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# MEDICINE

## PREVALENCE AND RISK FACTORS OF ALLERGIC DISEASE IN CHILDREN

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**Relevance of the problem:** All over the world, including in Uzbekistan, there is a tendency to increase the incidence of bronchial asthma and its more severe course. Bronchial asthma significantly affects the quality of life of a sick child, limits his physical, mental and social capabilities [1].

Epidemiological studies indicate that in different regions of the world bronchial asthma affects from 4 to 8.2% of the population. At the same time, in the adult population, the frequency of bronchial asthma varies within 5%, and in the children's population it rises to 5-12% [2]. Epidemiological studies conducted using various methodological techniques indicate that the true prevalence of bronchial asthma significantly exceeds the official statistics. The most reliable and comparable data on the prevalence of the main symptoms of bronchial asthma and an assessment of the structure of the disease according to the severity of the course in many countries of the world were obtained in connection with the implementation of the ISAAC program (The International Study of Asthma and Allergy in Childhood) [1,3].

**The purpose** of the study is to identify the clinical and laboratory features of the course of asthma in children living under the influence of adverse environmental factors.

**Research methods.** To achieve the goal of the study and solve the tasks set, the following methods were used: epidemiological, clinical and laboratory, functional and statistical research methods.

**The practical results of the study are as follows:** It is proposed to conduct a modified ISAAC questionnaire in practical health care, the purpose of which is the early diagnosis of bronchial asthma in children. Established risk factors make it possible to identify children at an early stage at risk of developing bronchial asthma;

It has been established that the adverse effect of the combined impact of increased anthropogenic load leads to an increase in the incidence of asthma. It has been proven that the results of this study make a significant contribution to the study of clinical manifestations, pathogenetic mechanisms of bronchial asthma in children living in the industrial regions of the Tashkent region.

**Conclusions:** The study of the anamnesis of the examined children showed that in children aged 7-8 years, wheezing in anamnesis occurred in 16.1% of cases. At the age of 13-14 years, this indicator was 1.4 times higher ( $p < 0.05$ ).

The recurrence rate of BA in children, according to official statistics, did not exceed three exacerbations per year. But according to the survey data, schoolchildren had from 4 to 12 attacks of wheezing during the year. Monthly and more frequent exacerbations of asthma symptoms during the last year were noted in 1.25% of the children surveyed. Nocturnal episodes of bronchial obstruction in children aged 13-14 years occurred 3 times more than in children aged 7-8 years ( $p < 0.05$ ). At the same time, severe difficult wheezing with speech limitation to 1-2 words between breaths in children aged 7-8 years occurred 1.3 times more often than in schoolchildren aged 13-14 years. The survey data showed that the symptoms of bronchial obstruction during physical activity were 1.5 times more often observed in children aged 13-14 years ( $p < 0.05$ ).

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