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**RESEARCH A QUALITY OF PATIENTS’LIFE WITH LUNG CANCER**

Recently, considerable attention is received to issues of quality of life. Today cancer changes the patients’lives significantly. The most common disease of cancer is lung cancer. Therefore, the firstone task of the main complex of preventive measures is to ensure adequate treatment. It aims at achieve maximum increasing in life expectancy for each patient by preventing the development of complications, enabling active life and improving its quality.

The study is aimed at estimation of the activity of health care institutions to provide medical care that has cancer and maintain their quality of life. Studying of quality of life was conducted using a survey techniques using author’s questionnaire.

The study involved 333 patients with lung cancer and live in Kharkiv region. Most of them (56,4±2,72%) had an average life quality, 18,9±2,15% – the best and 24,7±2,36% -–low. In the studied group value of this index has the average level of variability in general, but some fluctuations are observed depending on age, sex, and especially if the patient has III or IV disease stage. Less value coefficient of variation for group of patients with complications of lung cancer was received. Clinical symptoms of the disease significantly affect the quality of life, cause significant limitations in various fields not only his life but also his family and others [1; 2].

Also the influence of separate units were studied. We formed following blocks which included: physical limitations, psycho-emotional limitations, restrictions in the autonomy and restrictions caused by the environment. The biggest impact among which they were limitations in the physical sphere (Rxy=-4,65±1,13), in second place restrictions psyhoemotional areas (Rxy=-3,56±0,64), in third place – restrictions in public life (Rxy=-3,61±0,66). Further, there are restrictions in daily life (Rxy=-2,45±0,27).

Thus, the data indicate that the quality of patients’ life with lung cancer depends not only on the work of health care institutions, but also on age, sex and place of residence.

**References:**

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