**PSYCHOLOGICAL ASPECTS OF CARDIAC REHABILITATION OF PATIENTS AFTER MYOCARDIAL INFARCTION**

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According to the World Health Organization definition, cardiac rehabilitation is a complex of activities aimed to patients diagnosed with acute or chronic heart diseases in order to maintain or restore their social status and lead an active lifestyle [1, p. 35-36]. For effective cardiac rehabilitation, it must include not only physical, medical, social and educational components, but also psychological measures. Depressive and anxiety disorders are often accompanied by acute myocardial infarction, worsen its clinical course and prognosis, exerting a negative influence on the indicators of social functioning and the quality of life of patients [2, p.799-806]. According to different authors, 35-80% of patients with myocardial infarction develop mental disorders that worsen the patient's condition and reduce the effectiveness of treatment and rehabilitation measures. The criteria for the diagnosis of depressive disorders are decrease in mood, decrease in working capacity, social maladjustment and somatic changes. Depressed patients are less likely to follow a doctor’s recommendation for a healthy lifestyle: don't stick to a diet, do not exercise, do not expand motor activity, do not give up smoking and alcohol. At the rehabilitation stage, basic psychotherapeutic activities are held. They include group discussions, relaxation training and individual psychotherapeutic exercises [3, p.560-569; 4, p.170-175].

Thus, psychotherapeutic measures are an integral component of cardio- rehabilitation. They significantly reduce the risk of cardiovascular complications, which further affects the duration and quality of life of patients with this pathology.

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