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**EVALUATION OF PRACTICAL NUTRITION OF PATIENTS WITH
CHRONIC HEPATITIS**

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Keywords: chronic hepatitis, diet therapy, real nutrition, chronic liver disease, nutrition assessment.

Research relevance. Chronic liver disease is most often caused by acute viral hepatitis (B, C, D), alcohol, toxic factors, certain medications, and other factors. It is known that the liver is actively involved in the management of complex metabolic changes associated with the process of digestion and ensuring their normal functioning. Therefore, in order to properly organize the dietary treatment of chronic hepatitis, which is one of the most common liver diseases, it is important to pay attention to the causes and clinical forms of liver disease, the development of solutions to its relevance.

The diet therapy currently used in treatment and prevention facilities is based on the former Soviet-era Pevzner diet tables, and often local foods are not taken into account in diet therapy. In the treatment of diseases, including chronic liver disease, various drugs are used in large quantities and do not pay attention to dietary therapy (diet therapy), which causes inconvenience in the treatment of the disease or aggravates it.

In chronic liver disease, it is important to consider the link between pharmacological and dietary nutrition. In the process of evolution, the local digestive system, metabolism, and nutrient uptake have been adapted to local foods and dishes. Assessing the nutritional status of patients with chronic liver disease and the importance of disease progression remains a pressing issue in modern medicine.

The aim of the study was to provide a hygienic assessment of the nutritional status of patients with chronic hepatitis.

Materials and methods. A total of 42 patients with chronic liver disease were observed. Of these, 22 were men and 20 were women. Patients ranged in age from 18 to 71 years, with a mean age of $M + m = 48.5 \pm 2.1$.

Tables 1 and 2 show the distribution of follow-up patients by diagnosis, etiology, and stage of development. The total number of diagnoses of chronic hepatitis is 12, which are divided by etiology: 3 of unknown etiology, 8 HbsAg of viral etiology, 1 HCV. The total number of diagnoses of cirrhosis of the liver is 30, divided by etiology: 6 of unknown etiology, 5 of viral HbsAg, 19 of HCV. Division by disease course: 5 patients in the period of compensation, 13 patients in the period of subcompensation, 12 patients in the period of decompensation.

Questionnaires (WHO questionnaires), clinical, laboratory, nutritional and biostatistical methods were used to examine patients.

Results and their discussion: As for the nutrition of the patients in the follow-up, a 24-hour feeding timeline was performed to determine if they were actually eating (Form №1).

From the above data, it can be said that the data obtained for men and women in the diet taken during the observation are given in Table 3

Nutritious ingredients and strength indicators in the actual nutrition of patients with chronic liver disease

Basic nutrients	In men M±m	In women M±m	t	R
Proteins (gramm)	80.6±3.5	80.4±3.4	0.04	R>0.05
Fats (gramm)	81.1±2.7	77.2±4.3	0.76	R>0.05
Carbonated waters (gramm)	295.1±11.5	270.1±11.4	1.54	R>0.05
Power (kkal)	2246.6±63.7	2177.9±76.8	0.7	R>0.05

The table shows that women have less fat and carbohydrates than men, and therefore have less energy.

The nutritional value of the diagnosis in chronic liver disease was found to be lower in proteins, fats, and carbohydrates in liver cirrhosis than in chronic hepatitis,

resulting in decreased energy intake. Examination of the nutritional value of the etiology of chronic hepatitis shows that hepatitis of unknown etiology has a higher fat content, lower protein and carbohydrate content, and a decrease in energy than chronic hepatitis of viral (HbsAg) etiology.

When examining the nutritional value of liver cirrhosis:

- On the etiology of liver cirrhosis: viral etiology (HCV) relative to viral etiology (HbsAg) and low levels of whites, carbohydrates and energy in vague etiology, low fat content in viral etiology (HbsAg, HCV) relative to unknown etiology can be viewed;

- by the stage of development of cirrhosis of the liver: in the subcompensation and decompensation stages, the amount of whites, carbohydrates and energy is slightly lower, in the compensatory and subcompensation stages, the amount of fat is slightly lower.

Conclusion: The results show that proper nutrition of patients suffering from chronic liver disease can to some extent lead to the development of the disease, as the diet of patients is disproportionate, low in protein, vitamins and minerals, and bitter foods. 'prog consumption was determined. It was found that the observed patients did not follow the principles of healthy eating in the diet.

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