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MODERN APPROACHES TO THE MANAGEMENT OF PATIENTS WITH FUNCTIONAL DYSPEPSIA**Karimov M.,***Head of gastroenterology department of Republican Specialized Scientific and Practical Center of Therapy and Medical Rehabilitation, DSc, professor***Zufarov P.,***Professor of the Department of Clinical Pharmacology of the Tashkent Medical Academy, DSc, professor***Sobirova G.,***professor of Rehabilitation, folk medicine and physical education department Tashkent Medical Academy, department, DSc***Mnajov K.***assistant of Rehabilitation, folk medicine and physical education department, Tashkent Medical Academy*<https://doi.org/10.5281/zenodo.7437302>**Abstract**

Studies have shown that the vast majority of respondents with symptoms of acid-related diseases of the gastrointestinal tract were residents of the city of Tashkent. At the primary care level, in most cases, the diagnosis of chronic gastritis is made without appropriate confirmation. Appointment of the drug "Gastritol" to patients contributed to the pronounced relief of pain and postprandial functional dyspepsia syndromes, which indicates its high therapeutic efficacy.

Keywords: functional dyspepsia, Roman criteria IV, gastritol, chronic gastritis

Functional dyspepsia (PD) is becoming increasingly relevant today due to urbanization, digitalization and the emergence of new infections. According to the recommendations of the consensus meeting of the International Working Group on Improving Diagnostic Criteria for Functional Diseases of the Gastrointestinal Tract (Rome IV, 2016) [1], FD is a condition characterized by one or more of the following symptoms: feeling full after eating, early satiety, epigastric pain or burning, which cannot be explained after a routine clinical examination [2, 3].

Approximately 20-30% of the population experiences persistent or intermittent dyspeptic symptoms. At the same time, as studies have shown, a smaller part (35 - 40%) falls on the group of diseases included in the group of organic dyspepsia, and most (60 - 65%) - on the share of functional dyspepsia (FD) [4]. Based on prospective studies, it has been established that complaints first appear in about 1% of the population per year. The presence of dyspeptic complaints significantly reduces the quality of life of such patients [5]. In most cases, dyspeptic symptoms persist for a long time, although periods of remission are possible. Approximately one in two patients with dyspepsia sooner or later seek medical help during their lifetime. Pain and fear of serious illness are the main reasons for seeking medical advice [6].

Issues of etiology and pathogenesis of functional dyspepsia syndrome are still poorly understood. There is evidence of impaired motility of the stomach and duodenum in the pathogenesis of functional dyspepsia. The role of *H. pylori* infection in FD is controversial. The currently accumulated data do not give grounds to consider *H. pylori* as an essential etiological factor in the onset of dyspeptic disorders in most patients with functional dyspepsia. Eradication may be useful only in some of these patients [7].

In Uzbekistan, according to the Health Center of the Ministry of Health of the Republic of Uzbekistan, the diagnosis of "functional dyspepsia" according to ICD 10 (K30), despite the existing clinical manifestations, is made very rarely, the diagnosis of "chronic gastritis" is used many times more often. Chronic gastritis, manifested by persistent structural changes in the gastric mucosa, most often does not have clinical manifestations. In Western countries, the diagnosis of "chronic gastritis" has recently been made rarely, the doctor usually focuses on the symptoms of the disease and uses the term "functional dyspepsia" on its basis. In Japan, the country with the highest incidence of gastric cancer, diagnoses of chronic gastritis and functional dyspepsia are combined, indicating the presence or absence of changes in the gastric mucosa and / or corresponding clinical symptoms [8].

Purpose of the study: To study the prevalence of chronic gastritis and FD in Tashkent and regions of Uzbekistan; study of the clinical assessment of the effectiveness of the drug "Gastritol" for the treatment of FD.

Material and methods: The study included 621 patients aged from 19 to 80 years old, mean age 45 + 16.5. All patients were questioned using a special questionnaire, where the probability of the presence of acid-related diseases, including FD, was studied. According to the questionnaire, epigastric pain syndrome was recorded in those cases when the patient, at least 1 time per week, had moderate or severe pain, or a burning sensation in the epigastric region. In this case, the pains were not permanent, were associated with food intake or appeared on an empty stomach, were not localized in other parts of the abdomen, did not decrease after defecation and were not accompanied by signs of gallbladder dysfunction or the sphincter of Oddi. Epigastric pain syndrome was often associated with postprandial distress syndrome.

In turn, postprandial distress syndrome was recorded in those situations when the patient, at least several times a week after eating, while taking the usual amount of food, had a feeling of overflow in the epigastrium or early satiety. At the same time, postprandial distress syndrome was sometimes combined with nausea and epigastric pain syndrome. Symptoms were assessed using a 3-point system, where: 0 - no symptom; 1-mild, periodic symptoms, rarely; 2-moderate degree of severe symptoms - quite often; 3-pronounced, constant symptoms - constantly.

Research results and their discussion. Studies have shown that the overwhelming majority of respondents with symptoms of acid-related diseases of the gastrointestinal tract were residents of the city of Tashkent - 472. The rest were from the city of Samarkand -71, Andijan -80 and Bukhara -95.

The gender indices of the examined patients did not show significant differences by sex: out of 621 persons, 49.3% were males, and 50.7% were females (Fig. 1).

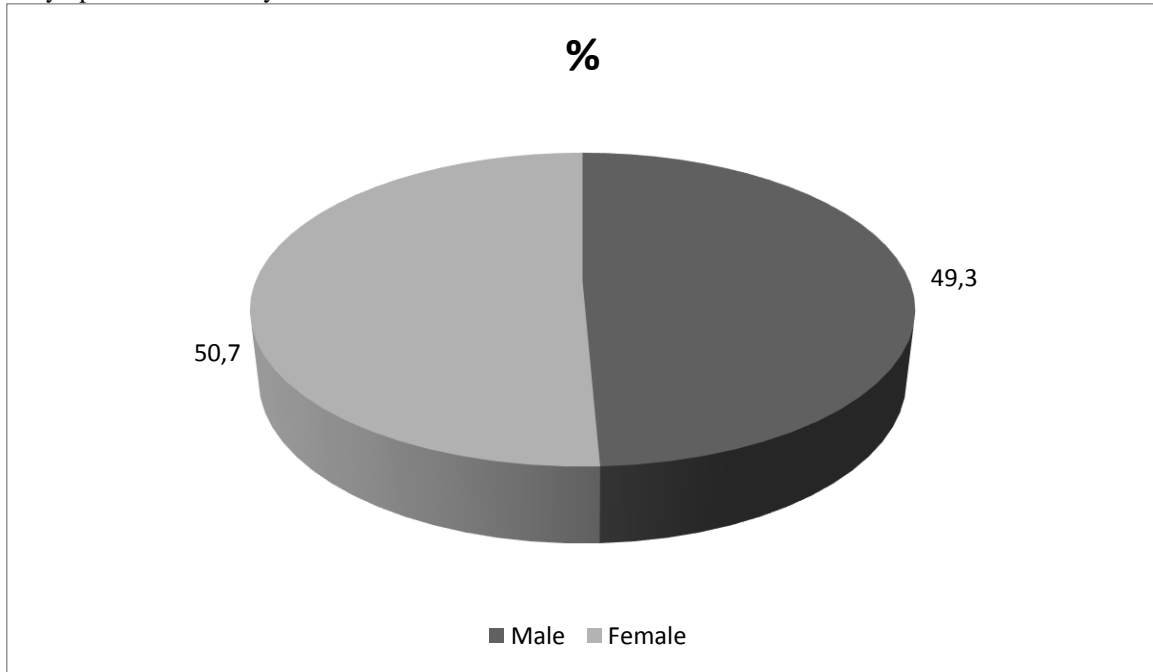


Figure 1. Distribution of patients by sex.

Studies by age gradation have shown the prevalence of persons in the older age group with a peak incidence of 35-45 years (Fig. 2).

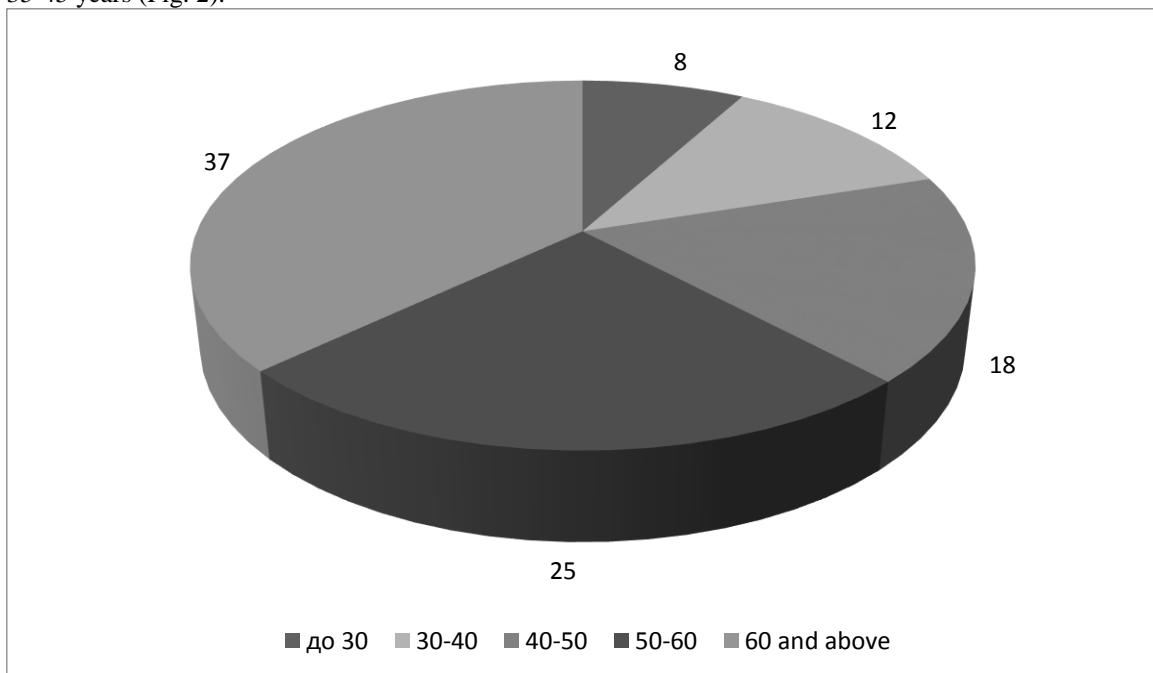


Figure 2. Distribution of patients by age.

The primary survey of the respondents revealed that acute gastritis was noted in 12.5% of patients, chronic gastritis was diagnosed in 57.5% of the patients. At the same time, 14% of individuals had duodenal ulcer (DU) and only 6% were diagnosed with FD (Fig. 3).

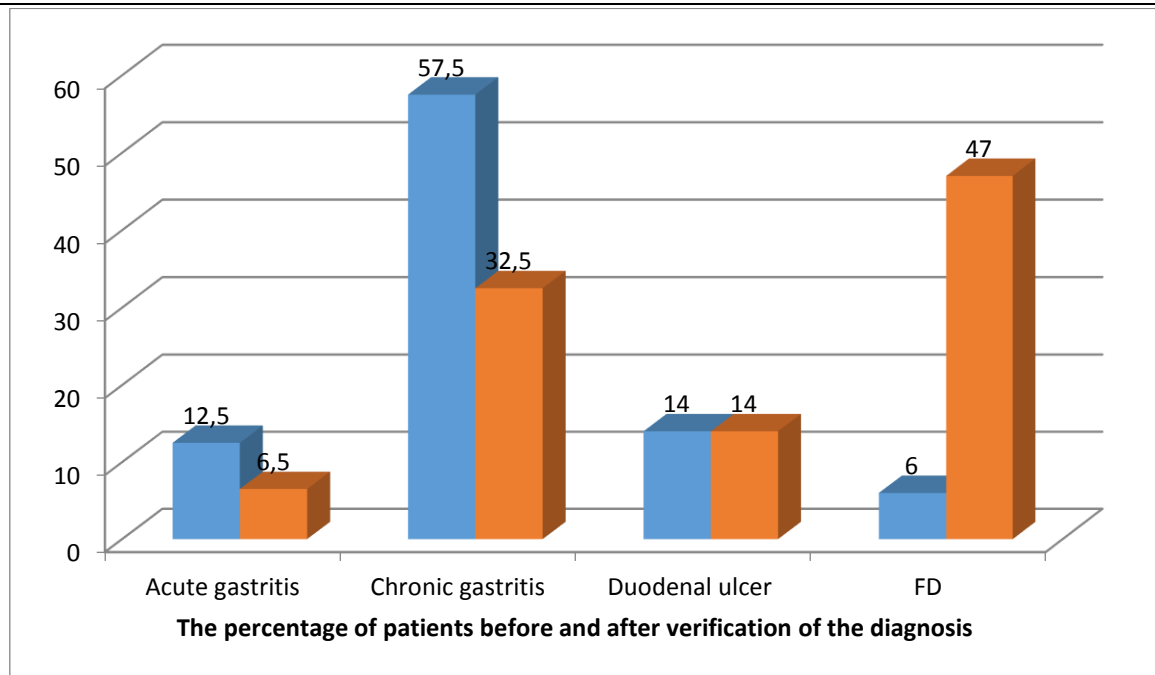


Figure 3. The percentage of patients with acid-related gastrointestinal diseases.

Subsequently, all patients with acute and chronic gastritis and FD underwent esophagogastroduodenoscopy. According to the results of the repeated examination, it was revealed that the diagnosis of acute gastritis was verified only in 6.5% of patients. The diagnosis of "chronic gastritis" of type A, B and C was verified in 31.5% of patients. On the contrary, the percentage of patients with FD increased sharply by almost 7 times and amounted to 48% (Fig. 3).

FD in patients was represented by an ulcer-like syndrome in 24.3% of cases and postprandial distress syndrome in 20.6% of cases. In 45.3% of cases, the disease was mixed. Clinical manifestations in the form of pain in the upper abdomen were established only in 36.5% of cases, only 62% of these patients complained of pain that occurs after eating, 82% of patients worried about night pain (at the same time, pain in the abdomen, which prevented patients from sleeping - in 89.0% of cases). The patients noted the feeling of early satiety in 85.7% of cases, burning, mainly in the epigastric region - in 85.4% of cases, nausea - in 92.5% of cases.

The most significant etiological factors of FD in patients were acid factor; hereditary predisposition; history of *H. pylori*; smoking, alcohol; transferred frequent toxic infections; alimentary factors (abuse of

spicy and salty foods, late dinner, overeating); psychosocial factors.

One of the drugs, the use of which is advisable for FD, is "Gastritol" in the form of drops for oral administration (company "Dr. GustavKlein", Germany). "Gastritol" contains a number of active substances that cause a local effect in the gastrointestinal tract and have a central effect on the secretory and motor functions of the stomach. The composition of "Gastritol" includes liquid extracts from the herb *Potentilla* goose, chamomile flowers, licorice roots, angelica, cadobenedict herb, wormwood, St. John's wort.

All patients with FD were given dietary recommendations: frequent (up to 5-6 times a day), fractional meals in small portions with restriction of fatty and spicy foods, as well as coffee. It was recommended to quit smoking, alcohol consumption, and NSAID intake. Patients were prescribed Gastritol 20-30 drops 3 times a day, dissolved in a small amount of water for 14 days. After that, a subjective assessment of the clinical effect of the drug was made on the scale: effective, ineffective, ineffective drug.

Most patients tolerated the drug well. Some noted the bitter taste of the drug.

Table 1.

Dynamics of pain and postprandial distress syndromes in patients with FD after treatment with Gastritol

Complaints	Before diagnosis	After 14 days of treatment
Pain in the epigastric region	2-3	0-1
Burning sensations in the epigastric region	2-3	0-1
Feeling of heaviness after eating	3	0-1
Feeling early satiety	3	0-1
Flatulence	3	1
Nausea	2	0

Table 1 shows the dynamics of clinical manifestations of the disease before and after the course of treatment. In most patients, epigastric pain decreased already on the 7th day of treatment. By the 14th day, the state of health of the patients improved, and by the end of treatment, only 1 (3.3%) patient had moderate painful sensations in the epigastric region. On palpation, pain in the epigastric region gradually decreased by the 7th and 14th days of treatment, by the end of the course of therapy, that is, after 4 weeks, 10% of patients retained pain during deep palpation in this zone. Heartburn in the course of treatment decreased by the 7th day, by the end of the course of treatment, it disappeared in all patients. During treatment, stool normalized in 4 out of 7 patients, in 10% constipation remained, which was observed in patients for many years and was not associated with an exacerbation of the disease. Flatulence before treatment was observed in 62% of patients, after treatment - in 25%.

It should be noted that the patients' mood and sleep improved while taking "Gastritol". On the dynamics of clinical manifestations of the disease "Gastritol" had a positive effect, which is possibly associated with the normalization of the motor function of the gastrointestinal tract, and, consequently, with a decrease and / or disappearance of dyspeptic complaints.

During the treatment with Gastritol, no side effects were observed and the drug was well tolerated. The effectiveness of "Gastritol" was high in 90%, insignificant - in 10% of patients.

Thus, the studies carried out have shown that, in terms of percentage, the number of patients with FD is the leader among acid-dependent diseases of the digestive system. In most cases, when the diagnosis of chronic gastritis should be made only after an endoscopic conclusion, in the primary care there are cases of overdiagnosis of gastritis and the diagnosis is based only on the clinical complaints of the patient without morphological confirmation, although it should be formulated according to ICD 10 as "K 30: functional dyspepsia of unspecified etiology" or according to the Rome IV criteria "B I: functional dyspepsia". In almost half of the patients, the verified diagnosis was represented by functional dyspepsia, pain and postprandial distress syndromes. The use of the herbal preparation "Gastritol" promotes effective relief of symptoms associated with impaired motor-evacuation function of the stomach.

Conclusions

1. In the gastroenterological practice of Uzbekistan at the primary care level, in most cases, the diagnosis of chronic gastritis is made without appropriate confirmation.

2. In two thirds of cases, the diagnosis of chronic gastritis established in SVPs, family clinics and private medical institutions is verified as FD.

3. The drug "Gastritol" is well tolerated by patients with FD and does not give side effects.

4. The study of the drug "Gastritol" testifies to its therapeutic efficacy in painful and postprandial forms of FD.

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