



**МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ РЕСПУБЛИКИ
УЗБЕКИСТАН**
**ТАШКЕНТСКИЙ ГОСУДАРСТВЕННЫЙ
СТОМАТОЛОГИЧЕСКИЙ ИНСТИТУТ**
**САМАРКАНДСКИЙ ГОСУДАРСТВЕННЫЙ МЕДИЦИНСКИЙ
УНИВЕРСИТЕТ**

**VI РЕСПУБЛИКАНСКАЯ НАУЧНО-ПРАКТИЧЕСКАЯ
КОНФЕРЕНЦИЯ**
**«СОВРЕМЕННЫЕ ДОСТИЖЕНИЯ И ПЕРСПЕКТИВЫ
РАЗВИТИЯ ОХРАНЫ ЗДОРОВЬЯ НАСЕЛЕНИЯ»**

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ВСЕМИРНОМУ ДНЮ
ЗДОРОВЬЯ

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Данный сборник состоит из материалов республиканской научно-практической конференции с международным участием «Современные достижения и перспективы развития охраны здоровья населения» состоявшейся 9 апреля 2024 года в г.Ташкенте. Представленные в сборнике работы содержат материалы по актуальным вопросам здравоохранения, охраны здоровья населения. Представляет интерес для научных сотрудников и практических врачей всех областей, а также студентов бакалавриата и магистратуры высших медицинских учебных заведений. В сборнике представлены информации о состоянии здоровья разных стран, таких как Российская Федерация, Республика Беларусь, Казахстан и другие.

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restriction of sodium chloride is recommended by 35 (64.8%) SP doctors and 53 (31.5%) SVP doctors; auto-training 24 (44.4%) and 64 (38.0%); restriction of fat consumption 31 (57.4%) and 71 (42.2%); fluid restriction to 1-1.5 l / day 25 (46.2%) and 54 (32.1%); weight loss in obesity 37 (68.5%) and 71 (42.2%); smoking cessation 11 (20.3%) and 72 (42.8%); regular physical education is recommended by 37 (68.5%) and 67 (39.8%), respectively. A comparative analysis of retrospective indicators of outpatient cards with data from an oral survey of doctors and examination of the same patients revealed a significant discrepancy ($p < 0.001$) of the above risk factors. These data allow us to conclude that most of the patients did not undergo effective dispensary observation, timely identification and correction of risk factors for hypertension.

Research findings:

1. At the level of primary care in patients with hypertension, risk factors are not fully identified; some of them are not corrected for the identified modifiable risk factors; the overwhelming majority of patients use antihypertensive drugs in short courses (FP-35.1%; RMC-82%), not observing the regularity and duration (FP-64.8%; RMC-17.8%) of admission.

2. Patients with hypertension are not sufficiently aware of the risk factors (33.9%) that affect the course and prognosis of the disease; do not have the skills of self-control (63.3%) and self-help (75%) with an acute increase in blood pressure (BP); there is a low adherence (24%) of patients to the implementation of medical recommendations.

3. Group training of patients significantly contributes to the prevention of complications of hypertension, adequate control of blood pressure (96.7%); in our study, this training made it possible to achieve the target level of blood pressure in 82.7%.

**EFFECTIVE CONTROL AND DISPENSARY SUPERVISION OF
HYPERTONIC DISEASE IN THE CONDITIONS OF A FAMILY
POLYCLINIC AND A RURAL MEDICAL FACILITY**

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The majority of hypertensive patients (HD) are persons with an early stage of the disease, who account for more than half of all complications of cardiovascular diseases - cerebral stroke, myocardial infarction, fatal heart rhythm disturbances, the formation of heart failure and chronic renal failure. Only 37.1% of men and 58.9% of women are informed that they have a disease, only 21.6 and 46.7% are treated, including 5.7 and 17.5% effectively, respectively. Risk factors for diseases of the heart and blood vessels, being potentially dangerous for health - bad habits, food addiction, behavior and social lifestyle of a person, increase the likelihood of developing diseases, their progression and unfavorable outcomes. Therefore, long-term population programs to combat HD are becoming very relevant. Effective control and dispensary observation of patients with hypertension presupposes not only the correctness of medical prescriptions, but also the correction of the main risk factors closely related to the lifestyle.

Purpose of the study. Improving the effectiveness of prevention, treatment and dispensary observation of hypertension in primary care by educating patients in "schools for hypertensive patients".

Materials and methods: 236 hypertensive patients were questioned and examined. Of these, the main group ($n=122$) completed the training course, and some of the comparison group ($n=114$) did not participate in the educational program.

Results and discussion: In patients of the main group, in contrast to the comparison group, there was a positive dynamic in the lipid spectrum: the number of patients with hypertriglyceridemia decreased from 19.6% to 11.4% ($p<0.001$); hypercholesterolemia of low-density lipoproteins from 56.5% to 27.0% ($p<0.001$). After training, all patients of the main group stopped drinking alcohol; out of 13 (10.6%) 5 (4.0%) people quit smoking, physical inactivity was noted in 85 (69.6%) before training and 30.3% after training ($p<0.001$); the number of patients with impaired glucose tolerance decreased from 9.8% to 1.6% ($p<0.001$); excessive consumption of sodium chloride more than 5-6 g / day was observed before training in 10 (8.1%) and after training only in 3 (2.4%) ($p<0.001$). Along with this, significant changes were noted in the clinical picture of the disease of the patients who had undergone training: dizziness and headaches began to appear less often, and a tendency to decrease in shortness of breath during exercise was observed. The course of hypertension was accompanied by a significant decrease in the frequency of hypertensive crises from 32.7% to 3.2% ($p<0.001$) in the group of patients included in the educational program.

Conclusion: A necessary condition for effective treatment of hypertensive patients from the perspective of chronopharmacology is their active participation in the diagnostic and treatment process. Teaching patients in the "school of hypertensive patients" self-control skills and adherence to lifestyle change measures helps to increase patient awareness and compliance with antihypertensive therapy, achieve target blood pressure levels, reverse the development of left ventricular myocardial hypertrophy and secondary prevention of cardiovascular diseases.

СОЦИАЛЬНОЕ ЗНАЧЕНИЕ ЖЕНСКОГО БЕСПЛОДИЕ

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Бесплодие играет важную роль как в клинической, медицинской, так и социально-психологической практике. Бесплодие часто приводит к социально-психологическому дискомфорту супругов, конфликтным ситуациям в семье и увеличению числа разводов. Согласно определению ВОЗ (2010), бесплодие - это неспособность сексуально активной, не предохраняющейся пары зачать ребенка в течение одного года. Согласно данным ВОЗ, примерно 5% населения страдает бесплодием, где причинами являются генетические, иммунологические, анатомические и эндокринологические проблемы.

Демографическая ситуация и распространенность бесплодия в разных странах отличаются, и исследование показало, что вторичное бесплодие

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