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«ПРОБЛЕМЫ ЭКОЛОГИИ В СОВРЕМЕННОЙ МЕДИЦИНЕ: ПРОШЛОЕ, НАСТОЯЩЕЕ И БУДУЩЕЕ»

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Изучение особенностей факторов, влияющих на эпидемиологию *Mycobacterium tuberculosis* среди человеческой популяции, имеет важное медико-биологические значение, в связи с высокой распространенностью данной инфекции во всех странах земного шара.

COMPREHENSIVE ASSESSMENT OF RISK FACTORS FOR CHILDHOOD OBESITY IN TASHKENT CITY, UZBEKISTAN

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Introduction: In the world where everything is developing, also the rate of the diseases are increasing year by year. Nowadays, one of the huge problems in health care system is obesity, not only in adults but in younger generation too. This is one of the reasons for the decline in life expectancy, as a younger generation began to suffer from obesity, which will affect directly to all aspects in life, such as economy, demography, decreasing working capacity, phycological disorders and concomitant diseases. Risk factors are divided to the two groups, there are primary and secondary. To the group of primary risk factors are added an unhealthy lifestyle, environmental pollution, a heavy family history, inadequate healthcare services. When it comes to the secondary risk factors are included diabetes, atherosclerosis, hypertension. Effective identification of these risk factors will help in targeted prevention of obesity development. Risk factors do not depend only in these two groups but it depends on life style, physical inactivity, excess body weight, nutrition, bad habits, stress and etc.

Purpose: In this research work author will represents dangerous factors for the development of obesity in young children residing in Tashkent city.

Materials and Methods: A total of 32 girls and 26 boys aged 5 to 6 years with a diagnosis of exogenous constitutional obesity.. The children were examined at the outpatient clinic of the Republican Specialized Research and Practical Medical Center of Endocrinology (RSRPMCE) of the Ministry of Health of the Republic of Uzbekistan. The diagnosis was based on anamnestic and anthropometric data, as well as the results of examinations by hygienists, pediatricians, and endocrinologists. During the outpatient examination, the nutritional status, well-being, activity, and mood of the patients were assessed. Anthropometric studies included bioimpedance measurement of body composition, determination of body mass, body mass index (BMI), waist and hip circumference (WC/HC), and fat mass quantity. Measurements were taken using Martin's anthropometer, calipers, and standard medical scales.

Firstly, from patients we conducted questionnaires about their life style, nutrition, family history, physical activity. Data were taken from medical records of children diagnosed with obesity, 50 healthy children information, while in list of observation included 58 children with the excessive weight. During the investigation, mathematical calculations were used for comparison and then were calculated risk coefficients. Despite calculation of risk coefficients, was analyzed the ratio of the highest level relative to the risk factor category. The method which was used case-control, it represented fundamental plan of the "case-control" study is based on selecting two comparable (in terms of materials and characteristics) groups of patients from a population. One group has the disease (cases), and the other (controls) does not have the studied disease. Subsequently, the frequency of exposure to the studied factor is retrospectively determined in both groups. Control group is equal to observers who are healthy and have the same conditions and risk factors except for the presence of the disease. It is also important to consider the quantity, and a 1:1 ratio is recommended as it provides the maximum statistical power. If the relative risk is 1.0, it means there is no difference in risks which means the disease occurrence is the same in both groups). RR=1.6 means that the risk of getting the disease in the group exposed to the factor is 1.6 times higher than in the group not exposed to the factor (or the risk is 60% higher in the group exposed to the factor). RR>1 indicates a protective effect of the risk factor when the risk factor has a protective, rather than harmful, effect. Likewise genetic predisposition was studied, in our practice it represented 4%. When it comes to the diet in daily

routine unhealthy foods was dominated, which includes fast foods, sweets, bakery products. Also physical activity plays a crucial role in the obesity of children. Statistics showed that the majority of children prefer to spend their time in front of computers for playing the games, 34%. Boys and girls who prefer watch the movies represented 55% and 38%. Interestingly, the family status plays a role in obesity. As scientists in Brazil studied that low-income families are more prone to obesity than wealthy ones. The fact that families with low incomes suffer from malnutrition and when food appears, they go overboard, while wealthy people often eat little by little and eat better food. Same experiment was taken in UK families with good profit are not predisposed to obesity, but our results were vice-versa.

When determining the leading factors contributing to childhood obesity, based on relative risk, it was evident that spending 3 hours or more on the computer, parental obesity, and lack of physical activity instead of outdoor play were the leading factors. Children obesity may lead disfunction of the systems such as cardiovascular system, endocrine system, nervous system, urinary system and metabolic disorders.

Conclusion: the implementation of preventive techniques should be introduced from childhood to avoid deterioration of the condition, spend less time on the computer, play sports, eat as healthy as possible, try to change mindset about our health, health of our future generation.

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ЭКОЛОГИЯ И АЛЛЕРГИЧЕСКИЕ ЗАБОЛЕВАНИЯ У ДЕТЕЙ

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