

"FEATURES OF PREVALENCE AND PREVENTION OF GALLSTONE DISEASE AMONG ELDERLY POPULATION" (REVIEW OF EPIDEMIOLOGICAL STUDIES)

Usmonov Xusniddin Qutbidinovich

Andijan State Medical Institute

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Abstract. *The article reviews the literature, analyzes the reasons for the prevalence of gallstone disease among the population, especially among the elderly. The risk factors of gallstone disease, their early detection, treatment and prevention are described. Defects and weaknesses in this area are pointed out while solutions are discussed. Preventive and prophylactic practical and scientific directions have been proven.*

Keywords: *epidemiology, cholelithiasis, risk factors, prevention, elderly population, preventive scientific and practical directions.*

«ОСОБЕННОСТИ РАСПРОСТРАНЕННОСТИ И ПРОФИЛАКТИКИ ЖЕЛЧКАМЕННОЙ БОЛЕЗНИ СРЕДИ ПОЖИЛОГО НАСЕЛЕНИЯ» (ОБЗОР ЭПИДЕМИОЛОГИЧЕСКИХ ИССЛЕДОВАНИЙ)

Аннотация. *В статье проводится обзор литературы, анализируются причины распространенности желчнокаменной болезни среди населения, особенно среди лиц пожилого возраста. Описаны факторы риска желчнокаменной болезни, их раннее выявление, лечение и профилактика. При обсуждении решений указываются недостатки и слабые места в этой области. Обоснованы профилактические и профилактические практические и научные направления.*

Ключевые слова: *эпидемиология, желчнокаменная болезнь, факторы риска, профилактика, пожилое население, профилактические научно-практические направления.*

INTRODUCTION

According to the data provided by the World Health Organization (WHO), non-communicable chronic diseases (NCDs) are the leading cause of death and morbidity in all countries [2019]. In Uzbekistan, according to the State Statistics Committee, 60.6% of the population who died in 2019 had cardiovascular diseases (CVD), 5.5% had digestive system diseases (DSD), and 4.2% had respiratory diseases, infectious and parasitic diseases in 1.4% and other diseases in 12.1%.

MATERIALS AND METHODS

Gallstone disease (GSD) is one of the most common diseases of the digestive system. In particular, it is noted in the studies that the frequency of its spread and / or meeting is constantly increasing. For example, it has been confirmed that such a trend has accelerated more in industrialized countries. Among the elderly population of Europe and the USA, the prevalence of GSD is 10-15%, and it has become a disease with a high economic-cost demand [1,2].

Unfortunately, it should be noted that until now, most doctors consider as a surgical pathology, abuse surgical treatment, or consider gallbladder removal as the gold standard treatment method [3,4,5].

But removing the gallbladder does not solve the problem. In particular, approximately 40% of patients develop disorders of the digestive system after cholecystectomy or after a certain period of time, directly or indirectly related to the operation, and even certain diseases worsen as a result of the operation (such thoughts around stomach cancer, liver and colon cancer, etc.

reported). Modern scientific results have changed the perception of GSD, so it is necessary and necessary to carry out research aimed primarily at studying the antecedents of these diseases and strengthening the practice of active prevention and treatment in its preclinical period, or developing scientific mechanisms for strengthening preventive activity. [6,7,8]. Such results are obtained with accuracy mainly in epidemiological studies and they serve as a basis for strengthening preventive, therapeutic and prophylactic tactics in the stony stage of GSD, among the population or patients with a high risk of its origin [9,10].

The analysis of the sources shows that the prevalence of GSD in non-selective population groups is almost under-studied, and the prevalence of GSD is being studied mainly in the organized population, among those seeking medical care. As a result, until now, the true indicators of the prevalence of this disease remain undetected in most regions or population groups, and late diagnosis and ineffective preventive medical care are evident [11, 12]. The reason is that in such an approach, the population with hidden and unproductive forms of the disease are left out of the scope of examination and researchers' attention. The fact that the incidence of GSD has been increasing in recent decades shows that such scientific directions are insufficient. According to the literature, the number of patients with complicated forms of this disease is also increasing rapidly along with the growth of gallstone disease. [13, 14, 15, 16].

RESULTS

Khadjibaev F.A. et al. (2017) provide results showing that the complications of GSD, in particular Mirrizi syndrome (MS), are among the severe diseases of the biliary tract that require difficult surgical procedures and ensure a high mortality rate. In our opinion, with this or through the data, the authors indicated the importance of early detection of the disease (prophylaxis and strengthening of its practice) and expressed an important relationship to the problem. In particular, the need to strengthen preventive scientific and practical activities for GSD, together with the introduction of high surgical technology, they showed the following data confirming that it has already appeared: It is considered one of the complications of stone disease [17,18,19]. The prevalence of XBF is reported by researchers at levels from 2.7% to 5.0% [17, 20]; Due to the high (direct) risk of surgical procedures causing complex complications and the development of multi-organ failure syndrome, the mortality rate in this disease reaches 13.3% [21], and foreign researchers have shown that in the long term after surgical procedures, complications can often be complicated with an unfavorable outcome. reconstructive operations are needed in 7.5-20.8% of patients or the need is confirmed [22,23].

It should be noted that the conclusions of the above-mentioned content have been confirmed in the studies in relation to other non-infectious chronic diseases [24,25,26,27]. On the contrary, if epidemiologic investigations are organized and GSD is concluded in a non-selective population, the indicated inaccuracies and shortcomings will be eliminated by themselves. Therefore, any epidemiological, preventive and prophylactic meaningful investigations are appropriate if they are periodically and regularly dedicated to the GSD, including in the different climatic regions of Uzbekistan.

However, such researches are very rare in recent years, especially in the case of the elderly population of Uzbekistan.

Therefore, GSD continues to be a very common disease, accounting for approximately 10% of the population living with gallstones (in adults), and its complications continue to have a high prevalence. [28]. Lithogenesis is not fully characterized and the nature of the world is very

difficult [29], the strongly expressed negative impact of GSD on social activity and lifestyle is indisputable [30] and the leading prevalence remains. We believe that it is reasonable to say that this is another scientific challenge that proves the need to turn the "core" of new research towards the prevention and epidemiology of GSD. Such views are evident in modern research [31,32]. Modern changes in the natural course of GSD (regional characteristics of the processes of development of symptoms and complications) also clearly show the importance of preventive thinking in theory and practice, or require such ideas to be "base points" for clinical surgery [32]

Data flow further confirms that the prevalence of CRC in population groups varies from 5-15% to 10-40%, depending on the place of residence and age [32]. In particular, in the elderly population (60-74 years old), compared to the general population (up to 60 years old), the prevalence rate of GSD is 1.5 times higher than in foreign countries [30,31].

Another conclusion about the epidemiology of STD is that the screening data related to it are outdated to a certain extent on a global scale, including in Uzbekistan, and have naturally begun to lose their practical and scientific value. However, we believe that through them it is possible to detect and determine the prospects of prevention or treatment "without the participation of surgery" of GSD.

DISCUSSION

A general fact that was scientifically confirmed at the beginning of the 21st century is that - due to the increasing prevalence of GSD and the increasing number of life-threatening complications, it is considered to be an extremely urgent issue to diagnose this disease at an early stage and to create and improve a system of prevention and treatment. 10-20% of the population of Europe, due to the insufficient creation of this system, suffer from the "passed" stages of GSD or face risky surgery. Approximately every fourth (over 60 years old) and every third (over 70 years old) population has been diagnosed with gallstones [32].

Studies also show that new cardiovascular risk factors are associated with NAFLD and one of its complications, non-alcoholic fatty liver disease, under the influence of which there is an increase in urgent and planned abdominal surgical interventions in the population belonging to the gerontological group.

CONCLUSIONS

According to the experience of the world (Japan, USA, Russia, Finland, Canada, etc.), the main way to get out of such unpleasant clinical situations is screening - epidemiological studies, which cover large groups of the population. On the basis of screening, a protective system will be established, preventive programs of strategic importance will be developed, and the complex vital elements of a healthy lifestyle, which are almost disappearing among the population by now, were assigned to researchers by the President Sh.M. Mirziyoev [January 31, 2020] " The scientific basis of the "phytomix" direction is found and developed.

REFERENCES

1. Sandler RS, Everhart JE, Donowitz M. et al. The burden of selected digestive diseases in the United States// *Gastroenterology*.- 2002. Vol.122- P.33-63.
2. Everhart JE , Khare M., Hill M. et al. Prevalence and ethnic differences in gallbladder disease in the United States// *Gastroenterology*.- 1999.Vol.117.-P.635.
3. Sapein V. _ P. , Yudin V. _ A , Sapein I. _ V , Nupedikhin A.V. i dr . Operatsionnye risk i ix prevention during laparoscopic cholecystectomy // *Surgery* 6. -2015.-S.17-18.

4. Gudulin A.A., Nekrasov A.Yu., Sergeev A.V., Bezaltynnykh A.A. Optimization of lechenia bolnyx ostrym cholecystitom // Endoskopicheskaya khirurgiya. -2014; 20:1:175
5. Sakpak SJ, Bindra SS, Chamberlain RS. Laparoscopic cholecystectomy conversion rates two decades later // JSHS. -2010; 20; 14: 478-481.
6. Ignateva V.I., Avksenteva M.V., Omelyanovsky V.V., Derkach E.V. SGSDialno-ekonomicheskoe vremya vospitatelnyx zabolevaniy kishechnika v Rossiyskiy Federatsii // Profilakticheskaya meditsina. -2020. - T-23. - No. 2. -S. 19-23.
7. Petryszyn PW, Witczak I. Costs in inflammatory bowel diseases // Pzv Gastroenterology. - 2016; 11 (1): 7-12.
8. Burish J., Jess T., Martinato M., Lakatos Ph. The burden of inflammatory bowel diseases in Europe // J Crohns Colia . -2013; 7 (4) : 323-335
9. Lazebnik L.B., Ilchenko A.A. Gallstone disease. Puti solution and problems. // Terrarx . - 2005-№2. -S6.
10. Ilchenko A.A. Gallstone disease. -M. - Anachorsis . -2004. - S. -198-199.
11. Bottsov S.A. Zachem opyat nado menyat pryadok dispenserizatsii vzroslogo naseleniya // VII International Congress of Specialists in Internal Diseases. - Moscow. - VI DOX . - 2018. – S. 20-22.
12. Ivashkin VT, Shirokova EH Cholestasis manual for doctors. - M.: SIMK. – 2012 : S. 175
13. Khodjibaev F.A., Tilemisov S.O., Khashimov M.A. Chirurgicheskaya tactic in the case of gallstone disease, oslojnennoy syndrome Mirizzi // Uzbekistan surgery . - 2017. - #2. - S. - 38-40.
14. Alidzhanov F.B., Hashimov M.A., Rizaev K.S., Baynazarov I.Kh. The role of endoscopic retrograde pancreato-cholangiography and diagnostic syndrome of Mirizzi obslovennoy cholecysto-biliary tumor // Annaly hirurgicheskoy hepatologii. - 2006. -11 (3): 62-63.
15. Nazyrov F.G., Khadjibaev A.M., Altyev B.K. Operatsii pri poverjdeniyax i stricturax jelchnyx protokov // Surgery. - 2006; 4: 48-50.
16. Revyakin V.I. Diagnosis of lechenie syndrome Mirizzi V. Kn : "50 lectures on surgery" Media Medical / -2003/ -S. 401-404.
17. Karimov Sh.I. Malo-invasivnye vmeshatelstva v lechenii choledocholithiasis // Tez. Dock . VIII . Nauch. Conf . Surgeon and hepatologist SNG. Annaly hirurgicheskoy hepatology. - 2000; 5(2):34.
18. Sovelev V.S., Revyakin V.I. Syndrome Mirizzi , diagnosis and treatment. M.: medicine. - 2003. -S. 150-151.
19. Khadjibaev A.M., Altiev B.K., Khojibaev A.M., Aliev M.A. i dr. Mirizzi syndrome – diagnosis and surgical treatment // Annaly surgical hepatology. -2006; 11(3):64.
20. Khadjibaev A.M., Alidzhanov F.B., Aripova N.U. i dr. Endoskopicheskie vmeshatelstva v lechenii residualnogo i retsidivnogo choledocholitiazia // Chirurgiya. -2006; 12:28.
21. Al-Akeely MH, Alan MK et al. Mirizzi syndrome and Cholecystobiliary fistula: a Unifying Classification // Br/ J/ Surg/ -1989; 76: 1140.
22. Johnson LW, Sehon SK, Lee WC Myrizzis syndrome: Experience from o Multi-institutional Review // Am. Surg. - 2001. - 67 (1): 12-13.
23. A. Diaz, JC Diaz, P. et al . Mirizzi syndrome and Cholecystobiliary fistula: a Unifying Classification // Brit. J. surg. - 1989; 76 (11): 1140-1141.

24. Buzin V.N., Mikhailova Yu.V., Chukhrienko I.Yu., Buzina T.S. i dr. Rossiyskoe zdavohranenie glazami naseleniya: dinamika udovletvorennosti za poslednie 14 let (2006-2019): obzor sGSDiologicheskie issledovaniy // Profilakticheskaya meditsina. -2020. - T. 23. - #3. - S. 42-46.
25. Popovin M.V., Manshina A.V., Kontsevaya A.V., Drapkina O.M. Corporate programs for the improvement of health of workers - obzor zarubezhnyx publikatsiy // The Russian Journal of Preventive Medicine -2020. - Vol . 23. - No. 3. - S. 156-157.
26. WHO. Prevention of chronic diseases: vitel . Geneva: WHO; 2013.
27. Pawlecki JB, Burton WN, Christensen CDO et al. FFOM, FACOEMACOEM Corporate Medical Directors Section Task Force. Role and Value of the Corporate Medical Director // Journal of Occupational and Environmental Medicine. -2018; 60(5): 216-224.
28. Aliev Yu.G., Chinikov M.A., Panteleeva I.S., Kurbanov F.S and dr. Results of surgical treatment of gallstone disease from laparotomic and miniinvasive methods // Chirurgiya 7. - 2014. -S. 21.
29. Vakhrushev Ya.M., Khokhlacheva N.A., Gorbunov A.Yu. Faktory, sposobstvuyushchie obrazovaniyu jelchnyx kamney i ix vzaimodeystvie // Ter. Arch. - 2010; 1:8-9.
30. Vakhrushev Ya.M., Khokhlacheva N.A., Gorbunov A.Yu. Gallstone disease (epidemiology, early diagnosis, dispensary). - Izhevsk; 2014: S. 131-135.
31. Idchenko A.A. Disease of the bile duct and bile duct. Management for doctors. M.: MIA; 2011. – S. 779-884.
32. Khokhlacheva N.A., Glazyrina N.N. Kliniko-pathogeneticheskoe obsnovanie lecheniya bolnykh jelchnokamennoy boleznyu I stage pozhilogo vozrasta // Klinicheskaya gastroenterologiya. -2017. - 11-12. - S. 16-21.