

ANALYSIS OF BEHAVIORAL FACTORS AND THE INFLUENCE OF SELF-MANAGEMENT ON THE DEVELOPMENT OF PURULENT-NECROTIC PROCESS OF THE LOWER LIMB

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Abstract:

This article discusses the analysis of the influence of behavioral factors and self-control of type 2 diabetes mellitus on the development of purulent-necrotic process of the lower extremities.

Keywords: *pus, necrotic, process, development, diabetes mellitus, factor, treatment, impact, analysis*

In society, the activities, behavior and attitudes of people are regulated by social norms. The social norm is an integral part of the governance of society and is a set of rules that adapt the behavior of an individual or social group to a specific social environment. There are several types of social norms, including legal, moral, religious and customary norms that do not go out and expect the same from others. As society develops, established norms become obsolete and new norms are established. The process of setting new standards is to expand and change existing norms in society.

The institutions exercising control over the observance by members of society of these social norms are called the institutions of social control. Such institutions include the family, school, neighborhood, law enforcement agencies, etc., performing their functions. When control is exercised by an individual, it is individual in nature, but if it is exercised by the whole community, family, friends, school, neighbors (neighbours), it is social in nature and is social, is called control.

Diabetic angiopathy is a lesion of vessels of large (macroangiopathy) and small (microangiopathy) caliber that occurs in patients with diabetes mellitus. The process often involves the brain, visual analyzer, urinary system, heart, vessels of the lower extremities.

Diabetic angiopathy of the lower extremities (ICD-10 code - I79.2 *) is one of the most common signs of the pathological process. It occurs in 70-80% of patients, leads to ulcers, gangrene, forced amputation of the legs. The article discusses the symptoms and treatment options for diabetic angiopathy of the lower extremities.

Features of the disease

The development of damage to the blood supply against the background of diabetes mellitus is accompanied by:

- compression of the vascular walls;
- lipid and cholesterol compounds of the endothelium;
- thrombosis;
- decrease in the lumen of blood vessels;
- swelling and increased exudation;
- Destruction of trophic cells and tissues to death.

Since the capillaries have the smallest distance between all arteries of the arterial type, they are the first to suffer. This means that the lesion process begins in the toes, feet, then continues in the shins and rises to the hips.

Symptoms of diabetic angiopathy of the lower extremities depend on the development of the pathological process:

- Stage I - the patient has no visual changes, no complaints, instrumental and laboratory studies indicate the development of an atherosclerotic process in the vessels;
- Stage II - the appearance of intermittent claudication - a specific symptom that disappears at rest, characterized by the need to stop when walking due to severe pain in the legs;
- Stage III - pain syndrome requires a constant change of position in bed in the absence of a load on the legs;
- Stage IV - the appearance of painless wounds and dead cells on the skin due to severe trophic diseases of tissues and cells.

What is diabetic polyneuropathy of the lower extremities

Diabetic polyneuropathy of the lower extremities is characterized by damage to a number of nerve fibers responsible for the motor function of the foot and its sensitivity - pain, temperature, tactile (tactile).

Pathology begins with the excitability of nerve fibers, with time their death occurs. As a result, the perception of signals from the brain and spinal cord is disturbed in the legs, atrophy of the skin and muscles develops. These changes may be accompanied by pain, changes in the transition area

In diabetic polyneuropathy of the lower extremities, nerve fibers are damaged

Symptoms that may put a patient at risk for developing diabetic distal polyneuropathy include:

- Duration of diabetes for more than five years,
- capillary retinal complications
- Obesity
- hypertension
- cardiac ischemia
- hereditary predisposition
- Laboratory data: increase in blood and urine albumin lipids (cholesterol, lipoproteins).

Type 2 diabetes does not affect the prevalence of autonomic polyneuritis.

Causes and risk factors

The higher the amount of glucose in the blood, the more severe the development and course of distal polyneuropathy against the background of diabetes mellitus. The mechanisms of the development of the disease have not yet been established, but it is assumed that the death of nerve fibers is closely related to pathological biochemical processes that occur as a result of a normal violation of glucose consumption in body tissues.

Treatment of polyneuropathy in diabetes mellitus

The treatment is aimed at bringing the blood sugar level back to normal or as close as possible to it, restoring protein and fat metabolism. Patients should be prescribed a low-carbohydrate diet, and with type 2 diabetes, physical activity. Insulin therapy, antidiabetic drugs and antioxidants are prescribed.

Treatment of polyneuropathy in diabetes mellitus includes pain relief, improvement of microcirculation, restoration of permeability and nutrition of nerve fibers, oxygen saturation, and much more.

Relieves pain in diabetic polyneuropathy

Regression of pain and even the complete disappearance of the syndrome is achieved by normalizing blood sugar levels. Anticonvulsants and antiarrhythmic drugs are used to relieve shooting and burning pain. It is noted that the former has more side effects. Capsaicin ointment is often prescribed, but it is often poorly tolerated, as it causes a strong burning sensation. Ointments Finalgon, Apizartron are also used. Neurological symptoms are treated with lipoic acid.

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