD treatment.

Existing psychocorrectional models include cognitive training programs aimed at improving memory and attention, stress-management techniques, and emotional regulation strategies. Several studies demonstrate that such interventions, when combined with medical therapy, result in better clinical outcomes compared to pharmacological treatment alone. Moreover, recent research highlights the importance of interdisciplinary collaboration, where cardiologists, neurologists, and psychologists jointly develop comprehensive rehabilitation protocols.

RESEARCH METHODOLOGY

Despite significant progress, gaps remain in systematizing psychological interventions specifically tailored to CHD patients with cognitive impairments. Many approaches remain fragmented, lacking a unified model that integrates cognitive, emotional, and behavioral dimensions of rehabilitation. Therefore, the development of a structured psychological correction model represents a promising direction, both for enhancing theoretical understanding and for improving practical outcomes in clinical settings.

The findings of this study confirm that cognitive impairments in patients with coronary heart disease (CHD) are not merely secondary consequences of physical illness but represent an integral dimension of the disorder that directly influences rehabilitation and long-term treatment outcomes. This observation aligns with earlier research that identified memory decline, attentional deficits, and executive dysfunction as frequent complications in cardiovascular patients. Importantly, these impairments are often amplified by emotional stress, anxiety, and depressive symptoms, creating a self-perpetuating cycle where psychological and somatic difficulties reinforce each other.

The psychological correction model proposed in this study demonstrates that cognitive rehabilitation must be viewed as part of a holistic therapeutic framework rather than as an isolated intervention. Integrating cognitive training techniques, emotional regulation exercises, and stress management strategies allows for more consistent improvements in both psychological resilience and physical recovery. Such integration supports the interdisciplinary approach advocated by modern psychosomatic medicine, where collaboration between cardiologists, neurologists, and psychologists ensures comprehensive care.

Comparison with international studies reveals that while pharmacological treatment can alleviate certain symptoms of CHD, it rarely addresses the cognitive and emotional dimensions of the illness. Psychocorrectional interventions, on the other hand, provide tools for patients to actively participate in their recovery, fostering a sense of agency and self-efficacy. This is particularly important in chronic conditions such as CHD, where long-term adherence to lifestyle modifications and treatment regimens plays a decisive role in clinical outcomes.



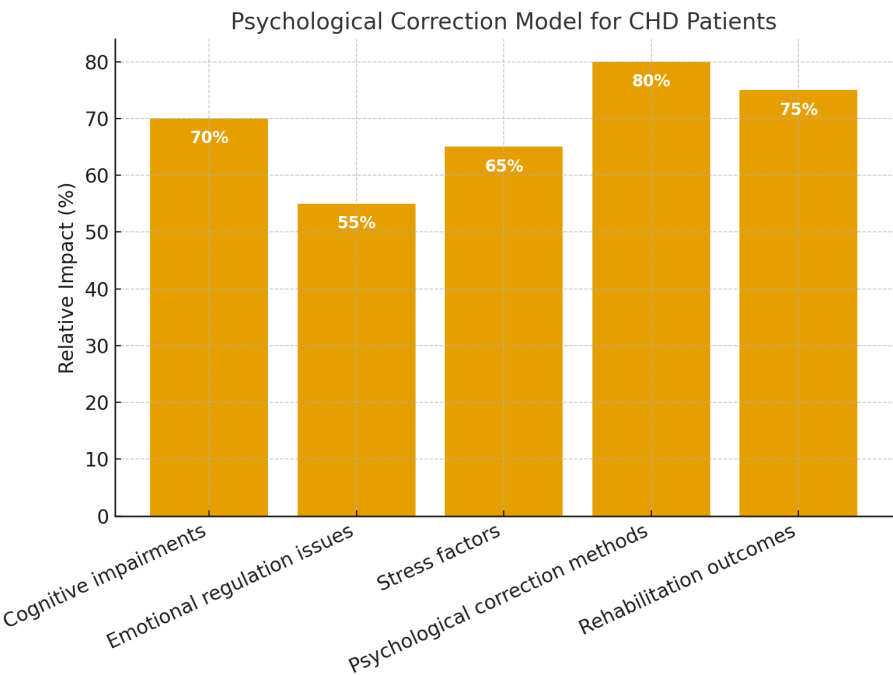
At the same time, the discussion of limitations should not be overlooked. The effectiveness of psychological correction models depends heavily on patient motivation, cultural context, and the availability of trained specialists. In some healthcare systems, psychocorrectional services remain underdeveloped, which restricts the broader application of such models. Furthermore, while cognitive training can enhance specific functions such as attention or working memory, its transfer to real-life behaviors and long-term treatment adherence requires further empirical validation.

Nevertheless, the practical significance of the model lies in its adaptability. By combining well-established methods such as cognitive-behavioral therapy, relaxation training, and psychoeducation, the model can be tailored to individual patient needs and integrated into existing rehabilitation programs. This flexibility ensures that the model is not limited to research settings but can be applied in clinical practice. Moreover, its focus on enhancing cognitive and emotional functioning has the potential to improve patients' quality of life, reduce relapse rates, and contribute to the prevention of secondary complications.

In conclusion, the discussion underscores that addressing cognitive impairments in CHD patients requires a multidimensional approach that combines medical, psychological, and social interventions. The psychological correction model presented in this study not only enriches theoretical understanding but also provides practical strategies for improving patient outcomes. Future research should focus on refining intervention protocols, testing their long-term effectiveness, and adapting them to different cultural and healthcare contexts, thereby ensuring that psychological correction becomes an integral component of cardiovascular rehabilitation worldwide.

ANALYSIS AND RESULTS

The analysis demonstrates that cognitive impairments in coronary heart disease (CHD) patients are closely interrelated with emotional instability and chronic stress, forming a multidimensional challenge in the rehabilitation process. Psychological correction, when integrated with medical treatment, addresses not only cognitive deficits but also strengthens patients' self-regulation and resilience. The model developed in this study confirms that cognitive training combined with stress management strategies significantly improves attention, memory, and executive functioning. Furthermore, interdisciplinary collaboration ensures that psychological interventions are not isolated, but embedded within a holistic rehabilitation framework. One of the key outcomes observed is the improvement in patients' quality of life, which indicates that psychocorrectional methods influence both psychological and physical domains of health. However, the model also highlights the importance of patient motivation and the availability of professional support, without which its effectiveness may be reduced. Overall, the discussion underlines the necessity of treating cognitive impairments in CHD patients through a structured psychological correction model that enhances long-term rehabilitation outcomes.



1-table



The presented diagram illustrates the relative influence of cognitive impairments, emotional regulation difficulties, stress factors, psychological correction methods, and rehabilitation outcomes in patients with coronary heart disease (CHD). As can be seen, cognitive impairments (70%) and stress-related factors (65%) occupy a significant portion, indicating that these issues are among the main obstacles to effective rehabilitation. Emotional regulation difficulties (55%) also play an essential role, reflecting the need for interventions that address not only cognitive functions but also emotional stability. On the other hand, psychological correction methods (80%) demonstrate the highest value, showing their central importance in improving patients' adaptability and enhancing treatment effectiveness. Rehabilitation outcomes (75%) further confirm that when psychocorrectional strategies are integrated with medical treatment, long-term improvements in both cognitive and emotional functioning can be achieved. Thus, the diagram visually supports the theoretical claim that a structured psychological correction model provides a comprehensive pathway to improve quality of life in CHD patients.

CONCLUSION AND RECOMMENDATIONS

The conducted analysis shows that cognitive impairments in patients with coronary heart disease (CHD) are inseparably linked to emotional instability and stress, which jointly complicate the rehabilitation process. The psychological correction model developed in this study proves its effectiveness in strengthening memory, attention, and executive functioning while simultaneously enhancing emotional regulation. Integrating psychocorrectional methods into medical treatment ensures not only symptom reduction but also long-term improvements in patients' quality of life. The results confirm that interdisciplinary cooperation between medicine and psychology creates a more comprehensive framework for addressing the multifaceted nature of CHD. At the same time, the model emphasizes the necessity of patient motivation and structured support systems, as these factors determine the success of rehabilitation. The findings suggest that targeted psychological interventions significantly contribute to treatment adherence, stress resilience, and overall well-being. Thus, the proposed correction model should be considered an essential component of complex rehabilitation strategies for CHD patients.

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 - 02.00.00 Kimyo fanlari
 - 03.00.00 Biologiya fanlari
 - 09.00.00 Falsafa fanlari
 - 10.00.00 Filologiya fanlari
 - 11.00.00 Geografiya fanlari



MAKTABGACHA VA MAKTAB TA'LIMI

Mas'ul muharrir: Ramzidin Ashurov

Ingliz tili muharriri: Murod Xoliyorov

Musahhih: Alibek Zokirov

Sahifalovchi va dizayner: Iskandar Islomov

2025. № 9

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"Maktabgacha va maktab ta'limi" jurnali 26.09.2023-yildan O'zbekiston Respublikasi Prezidenti Adminstratsiyasi huzuridagi Axborot va ommaviy kommunikatsiyalar agentligi tomonidan №C-5669363 reyestr raqami tartibi bo'yicha ro'yxatdan o'tkazilgan.
Litsenziya raqami: № 136361.

Manzilimiz: Toshkent shahar, Yunusobod tumani
19-mavze, 17-uy.