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EVALUATION OF THE EFFECTIVENESS OF GASTRITIS IN THE TREATMENT OF FUNCTIONAL DYSPEPSIA

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ABSTRACT

According to the recommendations of the conciliatory meeting of the International Working Group on Improving Diagnostic Criteria for Functional Diseases of the Gastrointestinal Tract (Rome Criteria IV, 2016) [1] FD is a condition characterized by one or more of the following symptoms: postprandial feeling of overflow, early saturation, epigastric pain or burning sensation that cannot be explained after routine clinical surveys [2, 3].

According to the recommendations of the conciliatory meeting of the International Working Group on Improving Diagnostic Criteria for Functional Diseases of the Gastrointestinal Tract (Rome Criteria IV, 2016) [1] FD is a condition characterized by one or more of the following symptoms: postprandial feeling of overflow, early saturation, epigastric pain or burning sensation that cannot be explained after routine clinical surveys [2, 3].

Approximately 20-30% of the population constantly or periodically experience dyspeptic symptoms. At the same time, studies have shown that a smaller part (35-40%) falls on the group of diseases included in the group of organic dyspepsia, and the majority (60-65%) – on the share of functional dyspepsia (FD) [4]. The presence of dyspeptic complaints significantly reduces the quality of life of such patients [5]. Approximately one in two patients with dyspepsia sooner or later seek medical help during their lifetime. Pain and fear of serious illnesses are the main reasons for seeking medical advice [6].

There is evidence of impaired gastric and duodenal motility in the pathogenesis of functional dyspepsia. The role of H.pylori infection in FD is controversial. The data accumulated at present do not give grounds to consider H.pylori an essential etiological factor in the occurrence 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 very rare, the diagnosis of "chronic gastritis" is used many times more often. Chronic gastritis, manifested by a persistent structural change in the gastric mucosa, most often has no clinical manifestations. In Western countries, the diagnosis of "chronic gastritis" has been rarely made recently, 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 stomach cancer, diagnoses of "chronic gastritis" and "functional dyspepsia" are combined, thereby indicating the presence or absence of changes in the gastric mucosa and/or corresponding clinical symptoms [8].

The purpose of the study: To study the prevalence of chronic gastritis and FD in Tashkent and the regions of Uzbekistan; to study the clinical evaluation of the effectiveness of the drug “Gastritol" for the treatment of PD.

Materials and methods: The study included 621 patients aged 19 to 80 years, average age 45+16.5. All patients were surveyed using a special questionnaire, where the probability of acid-dependent diseases, including FD, was studied. According to the questionnaire, epigastric pain syndrome was recorded in cases when the patient had moderate or severe pain or burning sensation in the epigastric region at least once a week. At the same time, the pains were not permanent, were associated with eating or occurred 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 dysfunction of the gallbladder or sphincter Oddi. Epigastric pain syndrome was often combined with postprandial distress syndrome.

In turn, postprandial distress syndrome was recorded in those situations when the patient had a feeling of overflow in the epigastrium or early satiety at least several times a week after eating, when taking the usual amount of food. At the same time, postprandial distress syndrome is sometimes combined with nausea and epigastric pain syndrome. The symptoms were evaluated according to a 3-point system, where: 0-absence of a symptom; 1-mild, periodic symptoms– rarely; 2-moderate symptoms – often enough; 3-severe, constant symptoms – constantly.

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

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The gender indicators of the examined patients did not show a significant difference by sex: 49.3% of the 621 individuals were male, and 50.7% were female (Fig. 1).

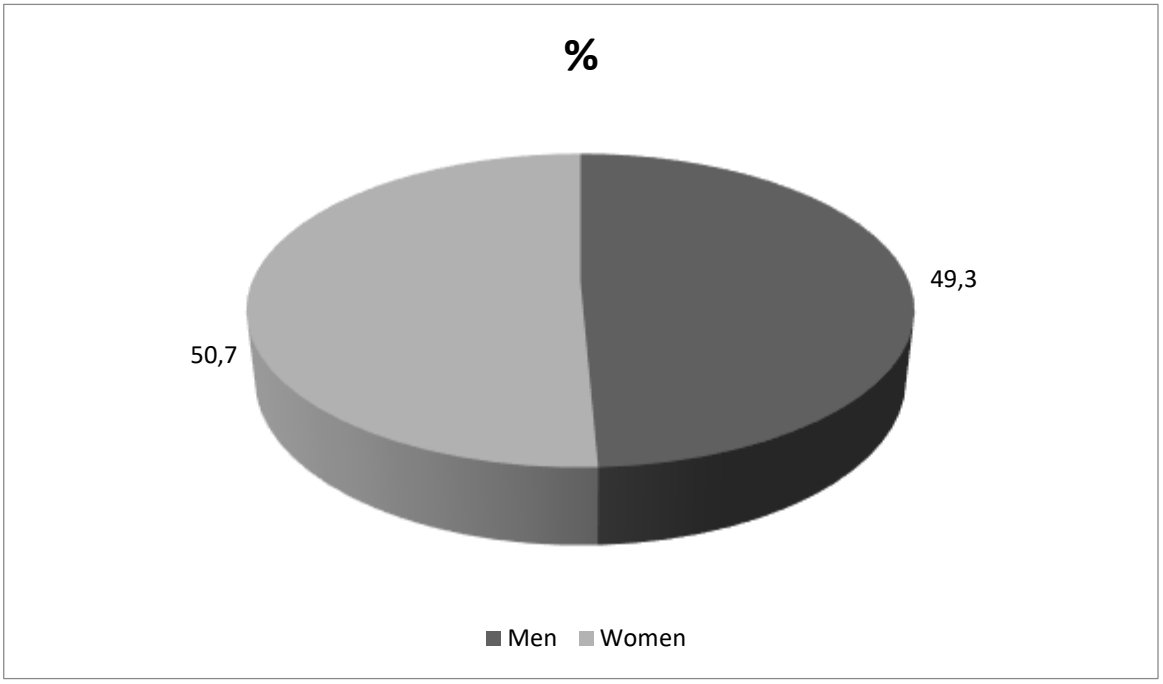

Figure 1. Distribution of patients by gender.

Studies on age gradations have shown the prevalence of the older age group with a peak incidence of 35-45 years (Fig.2).

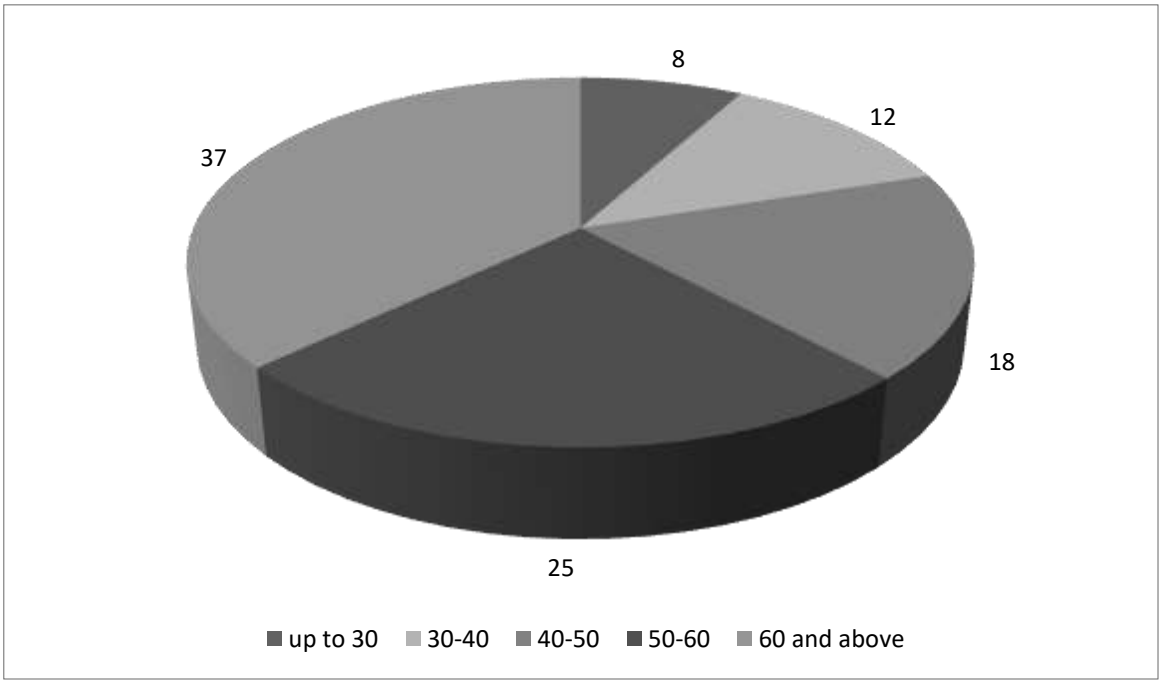

Figure 2. Distribution of patients by age.

The initial survey of the surveyed persons revealed that 12.5% of patients had acute gastritis, 57.5% of individuals were diagnosed with chronic gastritis. At the same time, 14% of

individuals had duodenal ulcer (duodenal ulcer) and only 6% were diagnosed with FD (Fig.3).

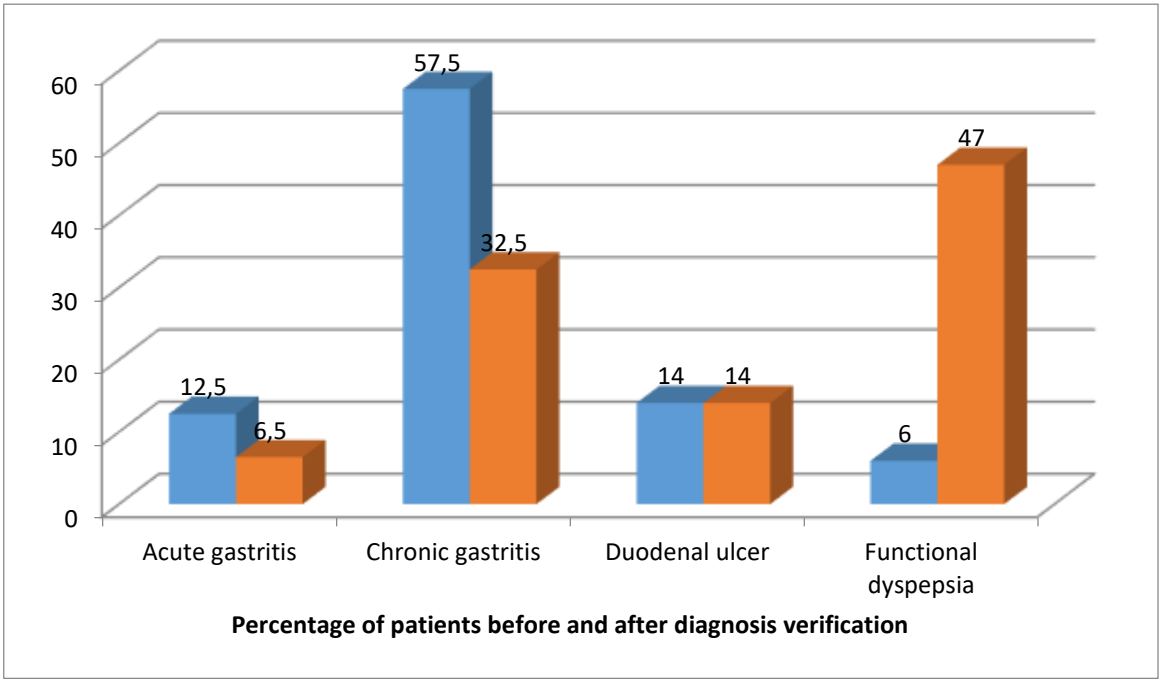

Figure 3. Percentage of patients with acid-dependent gastrointestinal diseases.

Subsequently, all patients with acute and chronic gastritis and FD underwent esophagogastroduodenoscopy. According to the results of 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. The percentage of patients with FD, on the contrary, increased sharply by almost 7 times and amounted to 48% (Fig. 3).

FD in patients was represented by ulcer-like syndrome in 24.3% of cases and postprandial distress syndrome in 20.6% of cases. In 45.3% of cases, the disease occurred in a mixed form. Clinical manifestations in the form of pain in the upper abdomen were found only in 36.5% of cases, only 62% of these patients complained of pain arising after eating, 82% of patients were disturbed by night pains (at the same time, abdominal pain that prevented patients from sleeping - in 89.0% of cases). Patients noted a feeling of early satiety in 85.7% of cases, burning sensation, 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; a history of H.pylori; smoking, alcohol; 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. "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 grass of goose grass, chamomile flowers, licorice roots, angelica, kadobenedict grass, wormwood.

All patients with FD were given dietary recommendations: frequent (up to 5-6 times a day), fractional meals in small portions with a restriction of fatty and spicy foods, as well as coffee.

It was recommended to stop smoking, drinking alcohol, taking NSAIDs. Patients were prescribed the drug 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 a 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 stress syndromes in patients with PD after treatment with Gastritol

Complaints	Before diagnosis	After 14 days of treatment
Pain in the epigastric region	2-3	0-1
Burning sensation in the epigastric region	2-3	0-1
Feeling of heaviness after eating	3	0-1
Feeling of 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 patients' well-being improved, and by the end of treatment, only 1 (3.3%) of the patient had moderate pain in the epigastric region. During palpation, pain in the epigastric region gradually decreased by the 7th, 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 area. Heartburn during treatment decreased by the 7th day, by the end of the course of treatment it disappeared in all patients. Against the background of treatment, stools normalized in 4 out of 7 patients, constipation remained in 10%, which was observed in patients for many years and was not associated with an exacerbation of the disease. Flatulence was observed in 62% of patients before treatment, and in 25% after treatment.

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

There were no side effects during the treatment with "Gastritis" and the tolerability of the drug was good. The effectiveness of "Gastritol" was high in 90%, insignificant in 10% of patients.

Thus, the conducted studies have shown that the percentage of patients with FD leads 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, cases of overdiagnosis of gastritis are observed in the primary link and the diagnosis is based only on clinical complaints of the patient without morphological confirmation, although it should be

formulated according to ICD 10 as "By 30: functional dyspepsia of unspecified etiology" or according to Roman criteria IV"In I: functional dyspepsia." In almost half of the patients, the verified diagnosis was represented by functional dyspepsia with pain and postprandial distress syndromes. The use of the herbal preparation “Gastritol" contributes to the effective relief of symptoms associated with a violation of the motor evacuation function of the stomach.

Conclusions

1. In the gastroenterological practice of Uzbekistan at the primary 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 rural medical center, family polyclinics and private medical institutions is verified as FD.
3. The drug “Gastritol” it is well tolerated by patients with FD and does not give side effects.
4. The study of the drug “Gastritol” indicates its therapeutic effectiveness in pain and postprandial forms of FD.

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