

THE FREQUENCY OF COMORBID PATHOLOGY AMONG THE POPULATION WITH DIFFICULT WORKING CONDITIONS

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Summary: the population with difficult working conditions is 32.6% more prone to organic diseases than the population with mental working conditions.

As part of additional diseases, cardiovascular pathologies and DM 2 -34.3% take the leading place.

Keywords: comorbid pathology, patients, age, hard work.

Access. Currently, the health problem is especially important for the elderly and patients with additional diseases. According to the World Health Organization, 80% of deaths in developed countries in the 21st century are related to cardiovascular pathologies, cancer, bronchopulmonary diseases and diabetes. The basis of chronic non-communicable diseases (NCD) is the multifocal nature of the criterion characterized by systemic damage and comorbidity. The increase in the number of patients with comorbid pathology when the primary general practitioner is appointed requires the improvement of the organization of care, treatment and prevention. It was not possible to identify such diseases by studying the pathogenesis of common diseases in the population. not only common risk factors for the occurrence of pathological changes in the body in a number of chronic diseases, but also close relationships between them, if one disease is the cause of the onset or development of others, aggravates the patient's somatic condition.

The purpose of the study: to study the structure of comorbid pathology and the index of comorbidity among therapeutic patients at the level of primary care. We use the Charlesson index to evaluate comorbid conditions. The Charlesson index provides statistical information on conditions associated with the risk of death in the next 10 years, and the death rate increases when the disease is accompanied by a comorbid condition. The practical importance of identifying comorbid pathology in patients (especially the elderly) is not only the ability to determine the patient's prognosis, but also the ability to prescribe pathogenetically based drug treatment. comorbid conditions are important in correcting a number of patient's diseases, reducing polypharmacy, and reducing the interaction of drugs, but in these cases, if hard working conditions are added, the disease will lead to more severe complications. Hereditary diseases (I.k.) - diseases caused by the violation of genetic information (hereditary information); It is mainly caused by mutations in chromosomes or genes and is passed from generation to generation. Mutations can occur as a result of external environmental factors (ionizing rays, some biologically active chemical compounds) and negative effects on the body and cells.

Hereditary diseases are mainly studied by the clinical genealogical method, in which a family tree is drawn up. Using this method, I. k. (autosomal dominant, autosomal recessive and sex-related diseases) are determined to be inherited in different ways. In autosomal dominant diseases, the disease is controlled by

autosomal dominant genes. In this case, the disease occurs in more than 50% of cases in each generation. Brachydactyly, arachnodactyly, retinoblastoma, certain types of psoriasis, etc. in this way it is passed down to generation after generation.

Occupational diseases are diseases that appear as a result of the effects of bad working conditions and occupational injuries on the body. The progression of occupational diseases depends on the specificity, strength, duration and their combined effect of the harmful factors that caused it. It is determined taking into account the harmful factors of occupational diseases. Occupational diseases are caused by physical (occupational deafness, vibration disease, light sickness, caisson disease, altitude sickness, etc.), biological (infectious and parasitic diseases: brucellosis, anthrax) and chemical factors (see Poisoning), when certain dusts are inhaled for a long time (pneumoconiosis, bronchitis, etc.), as well as types that occur during physical stress or damage (neuritis, bursitis). The origin of occupational diseases is also caused by extreme exhaustion of the body and a decrease in the ability to fight against the disease.

The list of occupational diseases in Uzbekistan and relevant recommendations are approved by the Ministry of Health of the Republic of Uzbekistan. I. ch. improvement of technology, i.ch. occupational diseases are decreasing due to the widespread introduction of complex mechanization and automation of processes, regular organization of work and rest, and the establishment of reduced working days in harmful enterprises. The Scientific Research Institute of Sanitary, Hygiene and Occupational Diseases of Uzbekistan deals with the prevention, treatment and organization of occupational diseases.

Material and method: The amount of glucose in capillary blood is determined using the automatic glucose analyzer "GlucoDr" (South Korea). The diabetic group had fasting hyperglycemia >6.1 mmol/L and glucose load >11.1 mmol/L after 2 hours. All patients were referred by specialists (cardiologist, endocrinologist, and gastroenterologist) was consulted by. The comorbidity index was calculated using the Charlson scale. When calculating the Charlson comorbid index, age and somatic disease scores are summed. Based on the scale, living conditions, diseases and other conditions were summarized.

Conclusion: Elderly (40.2%) and elderly patients (36.27%) were the main group of patients with comorbid pathology among the unorganized population. The average comorbidity index was 5.01 ± 0.19 points, which was significantly higher in women than in men (5.34 ± 0.25 and 4.59 ± 0.27 points, respectively). It is the leader in joint diseases. cardiovascular pathology (GA -81.37%, CHF -67.6%, myocardial infarction -20.58%) and DM 2 -34.3%. A large number of medicines are prescribed for diseases, on average 6.23 ± 0.27 . Women with comorbid pathology took significantly more medications than men (6.93 ± 0.37 vs. 5.57 ± 0.36 ($p < 0.05$, respectively). You found low adherence to treatment in all patients. If social work takes the first place in areas where occupational diseases are common, the frequency of comorbid conditions and diseases increases. Heavy physical work and climatic factors have been found to cause the occurrence of common diseases in the region in the same physical workers compared to people in normal working conditions.

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