

THE RELATIONSHIP BETWEEN METABOLIC SYNDROME AND HEALTHY EATING

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Abstract: As a rule, metabolic syndrome develops under the influence of external factors, such as poor nutrition, stress and physical inactivity. Pathology can also arise as a result of a hereditary predisposition to arterial hypertension, type 2 diabetes mellitus, or hereditary disorders of cholesterol metabolism. It is well known that dietary patterns have a significant impact on health, and functional foods, such as Food for Specified Health Use, are being introduced in a number of countries; FOSHU, which is recognized as an alternative to drug therapy. Of course, the ratio, deficiency or excess of certain nutrients in the diet affects the functioning of the whole organism, including the cause of the formation of metabolic disorders.

The article analyzes the opinion of patients with metabolic syndrome about nutrition as a risk factor for the development of non-communicable diseases using primary health care. Subjective assessment of the causes of health and illness was studied by questioning patients. The relationship between diet, character and biological factors has been established. Active interaction between medical professionals and patients with metabolic syndrome is recommended by providing information about the need to follow a diet, maintain optimal weight while managing risk factors for the development of non-communicable diseases for early prevention of the effects of metabolic syndrome.

Keywords: metabolic syndrome, rational food, risk factors, prevention.

Relevance. A healthy lifestyle includes mental health, quitting tobacco and alcohol, a healthy diet, physical activity, sports, and more. Behavioral changes such as tobacco use, physical inactivity, poor diet, and alcohol consumption increase the risk of metabolic syndrome. A healthy lifestyle of the population is formed and depends on living conditions, behavior, social and economic environment. Many authors have determined the role of nutrition in shaping human health [2-5, 6, 10, 12]. Factors determining human pathology include 50-52% lifestyle, 18-20% - genetic background, 20% - environment, 10-12% - health care [5,21]. Therefore, the effect of a person on his own health is primarily related to lifestyle changes.

At the same time, maintaining or restoring health largely depends on self-care behavior, which is determined by subjective assessment of physical condition, the place of health in the value system. Maintaining health and improving the quality of life of the population is one of the urgent tasks of the state. In the Republic of Uzbekistan, more than 61.6% of deaths are due to non-communicable diseases and 30%

to 31% of premature deaths between the ages of 30 and 70 are cardiovascular diseases, diabetes, chronic respiratory diseases and cancer. [1, 2, 8, 9, 11, 12].

Given these rates and the projected burden of non-communicable diseases, prevention of these diseases is an important public health challenge [13, 17,18]. The prevalence of metabolic syndrome in Uzbekistan is mainly due to the high prevalence of behavioral factors such as poor nutrition, low physical activity (FA), alcohol abuse, smoking, as well as biological risk factors for growth and development. liq. non-infectious diseases, such as arterial hypertension, dyslipidemia, overweight, obesity and diabetes. Malnutrition leads to changes in metabolic processes, increases the risk of alimentary diseases and reduces life expectancy [1-2, 10, 21].

Health maintenance is encouraged by rational nutrition, resistance to environmental harmful factors, high physical and mental performance, active longevity [25, 24]. Information on behavioral factors of lifestyle is impossible without effective management of human health, biological risk factors as criteria for predicting the development of non-communicable diseases. Such data sources are data based on population health assessments. Such information can be obtained by conducting medico-social research (MIT) [9].

The purpose of the study: Studying the opinion of patients with metabolic syndrome among the population about proper nutrition, early detection of the risk of developing metabolic syndrome.

Materials and research methods. The basis of the study was selected city family polyclinic number 3 in Samarkand city. In order to solve the specified tasks, the patients were examined by the method of social examination using questionnaires. The questionnaire was developed taking into account the goals and objectives of the research, and contains blocks of questions: age and gender information, social status, self-assessment of one's own health, healthy eating habits, physical activity, knowledge of basic biological indicators. Metabolic processes [4,10,15]. The article presents the results of a survey of polyclinic patients conducted in November-December 2023 in terms of nutritional ability, physical activity (FA), biological factors for the development of non-communicable diseases in the population aged 18 years and older with metabolic syndrome. Statistical processing and their sociological analysis were carried out using a personal computer and Microsoft Office, Excel programs.

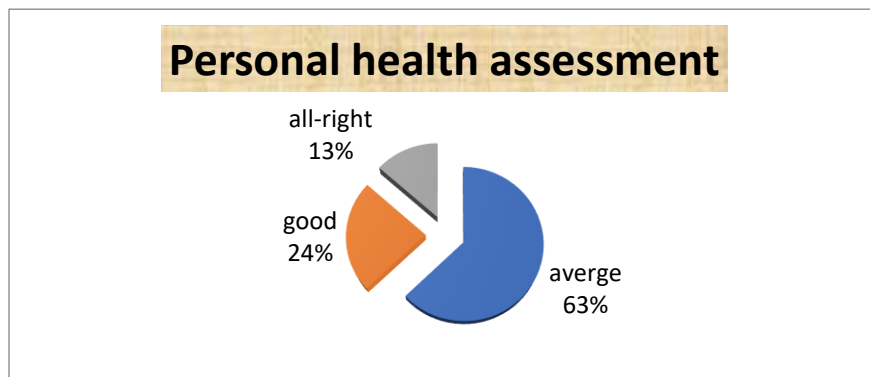
Research results. The analysis showed that the survey participants were 18 years and older, with a predominance of the 40-49 age group. Most of the respondents are women - 55 people - 86.6%, men - 12 people - 13.3%. The total number of respondents was 67 people with metabolic syndrome. Pensioners, employees and workers dominated the survey respondents.

Table 1

Assess your health		
Average	Good	all-right
63%	24%	13%

Initially, the opinion of the respondents about their own health was established, because some researchers believe that their subjective perception of their health status is sometimes more important than the objective data of official statistics. considered more important. More than half of the patients (63%) rated their health as average (due to frequent colds or rare exacerbations of chronic diseases), a quarter (24%) rated it as "good". 13% "bad" (due to frequent exacerbations of one or more chronic diseases). According to the subjective assessment of the respondents, the occurrence of diseases is associated with the following reasons: heredity (20.7%), bad environment (19.0%), bad climatic conditions (17.2%), low physical activity (12.0%), poor nutrition (5.2%), low income per family member (3.4%), family tension (3.4%), alcohol consumption (3.4%), poor living conditions (1.7%). In the same proportion (1.7%) the occurrence of diseases is associated with severe, harmful working conditions (1.7%), smoking (1.7%), 10.3% of

respondents answered suffered (Fig. 1). Figure 1. Personal health assessment of people with metabolic syndrome.



According to patients, the main reasons that do not allow them to be healthy are: poor environmental conditions (15.3%), high workload at work and at home (12.5%), constant stressful situations at work (11.1%), inability to organize a vacation (9.7%). Bad lifestyle (8.3%), bad heredity (8.3%), constant conflicts in the family (6.9%), constant lack of sleep (6.9%), low PA (6.9%), malnutrition (5.6%), constant lack of money (4.2%), the climate they live in (2.8%), "acquired diseases" (1.4%), among other reasons. Respondents relieve mental and emotional stress in the following way: "walking, lying down, communicating, playing computer games" 31.0%, sleeping a lot - 19.0%, buying the necessary things - 14.3%, heavy physical work - 11.9%, eating a lot - 7.1%, alcohol - 7.2%, 9.5% of respondents left the question unanswered. The causes of the disease, according to the subjective assessment of the respondents (%) and the main reasons that prevent them from being healthy according to the patients:

Table 2.

According to the subjective assessment of respondents, the occurrence of diseases is associated with the following reasons:		According to patients, the main reasons that do not allow them to be healthy are:	
heredity	20,7%	bad heredity	8,3%
bad environment	19,0%	poor environmental conditions	15,3%
bad weather conditions	17,2%	the climate they live in	2,8%
low physical activity	12,0%	low physical activity	6,9%
poor diet	5,2%	not eating well	5,6%
low income per family member	3,4%	constant lack of money	4,2%
strained family relationships	3,4%	constant conflicts in the family	6,9%
drinking alcohol	3,4%	environment of constant sleep deprivation	6,9%
poor household living conditions	3,4%	inability to organize rest	9,7%
poor working conditions	1,7%	wrong lifestyle	8,3%
smoking	1,7%	observation of high stress at work and at home	12,5%
respondents struggled to answer	10,3%	stressful situations at work	11,1%

In many countries of the world, great importance is attached to the study and development of the principles of rational nutrition. In international organizations dealing with food problems (World Health Organization, World Gastroenterology Organization), a lot of work is being done to generalize the principles of rational nutrition [13,19]. First of all, the principle of moderation in nutrition is unanimously accepted, which

excludes overeating, but at the same time ensures the body's need for calories in accordance with energy expenditure. The second key principle is a balanced diet that best meets the body's needs for vital, essential nutrients. Optimal conditions for metabolism are created with a balanced diet. The third principle is to eat small amounts each time. The fourth principle: a varied diet that gives the body the opportunity to choose biologically active substances necessary for life - after all, each food product has its own characteristics in the structure, combination and interconnection of biologically active components have The fifth principle: high biological usefulness of nutrition. It is especially important in modern conditions of fast pace of life and neuro-emotional overload. The main thing here is the daily, regular consumption of fresh, if possible, raw vegetables and fruits, especially green ones [4,13,19]. An optimal diet includes: Achieving a balance between energy intake from food and energy expended through physical activity to maintain an optimal body weight for health. Limiting calorie intake from total fat (no more than 30% of total energy intake) and shifting fat intake from saturated to unsaturated fats and trans transition to the elimination of fatty acids; limit the consumption of free sugar; limit the consumption of sodium from all sources and ensure iodization of salt; increasing consumption of fruits, vegetables, whole grains and nuts [15-17]. An important component of the diet is the frequency of meals. According to the rules of healthy eating, it is recommended to eat 3-4 times a day. Dietary rules also require regularity of food intake [4,13]. When studying the nature of the diet of our respondents as a risk factor for the development of non-communicable diseases, it was found that more than half of the respondents (53.4%) follow a diet, about a quarter (36.6%), rarely and part of it (10.0%) does not match. Answers regarding the number of meals during the day were divided into two equivalent groups: 50.0% reported three meals and 50.0% reported more than 3 meals. The following types of food prevailed in the respondents' diet: mixed (61.5%), vegetables (15.4%), meat (10.2%), milk (7.7%), fish only 2.6% ; 2.6% of the respondents could not say exactly about their diet. Half of the respondents always have vegetables and fruits in their diet, and the other half not always. According to the frequency of receiving fresh fruits and vegetables, the answers were distributed as follows: daily use was noted by the majority of respondents, 55.0%, 1-2 times a week - 45.0%. According to the number of grams of vegetables (excluding potatoes) they eat in one meal: 200-400 gr. - 35.5% of respondents, less than 200 gr. - 45.1%, it was difficult to answer - 19.4% and no one eats more than 400 g. At home, our respondents most often use the following types of oil in cooking: vegetable oil 69.2%, tallow oil 12.8%, 15.4% had difficulty answering, 2.6% oils does not use at all. They are used more often with bread: in 45.0% of cases butter is used, in 6.5% "President" creamy margarine, in 16.0% no type of fat is used. The answers of the respondents regarding the fat content of the consumed dairy products were distributed as follows: if the fat content is less than 3.2%, 63.3% of the respondents regardless of the fat content - 20.0%, fat noted that the amount was 3.2% and higher. - 6.7%, 10.0% of respondents do not consume dairy products. "In the past 12 months, which of the following people advised you to change your healthy eating habits?" The answers were given as follows: in 30.0% of cases family members, 10.0% doctors, 3.3% work colleagues, 3.4% other people (unspecified), 53.3% respondents did not answer the question. In the last 12 months, 92.2% of respondents tried to change their habits to a healthy diet: 25.0% of respondents tried to eat more vegetables and fruits, 18.8% - ate less starchy foods 17.2% tried to eat less fatty food, 17.2% - eat less sugar, 9.4% - eat less salt, 4.6% of respondents used a diet to lose weight. There is a direct relationship between physical activity (JF) and reducing the risk of cardiovascular disease, stroke and diabetes. There is a dose-response relationship for cardiovascular disease and diabetes, according to which 150 minutes of physical activity per week reduces the risk of developing the disease. Data show that 30-60 minutes of physical activity every day significantly reduces the risk of breast and colon cancer [13, 16, 17]. NICE (UK, 2014), WHO (2011) recommendations indicate that 20-25 kkal per 1 kg of body weight should be consumed to meet the body's energy needs [13]. The survey showed that most of our respondents walk, run, and ride a bicycle in their free time. And in 28.6% of cases they do at least 4 hours of physical activity per week, doing hard work in the garden, housework - 19.0%, doing morning exercises - 14.3%, exercise in the gym use of equipment - 9.5%; have hard work, which is associated with constant movement - 7.1%, going to the pool - 4.8%; like to

watch sports on TV - 2.4% and go to sports games - 2.4%; other types of physical activity (unspecified) - at 11.9%. The nature of work activity is also reflected in the level of activity that determines physical activity: in 46.9% of cases our respondents work related to walking, in 28.1% in a sitting position, in 9.4% they carry light and carries. weights, not working at 15.6%. Walking is reflected in respondents' physical activity: walking during their free time, including going to and from work. 30.0% of respondents less than 30 minutes a day, from 30 to 60 minutes a day - 33.3%, from 60 to 90 minutes a day - 16.7%, from 90 to 120 minutes a day - 3.3%, more than 2 hours a day - 16.7%. It should be noted that risk factors for metabolic syndrome, such as malnutrition and low physical activity, often coexist and interact, and biological risk factors (cholesterol and high blood glucose levels) and non-communicable diseases are the criteria for predicting the development. Knowing cholesterol as a biological risk factor for the development of metabolic syndrome was confirmed by 76.7% of respondents, 13.3% did not hear, 10.0% did not know anything. In 80.0% of cases, it is found that patients have never had a blood test for cholesterol, 13.3% have not, and 6.7% of patients are not aware of such a test in the past. 56.7% of the respondents said that they do not know the level of cholesterol in the blood. 30.0% of respondents are aware of high cholesterol level, and 13.3% do not remember this information. Impaired glucose tolerance and postprandial glycemia are risk factors for diabetes and cardiovascular disease [2,4,15,19].

Discussion. The results of the survey show that the 40-49 age group prevailed among the respondents. Most of them were women (86.6%), who rated their health as average (60.0%) according to their social status. According to subjective assessment, the occurrence of diseases is mostly caused by heredity (20.7%), bad ecology (19.0%), bad climatic conditions (17.2%), low physical activity (12.0%) and related only in 5.2% of cases. with poor nutrition. According to respondents, more than a third (36.6%) rarely follow a diet, a tenth (10.0%) do not follow it at all, but eat 3 or more meals complies. Mixed (61.5%), vegetable (15.4%) and meat (10.2%) foods dominate the respondents' diet. Half of the respondents always have vegetables and fruits, and the other half not always. More vegetable oil is used in cooking (69.2%), and butter with bread (45.0%). Most (63.3%) consume dairy products with less than 3.2% fat. Advice on changing healthy eating habits comes mainly from family members (30.0%), only 10.0% of respondents reported advice from doctors. Respondents by eating vegetables and fruits (25.0%), less flour (18.8%) and fats (17.2%), sugar (17.2%) and salt (9.4%) are trying to change their healthy eating habits. Respondents are physically active (28.6%) at least 4 hours a week, do "housework" (19.0%), morning exercises (14.3%). Using exercise machines in the gym (9.5%), visiting the swimming pool only 4.8%, "liking to watch sports on TV" 2.4% and playing sports 2.4%. A third of respondents spend less than 30 minutes a day, and about a third spend 30 to 60 minutes a day, 60 to 90 minutes - 16.7% and more than 2 hours a day - 16.7%, 90 to 120 minutes a day - 3.3%. At the same time, about a third of patients noted a "sedentary" lifestyle, received advice from family members to increase physical activity - 18.8% of respondents. From doctors - 15.6%, 62.5% of respondents indicated that they did not receive advice on physical activity at all. In most cases (56.7%) respondents do not know their blood cholesterol level, 30.0% have information about high cholesterol level, and 13.3% of respondents do not remember this information. Most of the patients (73.3%) had never had a blood test for glucose, some (16.7%) were not aware of such a test in the past.

Summary: Analysis of research results allows us to draw the following conclusions:

1. A complex social phenomenon is the attitude of individuals with metabolic syndrome to their own health, and the lack of sufficient information shows the need for further research to identify and clarify the factors that contribute to the formation of a positive attitude to their health. shows.
2. Health assessment, medical awareness, value attitude to health, activities to maintain it serve as indicators of respondents' attitude to their health.
3. Conditionally, it is possible to distinguish two main types of responsibility of the respondents for their own health and two types of behavior in the field of health. The first is focused primarily on their own

actions, that is, on the implementation of purposeful activities aimed at maintaining and strengthening physical condition. This distinguishes people who value their health. The second type of behavior is mainly focused on living conditions, and their own activities in the field of health care are given a secondary role. This is characteristic of people with relatively low self-esteem.

4. It was found that certain differences in the level of physical activity among the respondents are related to their own assessment of their health: the higher it is, the higher their physical activity, the more successful they are the more often they exercise. training effect.

5. It was found that respondents have a high level of motivation to eat rationally and active efforts to change their diet in the direction of healthy eating. A low percentage of patients who received recommendations on rational nutrition, healthy lifestyle, and recommendations from medical organization specialists was found, which indicates that the role of medical personnel in the formation of knowledge about risk factors for the development of metabolic syndrome is insufficient. For early prevention of diseases, active interaction of medical personnel and patients is necessary to manage risk factors for the development of metabolic syndrome, by informing the latter about diet consumption, achieving energy balance and maintaining optimal weight.

6. In order to develop patient management tactics and determine the direction of preventive counseling during the clinical examination of the elderly population in health care centers, departments and medical prevention offices, medical staff should identify risk factors related to the digestive system. must determine its existence. Evaluation of existing dietary habits in patients and to manage these risk factors for the development of metabolic syndrome.

Fortunately, we can prevent the development of metabolic diseases using natural methods. This can be greatly helped by lifestyle changes. A healthy lifestyle is undoubtedly the surest and best way to protect yourself from metabolic syndrome and other health problems.

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