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Physical Multimorbidity in Pregnant Women: Epidemiological Status, Problems of Prevention and Treatment

Abdukhaxorova S.K.

Assistant of the Department of Obstetrics and Gynecology, Andijan State Medical Institute, Andijan, Uzbekistan

Resume. The human body is a single whole in which every organ, every cell is closely related to each other. Only the coordinated and coordinated work of all organs and systems makes it possible to maintain the homeostasis of the internal environment necessary for the normal functioning of the human body. However, it is known that stability in the body is disturbed by various pathological agents (bacteria, viruses, etc.), causing pathological changes and causing the development of diseases. In addition, when at least one system fails, many defense mechanisms are activated that try to eliminate the disease or prevent its further development through many chemical and physiological processes. However, despite this, the "trace" of the disease still remains.

KEYWORDS: multimorbidity, epidemiological status, pregnant woman, concomitant pathology, polymorbidity, prevention.

Relevance. Disruption in the work of a single link in the single chain of vital activity of the body affects the work of other systems and organs. These new diseases appear. They may not develop immediately, but several years after the disease that caused their development. During the study of this mechanism, the concept of "comorbidity" appeared. Comorbidity means simultaneous occurrence of two or more diseases or syndromes that are pathogenetically interrelated.

The impact of comorbid pathology on the clinical manifestations, diagnosis, prognosis and treatment of many diseases, including surgery, other individually performed activities, etc. Modern researchers find that the interaction of diseases, age and drug pathomorphism significantly changes the clinical picture and basic nosology, the nature and severity of complications, worsens the patient's quality of life, limits or complicates the therapeutic and diagnostic process. A deep and comprehensive examination of various aspects of theory and practice shows that comorbidity affects the prognosis of life, increases the probability of death. The presence of comorbid diseases, hinders rehabilitation, bed days, contributes to the increase of disability, increases the number of complications after surgical intervention, increases the probability of falls in elderly patients.

Age of patients is one of the highest risk factors and should be taken into account when deciding on surgical intervention. The problem of comorbidity is becoming more and more relevant in countries and regions where the social conditions of society help to increase the life expectancy of the elderly and elderly people, which indicates the need to develop a unified vision on the problem of combined pathology.

The purpose of the study. To study the prevalence of physical multimorbiditis in pregnant women, to analyze their prevention and adequate treatment methods.

Materials and research methods. We examined 85 patients who were under examination and inpatient treatment in the therapeutic departments of the ASMI clinic in pregnant women with multimorbid diseases.

Research results. Thus, comorbidity is a public phenomenon that affects almost every patient, especially the elderly. In order to increase the effectiveness of treatment, it is advisable to distinguish the following stages of managing a comorbid patient: - complete collection of complaints and anamnesis for all diseases, consideration and assessment of risk factors, assessment of the stage of evolution of comorbidity; - determining the diagnosis of the main disease, co-morbid diseases and conditions related to them; consultations or joint examinations with specialist doctors (cardiologist, gastroenterologist, pulmonologist, urologist, endocrinologist, surgeon, etc. according to the instructions); - identification of changes in the system and organs caused by diseases that require diagnostic measures; - development of treatment tactics and dispensary monitoring of the patient.

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The incidence of comorbidity is 44% in patients aged 69–18 years, 64% in patients aged 93–45 years, and 65% in those aged 98 years. The most significant (92%) proportion of patients with comorbidity is determined in patients with chronic heart failure (CHF), and the most common combinations of diseases include diabetes mellitus (DM), osteoarthritis (-arthritis) and coronary artery disease (CVD), as well as arterial hypertension (AG), obesity and hyperlipidemia (GL). At the same time, comorbidity cannot be described using a few simple combinations of diseases, which do not reflect the differences in the severity of the condition, the impact on the level of physiological and mental functions, disability. For example, we cannot answer the question of how a patient with coronary heart disease, hypertension, and type 2 diabetes differs from a patient with chronic lung disease, arthritis, and depression when each patient has three diseases. The phenomenon of comorbidity - the coexistence of two or more diseases in a large number or in one patient is now widely studied from different positions - epidemiological, clinical, medical-economical, genetic, various indices are proposed for its assessment. The Charlson index is used to predict death, the cumulative disease rating scale (KKRK) evaluates all body systems without a specific diagnosis, the Co-existing disease index (KI) takes into account the increase in disease and disability. At the same time, the main purpose of these indices is to estimate the ratio of the number of coexisting diseases to the economic costs of health care. The presence of several chronic diseases in one patient is associated with a decrease in the quality of life, psychological distress, long-term hospitalization, an increase in the frequency of postoperative complications and high mortality, as well as a high cost of medical care.

Comorbidity should be taken into account in the organization of the medical care system, and first of all, in clinical practice and in health policy, in order to avoid fragmentation of this care. In our opinion, the most important direction that allows to understand the aspects of comorbidity listed above is to study its biological nature and general pathological significance. Comorbidity cannot be understood as the sum or addition of a certain number of diseases and the result of automatic weighting of the patient's condition, behind which, perhaps, the clinical signs of the formation of human pathology and the essence of the disease have not yet been studied and understood. Since we are interested in the general pathological side of comorbidity, against the background of a largely arbitrary interpretation of this phenomenon, when some nosological forms that are systemic manifestations of (one) disease or its complications fall under "comorbidity" in a number of publications, in particular, we (talk about systemic diseases). manifestations and complications are interpreted as comorbidity), atherosclerosis, connective tissue diseases, more precisely, in our opinion, the essence of the coexistence of diseases reflects the term "syntropy", although in many works "syntropy" and "comorbidity" are equated. This is also important, because the general pathological significance of comorbidity, along with its clinical significance in general, there is another important aspect of this phenomenon - its sign or the sign of individual combinations of diseases, which we will discuss later, but it is from this point of view that this phenomenon is understood. syntropy turns out to be more accurate. Thus, there are three forms of coexistence of diseases: comorbidity or syntropy; "reverse comorbidity" or dystrophy; it is called comorbidity of multifactorial diseases.

The concept of syntropy ("mutual tendency, involvement of two or more diseases in one person") was proposed by German pathologists M. Pfaunder and L. Zecht even before the term "comorbidity" appeared. Diathesis was then associated with the popular concept of the body's response, characteristics (diseases are characterized by the desire to develop certain groups of special conditions of the body) not only a reference, which was later integrated into the doctrine of human constitutions and the doctrine of mesenchymal dysplasia, or systemic dysplasia of connective tissue (DST). Syntropy is a polypathology is a type in which diseases "reach" each other, tend to connect to each other or prepare conditions.

Common etiological factors or pathogenetic mechanisms can be identified at the heart of syntropies or naturally frequent combinations of certain diseases. Dystrophy, on the contrary, is understood as a rare or even impossible combination of some diseases. Thus, syntropies such as hypertension (GB) and atherosclerosis, diabetes and atherosclerosis are common, and the relationship between the diseases is well understood. Known dystrophy includes, for example, a rare combination of pulmonary tuberculosis with mitral stenosis, which is explained by the negative effect of chronic hypoxia on aerobic mycobacterial tuberculosis. Lung cancer and bronchial asthma are rarely combined.

Thus, a 1% decrease in forced expiratory volume in 10 seconds increases the risk of cardiovascular death by 28% and non-partum coronary events by 20%, while there is a problem with the adequate use of beta-blockers in patients with coronary heart disease, because of their long can be used for a long time. deterioration of external respiratory function indicators, which means - an increase in cardiovascular risk. At present, the connection between exposure to aeropollutants, chronic inflammation in the airways, the development of atherosclerosis through the

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development of GL and systemic inflammatory response - an increase in the level of proinflammatory cytokines (CC) in the systemic blood flow - tumor necrosis factor alpha (O'NO) has been confirmed. interleukin (IL)6, IL 8, IL often. Understanding the pathogenetic basis of atherogenesis in OSC (introduction of proinflammatory CC into the systemic circulation, increased systemic oxidative stress, development of endothelial dysfunction, activation of matrix metalloproteinases) has led to a decrease in cardiovascular mortality in this category of patients due to the use of statins and anti-inflammatory drugs in their treatment. there is also a relationship - especially in the presence of cardiac arrhythmias (in the case of high risk of iatrogenic arrhythmias when using high doses of bronchodilators, the effect of UQT on the development of COPD exacerbations, 2-agonists).

All of the above, their coexistence, or comorbidity, the interaction of these diseases creates a kind of picture of the street. A certain correlation between ChF and oncological diseases was noted, and it was found that the risk of developing oncological diseases in patients with ChF is 68% higher than in people without circulatory failure. The reasons for this conjugation, on the one hand, may be related to the detailed examination of this category of patients, on the other hand, the carcinogenic effect of cardiotropic drugs (angiotensin-converting enzyme inhibitors, angiotensin receptor blockers, calcium channel blockers), general risk factors (chronic tissue hypoxia, systemic inflammation reaction as the most important link in the pathogenesis of ChF). Such an approach is appropriate due to the similarity of many clinical manifestations of ChF and oncological diseases (edema, shortness of breath, pleural effusion, cyanosis, anemia). In this case, comorbidity not only causes difficulties in differential diagnosis, but also raises the question of the possibility of a causal relationship between these diseases. It is known that ChF is characterized by hyperactivation of the immune system, manifested not only by increased expression of proinflammatory CC, but also by systemic blood flow, as well as the formation of oxygen and nitrogen free radicals at a high level. The final stages of chronic kidney disease, as well as chronic infection, can be explained by the weakening of the immune system and disruption of DNA repair [30], with various localizations, and an increase in the frequency of cancer. Comorbidity is of great clinical importance in oncology. The study of the causes of death based on the results of pathoanatomic conclusions shows that in only one case out of five it is limited to one cause, the number of causes can reach 16, and the average is 2.68. Even in the presence of tumor neoplasms, the coexistence of another chronic non-infectious pathology does not exclude its influence on the deterioration of the patient's condition. Comorbidity leaves a unique mark on the entire "trajectory" of the tumor process: from the formation of a predisposition to it, to diagnosis, treatment and rehabilitation. Thus, determining the low efficiency of adjuvant chemotherapy in cancer diseases with different localization, influencing the choice of treatment and the main disease. At the same time, in particular, lung cancer (OS) with a high frequency of co-morbidities (mainly cardiovascular system and UQTT), despite the prevalence of young people (30-50%) among patients, it was shown that the prognostic impact (mainly cardio- vascular system and UQTT). both age and co-morbidities themselves remain controversial. The prognostic value of detection can be combined with the nature of pathology and biological age.

Conclusion. Theoretically, it cannot be excluded that some drugs used for the treatment of CNS diseases can lead to the cancellation of the expression of a number of genes that control the development of cancer. Mechanisms of inverse comorbidity may be of great importance for the pathogenesis and treatment of many common and socially significant diseases, in particular, oncopathology. One of the urgent aspects of the problem of comorbidity is treatment. A common phenomenon in modern medical practice, comorbidity is often accompanied by polypharmacy - prescribing many drugs to the patient for the treatment of all diseases that make up a certain syntropy, which not only does not lead to the achievement of the goal, but often becomes dangerous, causing iatrogenicity. One approach to the treatment of many combined diseases is the "therapy of syntropic diseases", which aims to modulate or even "disrupt" the networks of nodes that are simultaneously involved in the control of several signaling pathways common to the respective syntropy. Thus, statins have been proven to be a common, effective and safe drug in patients with early forms of coronary atherosclerosis in combination with autoimmune diseases (rheumatoid arthritis, psoriasis). The coexistence and interaction of diseases complicates the formation of a diagnosis, the logical structure of which should reflect the specific syntropy of this patient. Diagnostic categories are used for this purpose: basic, background, co-morbidities. It is legitimate to consider the nosological form that, by itself or due to its complications, poses the greatest threat to the patient's ability to work and life and requires urgent treatment as one of the few diseases available to the patient. Formalizing the diagnosis according to the accepted headings is often accompanied by a violation of the logic of the development of the pathological process. There is an element of conditionality or an element of agreement inherent in any classification, an agreement reached, particularly in a pathological process such as atherosclerosis. But even leaving the logic of the development of the pathological process in favor of the accepted classification, the doctor must understand the true nature of things.

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The global maternal mortality ratio (MOD) has been steadily declining over the past 10 years. Thus, in 1996, this indicator was 57.7 cases per 100,000 live births, in 2001 — 36.5, in 2006 — 23.8, in 2009 — 22.6, in 2016 — 8.3 [1], which is similar in Europe and the United States. the indicator matches. In the Novosibirsk region, over the last 10 years, there was also clear information about the decrease in the number and rate of OO'D: the coefficient of OO'D in 2012 was 4.99 cases per 100,000 live births, in 2015 - 3.3, in 2016 - 15.6, in 2017 - 4.27. The OO'D indicator is directly related to its structure, as it reflects the state of maternity and child protection services and medical care in general. Over the past 10 years, the nosological structure of OO'D has undergone changes both in Russia and in the world. Previously, among the nosological causes in Russia, obstetric bleeding was in the 1st place (24-25%), preeclampsia (20-25%) was in the 2nd place, extragenital diseases (EC) was in the 3rd place (16-18%), septic complications were in the 4th place (14-15%) is a country that varies by sector. Recently, the number of multimorbid EGK has increased (52.7%), obstetric hemorrhage is the second leading cause of death (14.6%), preeclampsia and eclampsia are the third (8.5%). Thus, in 2012, 252 of 97 (37.7%) deceased mothers, in 2013, 244 87 (34.8%), in 2014, 232 87 (37.5%) were diagnosed with multimorbid EGK.

Among chronic diseases, obesity, vegetative-vascular dystonia, digestive diseases and pyelonephritis prevailed; among acute diseases - anemia, respiratory diseases and pyelonephritis. The negative impact of maternal diseases on the development and viability of the fetus determines and maintains the relevance of the problem of extragenital pathology in pregnant women.

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