

KIDNEY DISEASE AS A SOCIAL AND HYGIENIC PROBLEM

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Abstract. *The problem of disability and rehabilitation of patients with kidney disease occupies a special place. This is due not so much to the general prevalence of kidney diseases among the population, but to the undoubted predominance of young people of working age among the diseased people and the fatal development of chronic renal failure. Kidney diseases account for 5-6% of the total morbidity, more than 60% of nephrological patients are under 40 years of age.*

Keywords: *kidneys, glomerulonephritis, inflammatory processes, urolithiasis, dialysis.*

ЗАБОЛЕВАНИЯ ПОЧЕК КАК СОЦИАЛЬНАЯ И ГИГИЕНИЧЕСКАЯ ПРОБЛЕМА

Аннотация. *Проблема инвалидности и реабилитации пациентов с заболеваниями почек занимает особое место. Это связано не столько с общей распространенностью заболеваний почек среди населения, сколько с несомненным преобладанием среди заболевших молодых людей трудоспособного возраста и фатальным развитием хронической почечной недостаточности. Заболевания почек составляют 5-6% от общей заболеваемости, более 60% нефрологических пациентов моложе 40 лет.*

Ключевые слова: *почки, гломерулонефрит, воспалительные процессы, мочекаменная болезнь, диализ.*

INTRODUCTION

At the same time, modern approaches and criteria for medical and social expertise and rehabilitation in kidney diseases have not been sufficiently developed so far. There is a relatively small number of works concerning the study of the role of social and hygienic factors in the development of chronic kidney diseases. The social needs of people with disabilities in various types of medical and social rehabilitation have not been sufficiently studied, and comprehensive programs for the rehabilitation of people with disabilities due to kidney disease have not been developed in the light of the modern concept of rehabilitation. Based on the results of a comprehensive socio-hygienic and clinical-functional study of patients and disabled people with a uronephrological profile, develop evidence-based approaches to treatment, to their medical and social expertise and rehabilitation for the most complete integration into society. Statistically significant risk factors for the occurrence, development and adverse course of kidney and urinary tract diseases among the population are lifestyle factors, hereditary factors and the level of organization of medical care for this category of patients. Social factors were divided into managed and unmanaged.

MATERIALS AND METHODS

Uncontrollable risk factors for the development of urinary tract diseases and prostatic hyperplasia (BPH) include age, heredity, and the presence of concomitant inflammatory diseases of the genitourinary system in men. Controlled risk factors for the development of urinary tract diseases and BPH are overweight, hard physical labor, drinking alcohol (especially beer and

strong alcoholic drinks) more than 1 time per week, smoking for more than 10 years and smoking intensity more than 1 pack per day, frequent hypothermia, stress, incorrect diet, physical inactivity, frequent overflow of the bladder, irregular sex life. For the first time, the dynamics of primary disability and the socio-hygienic characteristics of the contingent of people with disabilities due to kidney disease were studied for a number of socially significant parameters. Modern approaches to medical and social expertise and criteria for determining disability in kidney disease have been developed, taking into account life limitations and the need for social protection measures. Social needs due to kidney diseases have been identified, a high need for them in various types of medical, psychological and social rehabilitation has been established. The comprehensive rehabilitation program for people with disabilities due to kidney disease has been improved to achieve greater social integration. Among patients who were recognized as disabled for the first time due to kidney disease, women, people of working age and disabled people of group II, as well as people with the cause of disability "general disease" predominate.

RESULTS

Clinical and functional features of kidney diseases that lead to disability are the severity of the course, the frequency of exacerbations and the development of complications - arterial hypertension, chronic renal failure, circulatory failure. The need of disabled people due to kidney disease in various types of rehabilitation measures is differentiated and includes, first of all, measures for medical, professional and social rehabilitation. These diseases are of great social importance due to the need for long-term treatment of patients and the rapid social maladjustment of the latter due to the development of complications - chronic renal failure (CRF) and the need for program hemodialysis. The prevalence of infectious and inflammatory diseases of the kidneys remains stable and quite high, which again emphasizes the wide epidemiological prevalence of this nosological form, which is second only to respiratory infections, thus, the problem is characterized by an unusually high socio-economic significance. The main cause of temporary disability and disability of nephrological patients are glomerulonephritis and pyelonephritis. The prevalence of urolithiasis (UCD) continues to increase progressively, which is reflected in an increase in the number of patients the overall mortality of persons suffering from nephritis and nephrosis increased slightly (by 5.5%), which may be due to both the lack of centers for hemodialysis and the result of the action of statistically insignificant factors. These changes may reflect an improvement in the early diagnosis of urological diseases, the timeliness of surgical interventions, comprehensive anti-relapse treatment, and timely prevention and treatment of complications. There are various classifications of kidney diseases. According to the most common classification in our country, all kidney diseases are divided into 7 groups: immune nephropathy, which includes glomerulonephritis; fektionno-inflammatory and tubulo-interstitial lesions of the kidneys, including pyelonephritis, interstitial nephritis, etc.; metabolic nephropathy, including amyloidosis, etc.; toxic nephropathy, including medicinal; secondary nephropathies, vascular nephropathies, and congenital diseases of the kidneys and ureters, including anomalies of the kidneys and ureters. The most common disease of the kidneys and urinary tract is pyelonephritis, ranking second in frequency after infection of the upper respiratory tract. According to different authors, pyelonephritis accounts for 55.2% to 78% of all patients with kidney disease. Pyelonephritis is a non-specific infectious disease of the kidneys, affecting mainly the interstitial

tissue, pelvis and calyces. Pyelonephritis can be unilateral or bilateral, primary or secondary, acute (serous or purulent), chronic or recurrent. Pyelonephritis is more common in women than in men. This ratio is 2:1. At the same time, 75% of women fall ill before the age of 40, men - much later. When collecting an anamnesis, patients with latently current pyelonephritis note the appearance of pain in the lumbar region, frequent urination long before the developed clinical manifestations, in childhood, during pregnancy; when studying outpatient cards in the study group, in 7% of cases the disease is diagnosed for more than 10-15 years.

DISCUSSION

Among patients referred for primary examination with latent current pyelonephritis, all patients suffer from arterial hypertension. Most patients (74.3%) have arterial hypertension with persistently high blood pressure (systolic blood pressure of at least 190 mm Hg, and diastolic blood pressure of at least 100 mm Hg), while almost all patients have periodic rises in blood pressure (at least once a month) above 200/120 mm Hg. Art., accompanied by severe headaches, dizziness, and sometimes transient neurological symptoms in the form of numbness of the extremities, paresis of the lower extremities. In some patients (14.6%), a labile course of arterial hypertension is detected: against the background of moderately elevated blood pressure numbers (systolic blood pressure within 150-160 mm Hg and diastolic blood pressure within 100-110 mm Hg) with frequent (at least 2 times a month) rises in blood pressure up to 200/120-200/140 mm Hg. Art. and more, accompanied by severe sympatho-adrenal symptoms (trembling in the body, chills, severe hyperemia, nausea, vomiting that does not bring relief, headaches, polyuria). In 11.1% of patients, hypertension has a relatively favorable (crisis-free) character with persistently high blood pressure (systolic 180-190 mm Hg and diastolic 110-120 mm Hg), while patients, as a rule, complain of general discomfort, constant "dull" pain in the back of the head. X-ray examination of this category of patients in all cases reveals changes in the pelvicalyceal system of varying degrees: in 100%, signs of nephrosclerosis, dilation of the ureters from the side of the lesion are determined, in 52.3% of cases a slowdown in the excretion of a contrast agent is detected on the one hand, in 37.6% of cases - a slowdown in the excretion of the contrast agent was noted on both sides, in 10.1% of cases the stage of a secondary wrinkled kidney is detected.

CONCLUSIONS

In all cases, in this study group, signs of target organ damage are revealed, primarily hypertrophy of the left heart and hypertensive angiopathy of the retina. Only in 15.4% of cases there are signs of circulatory insufficiency of the 1st degree (shortness of breath during physical exertion in the absence of clearly defined edema of the lower extremities and an increase in the size of the liver during an objective examination of patients), in 75.3% of patients there are signs of circulatory insufficiency - PA stages (shortness of breath at the slightest physical exertion, an increase in the liver by 1-2 cm from under the edge of the costal arch, pastosity of the legs), in 9.3% of cases, circulatory failure of the PB stage (pronounced acrocyanosis, shortness of breath at rest, pronounced edema of the legs, an increase in liver up to 3-4 cm.). In all cases, during periods of exacerbations, patients note dysuric disorders, severe weakness, fatigue, decreased appetite, headaches, nausea, and sometimes vomiting. 73.8% of patients with recurrent pyelonephritis complain of fever during the period of exacerbation, more than 70% of them complain of temperature rises to febrile numbers. Half of the patients periodically manifest chills, and the latter are not necessarily associated with a rise in temperature. Identification of patients in the early stages is very important.

REFERENCES

1. Alyaev Yu, Vinogradov A, Voskoboynikov V. Acute pyelonephritis. 2001;
2. Kozlov VP, Zubarev AV, Grishin MA. etc. Diagnosis of bladder cancer. Urology 2001;
3. Ignatova MS. The prevalence of diseases of the urinary system in children. Russian Bulletin of Perinatology and Pediatrics 2000;
4. Krupin VN. Treatment of patients with chronic prostatitis. Urology 2000;
5. Lutzev AB. Scientific substantiation of the optimization of the bed fund in the context of the implementation of the territorial program of state guarantees to provide the population with free medical care (on the example of the Tambov region): 2002.
6. Mashin AG. Comprehensive socio-hygienic study of the organization of medical care for patients with urological pathology: 2013.
7. Turdalievich T. A., Gulyam Y. Morphological features of pedolytical soils in Central Ferghana //European science review. – 2016. – №. 5-6. – С. 14-15.
8. Valijanovich M. O. et al. Biogeochemistry Properties of Calcisols and Capparis Spinosa L //Annals of the Romanian Society for Cell Biology. – 2021. – С. 3227-3235.
9. Turdaliev, A., Yuldashev, G., Askarov, K., & Abakumov, E. (2021). Chemical and biogeochemical features of desert soils of the central Fergana. Agriculture, 67(1), 16-28.
10. Броварский, В. Д., Турдалиев, А. Т., & Мирзахмедова, Г. И. (2020). Воздействие температуры окружающей среды на пчел и растения. Научное обозрение. Биологические науки, (3), 43-48.