RESEARCH JOURNAL OF TRAUMA AND DISABILITY STUDIES

Volume: 2 Issue: 4 | April – 2023 **ISSN: 2720-6866**
http://journals.academiczone.net/index.php/rjtds

Frequency of Comorbid Pathology among Non-Organized Population

Juraeva Khafiza
Bukhara State Medical Institute, Uzbekistan

Togaydullaeva Dildora
Asian International University, Uzbekistan

Abstract

The study of the structure of comorbid pathology and the index of comorbidity among the unorganized population 102 patients with comorbid pathology were under dispensary observation. Of these, 57 (55.9%) women and 45 (44.1%) men. The mean age of the patients was 67.51±1.27 years. The main group of patients with comorbid pathology among the unorganized population consisted of elderly (40.2%) and senile patients (36.27%).

In the structure of comorbidity, the leading one is cardiovascular pathology (HA - 81.37%, CHF - 67.6%, myocardial infarction - 20.58%) and DM 2 - 34.3%.

Keywords: comorbid pathology, patients.

Introduction

Currently, the health problem is a lot of diseases in one person, which is especially important for elderly patients. According to the World Health Organization, in the 21st century in developed countries, 80% of deaths will be associated with cardiovascular pathology, cancer, bronchopulmonary diseases and diabetes mellitus. The basis of chronic non-communicable diseases (CNCD) is the multifocal nature of the lesion, which is characterized by a systemic lesion and comorbidity [1]. An increase in the number of patients with comorbid pathology at the appointment of a primary health care doctor requires improvement in the organization of assistance to the population, treatment and prevention.

Studying the pathogenesis of diseases common in the population, it was possible to identify not only common risk factors for the occurrence of pathological changes in the body in a number of chronic diseases, but also a close relationship between them, when one disease is the cause of the onset or progression of others, aggravating the somatic status of the patient.

PUBLISHED UNDER AN EXCLUSIVE LICENSE BY OPEN ACCESS JOURNALS

Volume: 2 Issue: 4 | April – 2023 ISSN: 2720-6866
http://journals.academiczone.net/index.php/rjtds

Comorbidity is understood as the presence in one patient of etiologically and pathogenetically interrelated or occurring simultaneously more than two chronic diseases [1]. The presence in a patient of diseases occurring with a single pathogenesis, leading to disruption of the functioning of various organs and systems of the body, without any doubt, leads to a deterioration in the quality of life, the prognosis of a patient with comorbid pathology.

The Charlesson index is associated with the risk of mortality in the next 10 years.

The applied value of identifying comorbid pathology in patients (especially elderly and senile) is not only determining the patient's prognosis, but also the ability to prescribe pathogenetically substantiated drug treatment aimed at correcting a number of diseases in the patient, reducing polypharmacy, minimizing drug interactions [3 , 4, 5].

Purpose of the study

The study of the structure of comorbid pathology and the comorbidity index among therapeutic patients at the level of primary health care.

Material and methods

The study was conducted in the central multidisciplinary polyclinic. 102 patients with comorbid pathology were under dispensary observation. Of these, 57 (55.9%) women and 45 (44.1%) men. The mean age of the patients was 67.51±1.27 years. All patients were divided by age into groups according to the WHO classification. I-group consisted of young (18-44 years old) - 6 people (5.88%), group II - middle-aged patients (45-59 years old) - 18 people (17.64%), group III - elderly (60- 74 years) - 41 people (40.2%), IV group - patients of senile age (75-90 years) - 37 people (36.27%). All patients were examined (anamnesis, objective data, general blood and urine tests, biochemical tests: cholesterol, lipoproteins, blood glucose, liver tests), anthropometric data were assessed (weight, height, body mass index, waist volume (WT) and hip volume (WT), OT/TB), ECG and EchoCG were performed with the calculation of indicators of central and intracardiac hemodynamics, as well as the structural and functional state of the myocardium of the left ventricle (LV) according to the generally accepted method. Echocardiographic (EchoCG) study was carried out on the device Samsungmedison "Accuvix.V20" (Korea).

Glucose content was determined in capillary blood using an automatic glucose analyzer "GlucoDr" (South Korea). The group with diabetes mellitus included cases of fasting hyperglycemia >6.1 mmol/l and 2 hours after glucose load >11.1 mmol/l.

All patients were consulted by specialists (cardiologist, endocrinologist and gastroenterologist). The comorbidity index was calculated using the Charlson scale (Table 1). When calculating the Charlson comorbidity index, scores for age and somatic diseases are summed up.

PUBLISHED UNDER AN EXCLUSIVE LICENSE BY OPEN ACCESS JOURNALS

Volume: 2 Issue: 4 | April – 2023 ISSN: 2720-6866
http://journals.academiczone.net/index.php/rjtds

Table 1. Scoring of comorbidity.

Diseases	Points
Myocardial infarction Congestive heart failure Peripheral artery disease Cerebrovascular disease Dementia Chronic Lung Disease Connective tissue disease Peptic ulcer Mild liver damage Diabetes	1
hemiplegia Moderate or severe kidney disease Diabetes with organ damage Malignant tumor without metastases Leukemia Lymphomas	2
Moderate or severe liver damage	3
Metastatic malignant tumors AIDS (disease, not just viremia)	6
+ 1 point is added for every 10 years of life after 40 (40-49 years - 1 point, 50-59 - 2 points, etc.)	

10-year survival rate with a sum of points on the comorbidity index of 1 point is 99%, with 2 points - 96%, with 3 points - 90%, with 4 points - 77%, with 5 points - 53%, with 6 points - 21 % [2].

Results and its discussion

The analysis of the obtained results showed that among the patients 81,37% (83 people) had hypertension (AH), 67,6% (69 people) had chronic heart failure, 20,58% (21 people) had myocardial infarction, acute cerebrovascular accident in 8,82% (9 people), type 2 diabetes mellitus in 34,3% (35 people) and 14,7% (15 people) lung disease.

The comorbidity index among all patients was from 1 to 10 points, on average it was 5,04±0,16, in men -4,57±0,29, in women -5,34±0.25 points-($p < 0,05$, significant differences).

All patients received from 1 or more than 10 drugs at the same time, on average 6,37±0,22 drugs.

Women with comorbid pathology took 6,93±0,37 drugs, men – 5,57±0,36 ($p<0,05$). When analyzing

PUBLISHED UNDER AN EXCLUSIVE LICENSE BY OPEN ACCESS JOURNALS

Volume: 2 Issue: 4 | April – 2023 ISSN: 2720-6866
http://journals.academiczone.net/index.php/rjtds

the appointment, it was revealed that when correcting all diseases, the treatment was focused on the disease. In this case, it is necessary to take into account the interaction of drugs, concomitant diseases of the patient, affecting the pharmacodynamics and kinetics of drugs [3]. It is also necessary to take into account the economic side of polytherapy, both for the patient himself and for the society providing social assistance to the patient. In addition, in such situations it is impossible to foresee everything, adverse reactions to drug therapy may develop, course treatment will cost the patient dearly.

Next, we studied common diseases among patients. Of the total number of patients, GB was detected in 81,37% (83 people) with comorbid pathology, including 48 women (84% of all women) and 31 men (68,9% of all men). There was no difference by gender when detecting GB (p>0,05). Hypertension among patients of group I was observed in 6,3%, in group II - in 17,7%, in group III - in 51,9%, in group IV - in 24,1% of the number of patients with GB.

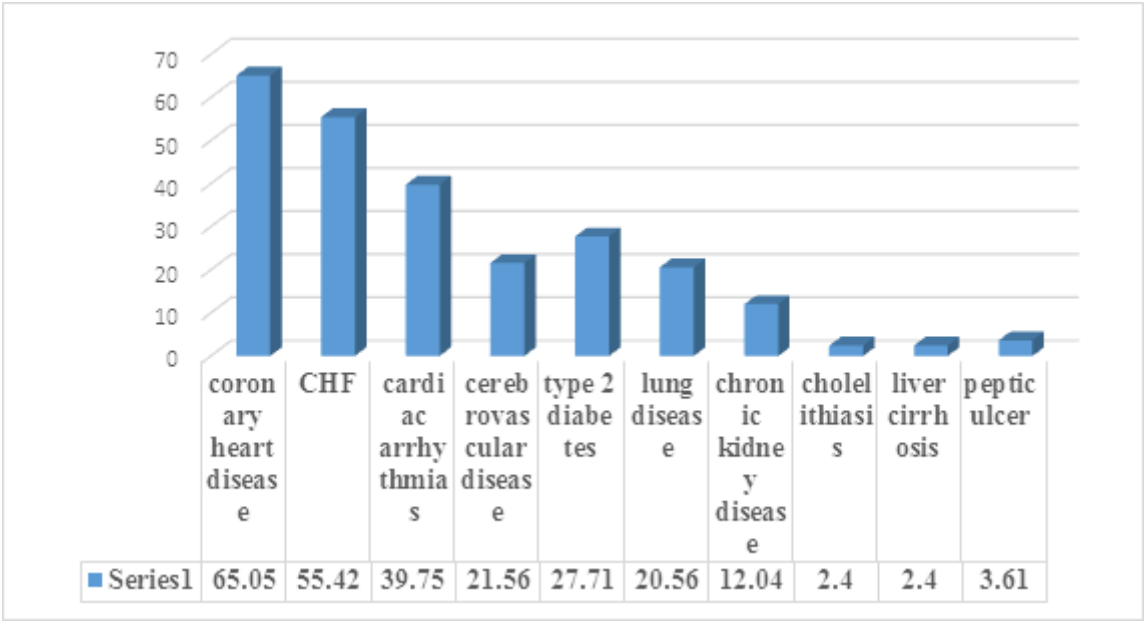

Figure 1. Structure of comorbidity among patients with hypertension

Among the diseases associated with hypertension, the following were identified: coronary heart disease - coronary heart disease (65,06% of the number of patients with hypertension), CHF (55,42%), cardiac arrhythmias – 39,75%, cerebrovascular disease (CVD) - 21, 56%, type 2 diabetes -27,71%, lung disease – 20,58%, chronic kidney disease (CKD) – 12,04%, cholelithiasis (GSD) – 2,4%, liver cirrhosis (LC) – 2,40%, peptic ulcer (PU) – 3,61%.

For the treatment of these patients, from 3 to 14 drugs were prescribed, on average 7,5 ± 0,4 drugs (p> 0,05, an insignificant difference compared to the total sample), women took an average of 7,94 ± 0,5 drugs , men 6,6±0,7 (p>0,05, no significant differences). Among patients with HD, 14,5% of women and 16,2% of men complied with the treatment regimen (p>0,05).

PUBLISHED UNDER AN EXCLUSIVE LICENSE BY OPEN ACCESS JOURNALS

Volume: 2 Issue: 4 | April – 2023 **ISSN: 2720-6866**
http://journals.academiczone.net/index.php/rjtds

The comorbidity index in patients with HD ranged from 1 to 10 points, averaging 5,25±0,26, in men – 4,6±0,4, in women – 5,6±0,3 points (p>0,05).

Comorbidity indices among patients with GB had no significant differences (p>0,05).

CHF was detected in 69 people (67,6% of the total number of patients), including 41 women (71,92% of all women) and 28 men (62,22% of all men).

There are no gender differences in the detection of CHF (p>0,05). When analyzing the age structure of patients with CHF, the following results were obtained: in group I, there were no patients, group II – 11,94%, group III – 34,33%, group IV – 52,24%. In group II, CHF was detected in 33.33% of women, among men – 66,67% (p>0,05), in group III – 76,47% and 50%, respectively (p>0,05), in group IV – 80,65% and 90,91%, respectively (p>0,05).

In patients with CHF, the comorbidity index ranged from 1 to 10 points, on average – 5,31±0.22, in men – 5,11±0.35, in women – 5,45±0.28 points (p>0,05, not significant differences). Comorbidity indices in the general sample and among patients with CHF had no significant differences (p>0.05). Among the pathologies associated with CHF, the following were identified: HA (89,85% of the number of patients with CHF), coronary artery disease (82,61%), DM2 (31.88%), CVD (11,59%). GB was present in 92,68% of women and 92,85% of men (p>0,05), coronary artery disease -75,60% and 96,42, respectively (p>0,05), DM 2 -41,46% and 21,42 respectively (p>0,05), CVB -14,63% and 7,14 respectively (p>0,05).

Drug treatment of patients with CHF included from 2 to 14 drugs, on average -6,87±0,32 drugs (p>0,05, no significant differences with the number of drugs in patients from the entire sample). In CHF, women took on average 7,30±0,43 medications, men – 6,22±0,46 (p>0,05, no significant differences). At the same time, adherence among patients with CHF reached 14,28% among men and 24,39% among women strictly adhere to the treatment plan (p>0,05, not significant differences).

Conclusions

The main group of patients with comorbid pathology among the unorganized population consisted of elderly (40,2%) and senile patients (36,27%). The comorbidity index averaged 5,01±0,19 points, significantly higher in women than in men (5,34±0,25 and 4,59±0,27 points, respectively).

In the structure of comorbidity, the leading one is cardiovascular pathology (HA – 81,37%, CHF – 67,6%, myocardial infarction – 20,58%) and DM 2 – 34,3%. A large number of medications are prescribed for diseases, on average 6,23±0,27.

Women with comorbid pathology took significantly more drugs than men (respectively 6,93±0,37 and 5,57±0,36 (p<0.05)). You-revealed low adherence to treatment among all patients. 17,77% of men and 29,82% of women were adherent to outpatient treatment.

PUBLISHED UNDER AN EXCLUSIVE LICENSE BY OPEN ACCESS JOURNALS

Volume: 2 Issue: 4 | April – 2023 **ISSN: 2720-6866**
http://journals.academiczone.net/index.php/rjtds

LITERATURE

1. Клинические рекомендации «Коморбидная патология в клинической прак-тике» // Кардиоваскулярная терапия и профилактика. — 2017. — №16 (6). — С. 5-56.
2. Шишкова В.Н. Коморбидность и полипрагмазия: фокус на цитопротекцию // Consilium Medicum. — 2016. — №18 (12). — С. 73–79.
3. Белялов Ф.И. Лечение внутренних болезней в условиях коморбидности. — Иркутск: РИО ИГМАПО, 2013. — 297 с.
4. Barnett K. Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study // Lancet. — 2012. — №380. — P. 37–43.
5. Guiding principles for the care of older adults with multimorbidity: an approach for clinicians: American geriatrics society expert panel on the care of older adults with multimorbidity // J Am Geriatr Soc. — 2012. — №60 (10). — P. 1–25.
6. Жураева Х.И., Бадридинова Б.К., Кадыров Б.С. Распространенность и состояние лечения артериальной гипертензии по данным анкетирования // Биология и интегративная медицина. 2017. №3.

   URL:https://cyberleninka.ru/article/n/rasprostranennost-i-sostoyanie-lecheniya-arterialnoy-gipertenzii-po-dannym-anketirovaniya
7. Жураева Х.И., Очилова Д.А., Кудратова Д.Ш. Распространенность и выявляемость сахарного диабета среди женского населения // Биология и интегративная медицина. 2016. №2.
   URL:https://cyberleninka.ru/article/n/rasprostranennost-i-vyyavlyaemost-saharnogo-diabeta-sredi-zhenskogo-naseleniya
8. Juraeva K. I. et al. Frequency of meeting the main components of the metabolic syndrome during disturbance of different phases of glycemic curve //Academicia: An International Multidisciplinary Research Journal. – 2019. – Т. 9. – №. 1. – С. 80-85.
9. Жўраева Х. и др. Артериал гипертензия ва метаболик синдром //Boshqaruv va etika qoidalari onlayn ilmiy jurnali. – 2021. – Т. 1. – №. 6. – С. 106-111.
10. Togaydullaeva D. D. et al. Erkaklarda yurak ishemik kasalligining kechishida metabolik sindrom komponentlarining ta'siri //Fan, ta'lim, madaniyat va innovatsiya. – 2022. – т. 1. – №. 4. – с. 29-34.
11. Жураева Х., Тилавова Ф. Адекватность фармакотерапии метаболического синдрома //Research Journal of Trauma and Disability Studies. – 2022. – Т. 1. – №. 12. – С. 131-136.

PUBLISHED UNDER AN EXCLUSIVE LICENSE BY OPEN ACCESS JOURNALS

Volume: 2 Issue: 4 | April – 2023 **ISSN: 2720-6866**
http://journals.academiczone.net/index.php/rjtds

12. Жураева Х. Metabolic syndrome and risk of chronic kidney disease //Журнал вестник врача. – 2020. – Т. 1. – №. 3. – С. 129-132.
13. Джураева Х.И. и др. Профилактика основных компонентов метаболиче –ского синдрома. – 2019.
14. Zhuraeva K. I., Badridinova B. K. The relationship of arterial hypertension with the disturbance of glucose tolerance //ACADEMICIA: An International Multidisciplinary Research Journal. – 2019. – Т. 9. – №. 10. – С. 17-22.
15. ZHURAEVA K. I. et al. PECULIARITIES OF THE COURSE OF JOINT SYNDROME IN PERSONS WITH TYPE 2 DIABETES MELLITUS //Journal of Natural Remedies. – 2021. – Т. 22. – №. 1 (1). – С. 92-98.

PUBLISHED UNDER AN EXCLUSIVE LICENSE BY OPEN ACCESS JOURNALS