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Study of the Distribution of Chronic Obstructive Pulmonary Diseases in the Territory of Uzbekistan

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RESUME. Chronic obstructive pulmonary disease is one of the most common pathologies of the respiratory system and is often the cause of disability and mortality in this category of patients. Poor prognosis is often due to late diagnosis of COPD.

In the last decade, certain successes have been achieved in the study of the pathogenesis, clinical picture, in the early diagnosis and treatment of COPD.

Time-tested methods of diagnosing COPD continue to be used and modern diagnostic and monitoring methods (clinical questionnaires, tests, functional tests, EchoCG, multispiral computed tomography of the lungs, etc.)

KEYWORDS: chronic obstructive pulmonary disease, mortality, functional test.

I. RELEVANCE

Chronic obstructive pulmonary disease (COPD) and bronchial asthma (BA) are common diseases of the respiratory system, the frequency of which is steadily increasing throughout the world [1].

In Uzbekistan, their share is also high, and over the past 5 years, the incidence of asthma and COPD has increased by 1.8 and 1.3 times, respectively. The prevalence of COPD in various regions of the republic ranges from 67 to 168 per 10,000 population. It should also be noted that in the countries of Central Asia, the standardized mortality rate from COPD is 3 times higher than the European average [2].

Currently, there is a development of supply on the pharmaceutical market: more expensive drugs have appeared that have a pronounced therapeutic effect and prolonged action [3]. The drug budget is the optimal receipts and expenditures of funds for drug provision projected by a medical institution as a whole or by its individual structural subdivisions in a certain period in the future.

One of the options for the formation of an optimal drug budget within a specialized department is the use of VEN analysis [5].

In a market economy, the pharmaceutical market of Uzbekistan presents various drugs for the treatment of COPD, which are produced by various companies [2]. However, there have been no scientific studies aimed at choosing from a variety of these drugs vital in order to optimize therapy for COPD. Optimization of the provision of drugs, determination of the list of vital drugs, the search for ways of their most effective use by the population and medical institutions are topical issues in medicine.

Purpose of the study. One of the goals of this study is to determine the level of competence of specialists who have given an expert assessment of the effectiveness of the use of certain drugs. For a generalized assessment of the level of competence of specialists in assigning drugs to VEN groups, data mining methods were used.

II. MATERIALS AND RESEARCH METHODS

In the study of chronic obstructive pulmonary disease, the literature review was first studied. The next study was the percentage and incidence of chronic obstructive pulmonary disease in Uzbekistan over the past five years. Its total amount and occurrence were studied in percentage terms.

Research results. The prevalence of COPD among the population of the Republic of Uzbekistan is 4.8 per 100 surveyed (7.0 per 100 men and 2.2 per 100 women), which exceeds the statistical reporting data by 5.4 times. With age,



the incidence of COPD in men increases from 0.8 per 100 surveyed at the age of 30-39 to 5.3 at 40-49 years, to 13.0 at 50-59 years and up to 22.5 per 100 surveyed at 60 years and older; in women from 1.8 per 100 examined at the age of 40-49 to 3.9 at 50-59 years, up to 7.0 per 100 examined at 60 and older.

The main risk factor for the development of COPD is smoking, the frequency of which is 49.6 per 100 examined (in men 73.4 per 100, in women 20.5 per 100 examined). Smoking increases the relative risk of developing COPD 13.3 times, in the presence of cold and drafts, the relative risk of developing COPD increases 4.6 times.

The diagnostic criterion for the timely detection of COPD during functional screening of patients at the level of outpatient and workshop services is the value of the peak expiratory flow rate less than 70% of the proper value. A peak expiratory flow rate of less than 90% is an indication for the forced expiratory volume in the first second and the FEV₁ / FVC ratio.

In patients with COPD, an increase in total serum glycosaminoglycans, an increase in the synthesis and degradation of sialo- and fucose-containing glycoproteins in the blood serum, and an increase in sialoglycoproteins in the nasal secretion, expressed to a greater extent with an exacerbation of the disease and a severe course of the disease, were revealed. In the period of clinical remission of COPD, an increased level of glycosaminoglycans, sialo- and fucose-containing compounds persists, indicating a persisting inflammatory process in the airways and the need to continue basic therapy.

In patients with COPD, the presence of systemic inflammation was revealed: both in the period of exacerbation and in the period of a stable state of patients, the levels of leukocytes, C-reactive protein, fibrinogen, sialo- and fucose-containing compounds were increased. These changes increase as the severity of the disease increases. "Systemic inflammation leads to" the development of systemic effects in COPD: a decrease in nutritional status, the formation of cardiovascular pathology and other concomitant diseases.

Chronic obstructive pulmonary disease has a negative impact on the quality of life of patients, primarily on their physical status. Dyspnea in patients with COPD correlates with most of the quality of life indicators, both according to the general questionnaire MOS SF - 36, and according to the special questionnaire SGRQ. The degree of negative impact of COPD on the quality of life of patients is determined by the severity of the disease, its duration and the patient's age.

In the study of the psychoemotional state in patients with COPD, the level of anxiety was 0.55 ± 0.01 points, the level of depression was 0.56 ± 0.02 points, which were significantly higher than in the comparison group (0.44 ± 0.01 and 0.43 ± 0.02 points, respectively). Correlation between the level of anxiety with dyspnea ($r = 0.41$) and with the patient's age ($r = 0.30$), the level of depression with dyspnea ($r = 0.30$), and forced expiratory volume in the first second ($r = 0.38$), with forced vital capacity of the lungs ($r = 0.39$).

Modern complex therapy of COPD allows you to really manage both clinical symptoms and functional parameters of the respiratory system, and the quality of life of patients. Basic therapy for COPD leads to a decrease in the severity of bronchial obstruction, to an improvement in the quality of life of patients, which is primarily manifested in an improvement in general and physical health.

"Mathematical modeling of the incidence rate of COPD using the probabilistic Bayesian method, taking into account prognostic significant risk factors, has shown that an increase in medical activity and hygienic literacy of patients will reduce the incidence rate by 2.5 times.

Group training of patients with COPD leads to an improvement in both the clinical course of the disease and to a significant decrease in the level of anxiety, which amounted to 0.45 ± 0.01 points ($p < 0.05$) and a tendency towards a decrease in the level of depression -0.50 ± 0.01 points, compared to untrained patients.

In parallel with the improvement of the psychoemotional state in patients with COPD, the indicators of quality of life also improved, with the greatest improvement observed on the scales of physical activity and the role of physical problems.

Output. In the future, health care facilities for the treatment of COPD must first of all purchase essential drugs.

It was revealed that the drugs used in the treatment of COPD belong to groups E and N.

Formed a list of drugs that affect the improvement of QoL and physical activity of patients and are optimally used in a wide range.

The possibilities of optimal expenditure of funds by medical and preventive institutions in the treatment of COPD have been identified.



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