



STUDY OF THE SPREAD OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE IN CHILDREN ON THE TERRITORY OF UZBEKISTAN

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Abstract:

Chronic obstructive pulmonary disease is one of the most common pathologies of the respiratory system and is often the cause of disability and mortality in this category of patients. Poor prognosis is often due to late diagnosis of COPD.

In the last decade, certain successes have been achieved in the study of the pathogenesis, clinical picture, in the early diagnosis and treatment of COPD.

Time-tested methods of diagnosing COPD continue to be used and modern diagnostic and monitoring methods (clinical questionnaires, tests, functional tests, EchoCG, multispiral computed tomography of the lungs, etc.)

Keywords: chronic obstructive pulmonary disease, mortality, functional test.

RELEVANCE. Chronic obstructive pulmonary disease (COPD) and bronchial asthma (BA) are common diseases of the respiratory system, the frequency of which is steadily increasing worldwide [1].

In Uzbekistan, their share is also high, and over the past 5 years, the incidence of BA and COPD has increased by 1.8 and 1.3 times, respectively. The prevalence of COPD in various regions of the republic ranges from 67 to 168 per 10,000 population. It should also be noted that in Central Asian countries, the standardized COPD mortality rate is 3 times higher than the average European level [2].

Currently, there is a development of supply in the pharmaceutical market: more expensive drugs have appeared that have a pronounced therapeutic effect and prolonged action [3]. The drug budget is the optimal receipts and expenditures of funds for drug provision projected by a medical institution as a whole or by its individual structural divisions at a certain period in the future.

One of the options for forming an optimal drug budget within a specialized department is the use of VEN analysis [5].

In the conditions of a market economy, various drugs for the treatment of COPD are presented in the pharmaceutical market of Uzbekistan, which are produced by various companies[2]. At the same time, no scientific studies have been conducted aimed at choosing from a variety of these medicines that are vital in order to optimize COPD therapy. Optimization of the provision of medicines, determination of the list of vital drugs, search for ways to use them most

effectively by the population and medical institutions are topical issues of medicine.

THE PURPOSE OF THE STUDY. One of the goals of this study is to determine the level of competence of specialists who have given an expert assessment of the effectiveness of the use of certain drugs. Data mining methods were used to generalize the assessment of the level of competence of specialists in assigning drugs to VEN groups.

MATERIALS AND METHODS OF RESEARCH. The prevalence of COPD among the population of the Republic of Uzbekistan is 4.8 per 100 surveyed (7.0 per 100 men and 2.2 per 100 women), which exceeds the statistical reporting data by 5.4 times. With age, the frequency of COPD in men increases from 0.8 per 100 examined at the age of 3-7 years to 5.3 in 7-10 years, to 13.0 in 11-14 years and to 22.5 per 100 examined at 60 years and older; in women from 1.8 per 100 examined at the age of 7-10 years to 3.9 in 11-14 years, to 7.0 per 100 examined in 15 years and older.

THE RESULTS OF THE STUDY. The main risk factor for COPD is smoking, the frequency of which is 49.6 per 100 surveyed (men 73.4 per 100, women 20.5 per 100 surveyed). Smoking increases the relative risk of COPD by 13.3 times, in the presence of cold and drafts, the relative risk of COPD increases by 4.6 times.

The diagnostic criterion for the timely detection of COPD during functional screening of patients at the



level of outpatient and workshop services is the value of the peak exhalation rate of less than 70% of the proper value. The level of peak expiratory velocity of less than 90% is an indication for determining the volume of forced exhalation in the first second and the ratio of FEV₁/FVC.

In patients with COPD, an increase in total glycosaminoglycans in blood serum, an increase in the synthesis and breakdown of sialo- and fucose-containing glycoproteins in blood serum and an increase in sialo-glycoproteins in nasal secretions, expressed to a greater extent with exacerbation of the disease and severe course of the disease, were revealed. In the period of clinical remission of COPD, there is an increased level of glycosaminoglycans, sialo- and fucose-containing compounds, indicating a persistent inflammatory process in the respiratory tract and the need to continue basic therapy.

Patients with COPD revealed the presence of systemic inflammation: both in the period of exacerbation and in the period of stable condition of patients, the levels of leukocytes, C-reactive protein, fibrinogen, sialo- and fucose-containing compounds were increased. These changes increase as the severity of the disease increases. "Systemic inflammation leads to "the development of systemic effects in COPD: a decrease in nutritional status, the formation of cardiovascular pathology and other concomitant diseases.

Chronic obstructive pulmonary disease has a negative impact on the quality of life of patients, primarily on their physical status. Shortness of breath in COPD patients correlates with most indicators of quality of life according to both the general questionnaire MOS SF - 36 and the special questionnaire SGRQ. The degree of negative impact of COPD on the quality of life of patients is determined by the severity of the disease, its duration and the age of the patient. 916169710

In the study of the psychoemotional state in patients with COPD, the level of anxiety was 0.55 ± 0.01 points, the level of depression was 0.56 ± 0.02 points, which were significantly higher than in the comparison group (0.44 ± 0.01 and 0.43 ± 0.02 points, respectively). Correlations of the level of anxiety with dyspnea ($g=0.41$) and with the age of the patient ($g=0.30$), the level of depression with dyspnea ($g=0.30$), with the volume of forced exhalation in the first second ($g=0.38$), with the forced vital capacity of the lungs ($g=0.39$) were revealed.

Modern complex therapy of COPD allows you to really manage both clinical symptoms and functional indicators of the respiratory system, as well as the

quality of life of patients. Basic COPD therapy leads to a decrease in the severity of bronchial obstruction, to an improvement in the quality of life of patients, which primarily manifests itself in improving general and physical health.

"Mathematical modeling of the incidence of COPD using the Bayes probabilistic method, taking into account prognostic significant risk factors, showed that an increase in medical activity and hygienic literacy of patients will reduce the incidence rate by 2.5 times.

Group training of COPD patients leads to an improvement in both the clinical course of the disease and to a significant decrease in the level of anxiety, which amounted to 0.45 ± 0.01 points ($p < 0.05$) and a tendency to decrease the level of depression -0.50 ± 0.01 points, compared with patients who did not undergo training.

In parallel with the improvement of the psychoemotional state in patients with COPD, the indicators of quality of life also improved, while the greatest improvement was observed on the scales of physical activity and the role of physical problems.

CONCLUSION. In the future, medical and preventive institutions for COPD therapy should first of all acquire vital medicines.

It is obvious that the drugs used for the treatment of cancer belong to group E and N.

A list of drugs has been formed that affect the improvement of QOL and physical activity of patients and are optimally used in a wide range.

The possibilities of optimal spending of funds by medical and preventive institutions in the treatment of COPD have been identified.

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