

## METHODS OF TREATMENT COMPLICATIONS IN PATIENTS WHITH PATIENTS WITH RESPIRATORY PATHOLOGY IN A COMORBID STATE

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<https://doi.org/10.5281/zenodo.10243326>

**Abstract.** Article is devoted history, status and prospects for the treatment of purulent-inflammatory diseases of the respiratory pathology in bronchial asthma, chronic obstructive pulmonary disease mechanisms of action and to use ozone-therapy at various diseases.

**Keywords:** respiratory pathology, bronchial asthma, treatment, inflammatory diseases, , illnesses, not medicamentous treatment.

Pulmonary arterial hypertension is observed in patients with respiratory diseases, such as: chronic obstructive pulmonary disease (COPD) and severe bronchial asthma (BA).

In patients with chronic obstructive pulmonary disease, the diagnosis of the development of LH in the early stages is an urgent problem of modern medicine. LH, which has a medico-social mechanism, is a difficult problem to diagnose in the early stages and is diagnosed with severe levels of multiple diseases. People with high blood pressure have been found among us for quite a long time. High blood pressure - hypertension, as it is also called, is a diagnosis of pulmonary arterial hypertension (PH), when there is an increase in pressure in the pulmonary artery.

The following diseases can cause the development of LH:

– causes that prevent air ventilation in the primary lungs (COPD, BA, chronic bronchitis, bronchial asthma, pulmonary emphysema, tuberculosis, pneumoconiosis, bronchiectasis, sarcoidosis, etc.)

– when there is an obstacle to the defeat of the primary chest (kyphoscoliosis and other deformities of the chest).

– diseases of the primary pulmonary arteries (arteritis, thrombosis and embolism of the pulmonary artery, compression of the pulmonary artery by a tumor or aneurysm, etc.)

The pathogenesis of LH is caused by a contraction of the small pulmonary arteries and an increase in pressure in the circulatory system.

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In patients with chronic obstructive pulmonary disease, the diagnosis of the development of LH in the early stages is an urgent problem of modern medicine. LH, which has a medico-social mechanism, is a difficult problem to diagnose in the early stages and is diagnosed with severe levels of multiple diseases. The standards of the European Respiratory Association state that this disease is diagnosed on time only in 25 percent of cases. One of the reasons for the underdiagnosis of LH is that patients seek medical help late, while the second is that medical professionals do not adequately solve this problem. As a result, changes in the pulmonary-cardiac system are significantly aggravated, the most modern treatment programs cannot stop the irreversible exacerbation of this disease, and the consequences of death from this disease are increasing.

It is noted that early diagnosis of LH is the key to successful treatment of patients. Thus, early diagnosis and therapy with early onset, focused on the concomitant characteristics of the pathogenesis of the disease, is an urgent problem. When setting the main direction of diagnosis, it is desirable to identify early clinical signs of the disease and conduct a functional examination of the pulmonary heart system.

For the diagnosis of chronic obstructive pulmonary disease, prevention of LH, effective treatment, it is necessary to carry out measures in 4 stages:

- I. Monitoring and correction of the course of the disease;
- II. Reducing the impact of risk factors;
- III. Treatment of COPD and BA in the absence of exacerbation;
- IV. Treatment of COPD and BA in the advanced stage.

I. When monitoring and diagnosing the disease, great importance is attached to the primary diagnosis and assessment of symptoms.

a) primary diagnosis. Patients with chronic obstructive pulmonary disease are diagnosed with a hangover, a chronic cough or a history of sputum migration as risk factors (smoking, polluting dust and chemicals by profession). The diagnosis can be made to patients with 90% soot in the piculometric gap.

Test questions to assess the severity of shortage of breath.

I feel like a hunchback only with intense physical exertion

I hiss fast, even when I'm walking down flat Road

Because of the hangover, I walk down flat Road slower than people my age, or my breathing has recovered

I don't leave the house because of a severe hangover and I don't even walk in my clothes

Am I walking 100m walking down the road to flat, or will I be slouching in a few minutes

Please fill in only one cell that belongs to you

b) assessment of symptoms. Clinical symptoms, changes in ciproscopy indicators and complications in chronic obstructive pulmonary disease indicate the severity of the disease. For this reason, the exact diagnosis is analyzed on the basis of clinical and functional, biochemical studies.

Chronic obstructive pulmonary disease causes exacerbation in a negative way, even against the background of optimal treatment, bronchial obstruction increases, lung function worsens. For this reason, it is advisable to monitor the symptoms, spirometry indicators and have a spirometer with all doctors who treat respiratory organs.

The following functional and biochemical examination methods are used to diagnose pulmonary arterial hypertension in chronic obstructive pulmonary disease:

Is the most accurate informative noninvasive injection method. Diagnosis of pulmonary artery hypertension based on multiple examinations - systolic blood pressure  $>25$  mmHg in the pulmonary artery and the average pressure in the pulmonary artery  $>20$  mm of wire when it is put. According to general data, the length of stay in 30% of patients with LH 20-30 mm.cm. did not exceed 4-5 years. Pulmonary artery pressure is not just a predictor of prognosis, but also a factor, a predictor of hospitalization. The pressure in the pulmonary artery is 18 mm. see mouth. orca is considered a patient with a relative risk of hospitalization;

- Pulse ECG ;

- Based on the assessment of Dopplerography, pressure in the pulmonary artery and resistance in the pulmonary artery vessels are also among the main predictors. In practice, it has been established that vascular resistance of the pulmonary artery as a result of examination of patients is a very strong prognostic indicator;

- \* Diagnosis of ECG in patients;

- \* Chest X-ray is considered the most reliable sign of pulmonary arterial hypertension in patients with chronic obstructive pulmonary disease, enlarged by 16 mm in diameter of the right extrapulmonary artery, performed by anterior projection;

- Determination of indicators of nitric oxide synthesis in the blood (stable metabolites of nitric oxide - SMNo) is another factor predicting LH. For example: in patients who had complications with LH, a decrease in SMNo to 5.3 mmol/l was recorded.

- The amount of gases in the blood is determined:

II. Reducing the impact of risk factors.

When soot is detected during large-scale examinations, chronic cough or sputum migration is detected against the background of minor changes in Hanseatic spirometry, and then they develop soot. For this reason, the need to develop preventive programs is confirmed, indicating that the registration of symptoms poses a great risk to the population. Because the presence of respiratory symptoms is a marker of future health disorders.

Prevention of outbreaks of COPD and BA: the general exposure to tobacco smoke, dust and chemicals associated with professional activities again reduces the level of pollutants in the premises and atmospheric air.

Quitting smoking is considered to be the only measure that has a clinical and economic effect on many people, reducing the risk of outbreaks of COPD and AD (proof phase A).

As part of the fight against tobacco smoking, the National Health Service of the United States has published "Treatment of tobacco smoking and Tobacco Addiction: a guide to clinical practice." The guidelines emphasize that cigarette smoking is a chronic disease, which means that repeated use is an extremely harmful association and is not considered a mistake by a doctor or patient.

Dependence on cigarettes is accompanied by a chronic disease.

For many people, addiction to cigarettes leads to addiction to the drug itself, which equates to addiction called opiates, amphetamines and cocaine.

Cigarettes and other harmful addictions in most cases are chronic for patients and require long-term medical supervision.

Clinicians should know that cigarette addiction is a chronic disease, and the doctor should recommend constant conversation, consultation, support and appropriate pharmacotherapy, as well as carry out auxiliary work so that those who quit smoking do not relapse.

Since cigarette addiction is chronic, repeated attempts are not considered a medical error or passive refusal.

For doctors who want to help their patients quit smoking, this guide recommends a 5-step program of activities.

Summary of the strategy of helping passers-by who wanted to quit smoking.

1. Ask: Systematically find smokers through survey, documentation

2. Recommend: Make sure you need to quit smoking by applying a thorough and individual approach to the patient.

3. Rating: next (how long?) determine if there is a tendency to quit smoking in
4. Help: help the patient make a plan for how to quit smoking:
  - practical illustration,
  - effective pharmacotherapy,
  - provision of additional materials,
  - social support after treatment.
5. Organize: Make sure that the patient undergoing treatment is under home supervision.

In the institution, organize a system of rooms for recording the smoking status in the document and providing assistance to passers-by [4,20,21].

#### Treatment

In case of chronic obstructive pulmonary disease and exacerbation of bronchial asthma, pathologic process is considered, the treatment method should be selected strictly in accordance with the course of respiratory pathology. This is the maximum of treatment, exacerbation of the disease, colds with the spread to the bronchi, decreased respiratory ability, relapse of the disease, a period of remission, tolerance to life actions and improvement of the quality of life of society. The pathogenetic mechanisms of Shag development are influenced by drugs: calcium antagonists, beta blockers, ASE inhibitors, theophylline, killing diuretics. Of the methods of treatment of nomedicamentoses, oxygen therapy, ozone therapy, killing have the following.

Prevention of arterial hypertension, transportation in the early stages, treatment, harmonization of modern methods of restoring health and bringing to the attention of medical personnel make it possible to combat the problem.

In the treatment of drugs that are not popular in practice in a modern clinic - calcium antagonists, beta-blockers, ASE inhibitors, theophylline's, diuretics, oxygen therapy from non-dangerous methods of treatment, ozone therapy and correction of pressure in the artery of the ventricles.

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