



The Course of Atypical Pneumonia in the Elderly

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Annotatsion: This article covers the concepts of atypical pneumonia and old age, and presents the results of the study of its late specificity criteria in the elderly. To what extent the reactivity of the organism in old age changes, it determines the features of the rejection of the disease. The influence of the external environment and internal factors of the body lead to an acceleration of the aging process, premature aging of the body, a process that begins after the growth and development of the body stops. The World Health Organization divides old age into three stages: 60-75 years old-old age, early old age; Age 75-90 years-old age, when extreme old age is 100 years or older. In our control there were 23 patients who were at an early age. In the Control group, 42 pneumonia patients aged 21-48 were examined for Disease histories. In elderly patients, pathological changes were practically not detected in 58% of the results of physical and laboratory – instrumental examination, the complications of the disease were also distinguished by their uniqueness in the elderly and young people. And in the Control group, acute pneumonia was accompanied by pathological changes in the results of physical and laboratory – instrumental examination in 83% of cases. Therefore, in the diagnosis of pneumonia in the elderly, it is advisable to use additional methods of examination. In the case of medicamentous therapy, however, in combination with physiotherapeutic treatments, drainage massage, the placement of the patient in the bed is recommended for this reason, according to maqasad. Of course, disease prevention in the elderly is of particular importance.

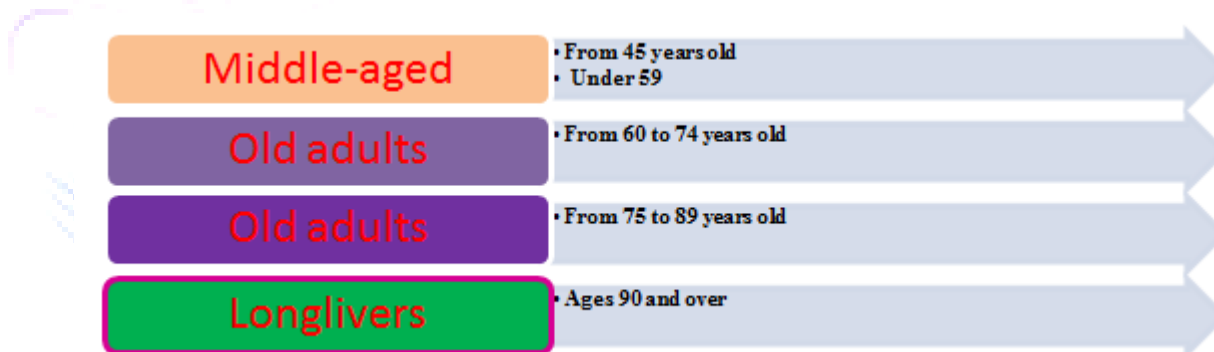
Key words: diagnosis, old age, treatment, complications, prevention.

Introduction. Pneumonia in old age (or inflammation of the lungs) is an infection of lung tissue that develops in people over 60 years of age. Bacterial, fungal, viral, atypical pathogens can be the cause. In this age group, pneumonia often occurs in secret. Pneumonia is a form of acute respiratory infection in which lung tissue is affected and normal oxygen exchange between air and blood is disrupted. With

pneumonia, fluid appears in the alveoli, which makes breathing difficult and limits the flow of oxygen. Acute respiratory failure develops when a large part of the lung is damaged. Pneumonia is a serious disease and poses a danger to any person, but it is especially severe in older and older people. This is caused by a general weakening of immunity in older people, negative age-related changes in the body, a decrease in its adaptive capacity and the presence of various chronic diseases throughout a person's life. Pneumonia is most severe in the elderly against the background of diabetes, cancer, atherosclerosis, hypertension, diseases of the circulatory system, kidney and liver diseases, chronic lung diseases, alcoholism. By old age, people will have at least one of these diseases. Pneumonia is especially dangerous for sedentary and recumbent patients. Mortality from pneumonia in older people is much higher than in younger and middle-aged patients. Most often, the cause of pneumonia is the penetration of bacteria (pneumococci, staphylococci) into the lungs. Bacterial pneumonia can develop after upper respiratory tract infection – after colds or flu. Most cases of pneumonia are caused by viruses. In some cases, the cause of pneumonia can be Mycoplasma, fungus or parasite, but it is rare. Medicine also divides it into pneumonia caused by Burns of chemicals and airways.

In the control and attention of the doctor, the course of pneumonia in the elderly should be in a special place. One of the pressing problems of the health care system, "Gerontology" is a science that studies the aging process of a person, and the Greek "geros" means old and "logos" means knowledge. The main goal of Gerontology is to look for ways to prolong the active and full-fledged life of a person. Serving elderly patients is the daily task of most medical personnel, since 25-30% of all patients in need of medical care are elderly patients.

The World Health Organization divides old age into three phases: age 60-75 - old age, early old age; age 75-90 - old age, extreme old age 100 years and older.



Research objective. Study of the course of the disease in elderly patients with pneumonia, the results of Clinical, Laboratory and instrumental examination methods, complications.

Research materials and methods. On our side, Samarkand City Medical Association No. 1, 23 elderly patients (60-75 years old) were observed in the pulmonology department. All patients were subjected to laboratory-instrumental examinations based on disease standards. The average bed-day of patients in the stationary was 12 days. In the control group, 42 patients with pneumonia aged 21-48 were studied disease histories.

Result. Examination of elderly patients revealed joint diseases in 100% of cases:

Hypertension - in 76% of cases, (17 patients);

Diabetes-in 25% of cases, (5 patients);

COPD-in 12% of cases, (3 patients);

Ischemic heart disease-in 50% of cases, (11 patients);

Chronic pancreatitis in the acute stage-in 16% of cases (4 patients).

In the physical examination of patients-on the side of the affected lung, a flatulence of the percutaneous sound, wet wheezing and crepitation were detected. Pulsoxymetry data found that in 83% of patients, the blood oxygen saturation indicator decreased from 76% to 89%. Indicators of pulsoxymetry in the control group, that is, in a young patient, in 85% of cases, the oxygen saturation of their blood was in normal indicators. In general blood analysis in elderly patients, the characteristic indicators of pneumonia – leukocytosis and left shift of the leukocyte formula-were found in 18% of cases, this indicator was found in the control group in 77% of cases. Both groups of patients were observed in outpatient settings for a month. Despite inpatient treatment, 17% of elderly patients had non-lung complications:

myocarditis (in 4 patients);

Lung-related complications:

Exudative pleurisy in 11% of cases (in 2 patients);

Respiratory failure (in 21 patients) in 91% of cases.

The same indicators in the control group were as follows:

Non-lung complications-glomerulonephritis in one patient, which is 2.3 % cases.

Lung-related complications are respiratory failure (in 15 patients) in 36% of cases. To confirm the complications, all patients were given a blood test for Rheumatoid test. It helps to identify the disease, its complications and monitor the course of the disease, and also helps to monitor the patient's condition during the treatment of inflammatory diseases of the connective tissue – especially myocarditis and glomerulonephritis-as a complication.

The following indications for Rheumatoid test:

- Rheumatoid factor (RF) – quantitative .
- Antistreptolysin " o " (originally) - quantitative.
- C-reactive protein (CRP) - quantitative indicators have been studied.

Rheumatoid factor (RF) - positive in 2% of cases (in 1 patient);

Antistreptolysin " O " (originally) - positive in 12% of cases (in 3 patients);

C-reactive protein (CRP) - positive in 20% of cases (in 4 patients).

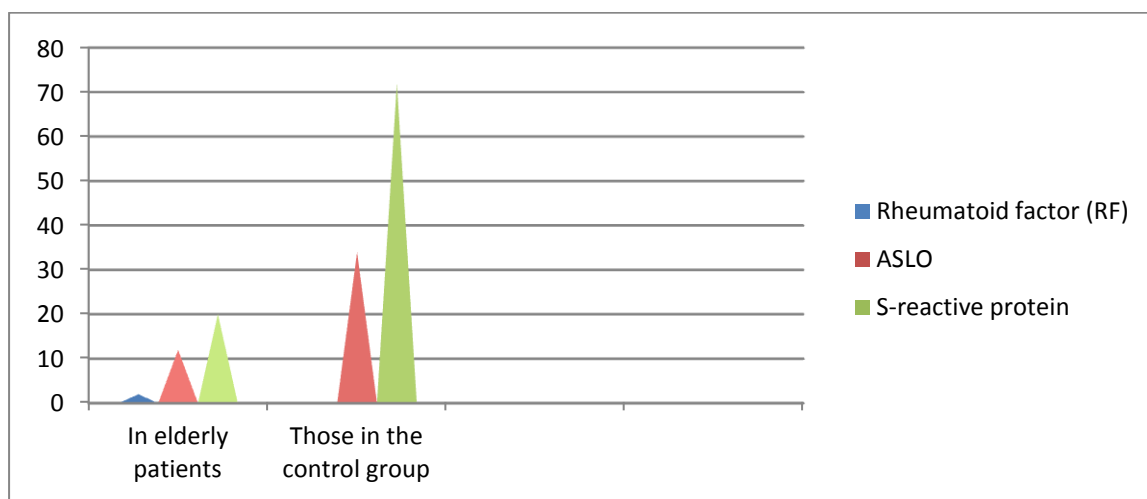
Rheumoprob indicators in the control group:

Rheumatoid factor (RF) - not a single case;

Antistreptolysin " O " (originally) - positive in 34% of cases (in 14 patients);

C-reactive protein (CRP) - positive in 72% of cases (in 30 patients).

Myocarditis, detected in exocg, is confirmed by glomerulonephritis – renal indications.



The follow-up rehabilitation period was 1-1.5 months longer in older patients than in younger patients.

Conclusion. Our research shows that in the elderly, pneumonia is accompanied by relatively mild clinical signs than in young patients. This may be due to the reactivity of the organism in old age. This condition requires older patients to pay more attention in terms of diagnosis, treatment and Prevention of pneumonia. Also, the prognosis of the disease requires a defferentiated approach to elderly patients by a doctor to elderly patients.

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