

Prevalence of Bronchial Asthma in Surkhandarya Region and Ways to Improve Them

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Abstract: This article examines the retrospective analysis of 100 patients treated with the diagnosis of bronchial asthma in the Central despanser of the Surkhandarya region for 2018-2021 in the section of the Surkhandarya region with bronchial asthma based on their medical history. The incidence rate associated with bronchial asthma is expected to increase by 43% over the next 15 years on the scale of Surkhandarya region.

Key words: Bronchial asthma, environmental impact, plant, tobacco dust, disability, risk factors.

Relevance of the problem: In the world, bronchial asthma is considered a serious disease that threatens the lives of patients, accompanied by prolonged, attacks of suffocation, strongly expressed respiratory failure, and therefore it remains one of the urgent problems of Medicine. Despite the fact that the methods of diagnosis and treatment of bronchial asthma have improved, the pace of morbidity, disability and mortality from this disease worldwide is increasing from year to year. In subsequent years, from 5% to 10% of the population of the Earth suffers from bronchial asthma. Currently, 300 million people worldwide. one person is infected with bronchial asthma. Prognostic analysis shows that by 2025 this figure is 400 mln.ga expected to reach. [5]

According to the World Health Organization (who), "One in six people in the world have been diagnosed with respiratory system disease, with a tendency to increase the proportion of chronic bronchitis among all types of lung diseases, especially in children's population"[6]

In recent years, the level of air pollution has increased significantly, and there is much evidence that exposure to tiny damaging particles can lead to negative consequences of breathing. The impact of environmental impact on health can affect air pollution during the prenatal period, especially pulmonary bronchi Research materials and methods: the study conducted retrospective analysis of 100 patients treated with a diagnosis of bronchial asthma in the Central despantseri of the Surkhandarya region based on their medical history during 2018-2021. It accounts for 19% of the total patients admitted to the hospital. In the process of this work, epidemiological, clinical, laboratory (bacteriological, serological), instrumental diagnostic methods were given. Intensive and standardized indicators were calculated according to gender and age composition. This used the generally accepted age range: up to 18 years old, 18-29, 30-39, 40-49, 50-59, 60 and high-aged.deepen the reform of the health care system, improve the quality and effectiveness of medical services provided to the population in medical institutions, including the organization of effective prevention and treatment of bronchial asthma. Despite the implementation of a number of reforms in the health care system,

among the various segments of the population, the Prevention of diseases from bronchial asthma, disability and death caused by their complications is one of the main tasks facing medical workers. [3-7]

Purpose of the study: to conduct research on the spread of bronchial asthma and ways to improve them in Surkhandarya region.

Research materials and methods: The study conducted retrospective analysis of 100 patients treated with a diagnosis of bronchial asthma in the Central despartseri of the Surkhandarya region based on their medical history during 2018-2021. It accounts for 19% of the total patients admitted to the hospital. In the process of this work, epidemiological, clinical, laboratory (bacteriological, serological), instrumental diagnostic methods were given. Intensive and standardized indicators were calculated according to gender and age composition. This used the generally accepted age range: up to 18 years old, 18-29, 30-39, 40-49, 50-59, 60 and high-aged.

Results of the study: According to the results of the study, Surkhandarya region occupies a leading position in our republic for the incidence of bronchial asthma. The incidence rate was an average of 17.0 ± 0.31 per 10,000 inhabitants. The incidence rate in the region increased in the period from 2010-2020. The level of atmospheric pollution is high in Termez district, Angor district, Sherabad district, Termez city of surkhandarya region. In the urban area of the region, the level of atmospheric air pollution is 85.4% higher than in the rural area.

The bulk of patients with bronchial asthma is 40-60 years old. $\frac{3}{4}$ Of patients with bronchial asthma corresponded precisely to the population of working age (18-59 years). Among women, the incidence is higher than in men. This case, respectively, was a ratio of 51: 49 ($r < 0.05$).

Primary incidence of the disease was 1.5 ± 0.4 in cities and districts of the province. Primary incidence is slightly higher than the regional indicators of Surkhandarya region, especially Termez district, Angor district, Sherabad district, Termez city. These districts lead the region according to the location of production enterprises (graphite-gypsum combine, mortar plant, asphalt plant, brick plant, cotton-cleaning plant, oil-extraction plant, yarn-spinning and weaving factories, textile and sewing factories, tire production factories, etc.). This leads to pollution of the atmosphere of this area with industrial waste, as well as the emergence of an environmentally bad situation.

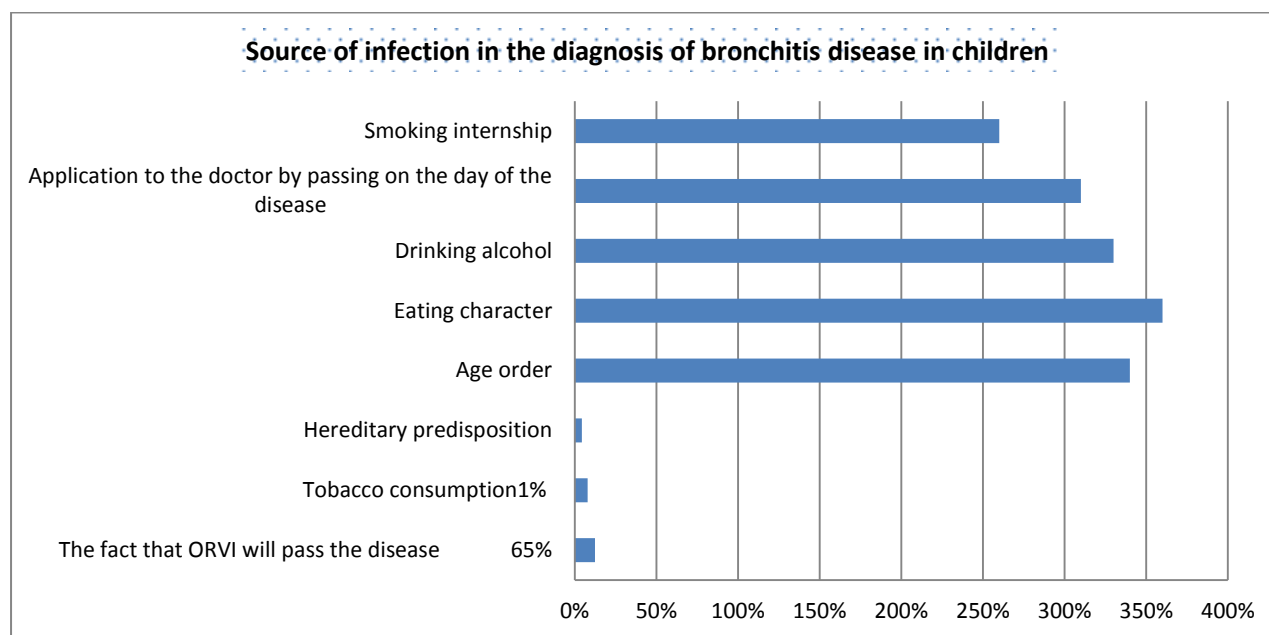
Among the disabled people involved in the study, the majority of people with disabilities living in the city are workers of an industrial enterprise (55.3%), while among the rural population, agricultural workers (52.8%) lead. 41.4% of people with disabilities have 20 or more, and 79.9% have more than 10 years of work experience.

The incidence of bronchial asthma is expected to increase by 43% (1.4 times) over the next 15 years at the level of Surkhandarya region.

76.4% of patients noted that the upper respiratory tract is infected with Urvi 2-4 or more times a year. Among the risk factors that provoke bronchial asthma, House, Street, plant, tobacco dust occupies a leading position.

In 27.8% of patients with bronchial asthma, the work plan is not properly organized, while in 20.7% there are harmful factors related to the profession.

Figure 1. Leading risk factors in the origin of bronchial asthma



First of all, doctors in BTSYo institutions regularly increase their knowledge in the early detection, diagnosis, treatment, prevention of bronchial asthma and create a database of cases of morbidity, disability, mortality: the general practitioner forms risk groups of individuals and patients belonging to the risk group; collects information about persons and the patient who are part of the risk group: economic and social status of the family, family composition, labor character, harmful factors related to the profession, economic and domestic living conditions, harmful habits, medical knowledge and medical culture, description of physical and mental state; determines the degree of risk of the disease and forms risk groups; risk factors Within these groups, the risk of developing bronchial asthma and disability is analyzed.

Based on the results obtained, the level of medical care is planned: a plan is drawn up to limit contact with allergens, timely identification and treatment of upper respiratory tract URVI, the formation of skills for first aid in an asthma attack to the patient and his family members, active dispensarization and monitoring of patients in a timely manner, primary preventive measures are developed.

Based on the database obtained in Step 1, the risk groups leading to ba disease are developed and carried out: persons genetically predisposed to the disease, those who often suffer from upper respiratory tract URVI, those who come into contact with harmful factors related to the profession, taking into account individuals with harmful habits. Family health schools are formed. Measures are carried out to provide the patient and his loved ones with first aid for themselves and the patient in asthmatic attacks, timely and correct reception of drugs, regular control of their condition, as far as possible from the factors provoking an asthmatic attack, training in preventive skills, the formation of the patient's medical activity, timely appeal to the medical service in severe.

Conclusion: The incidence rate associated with bronchial asthma is expected to increase by 43% over the next 15 years on the scale of Surkhandarya region.

The prognostic table, aimed at determining in advance the level of risk factors for bronchial asthma, helps Uash, operating in the primary link of the health system, to quickly determine the degree of risk of bronchial asthma. This, in turn, contributes to the organization and introduction of primary preventive measures, a differential and individual approach to the provision of treatment and

preventive care to persons and patients who are in a pre-disease state, and, if necessary, to make appropriate changes.

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