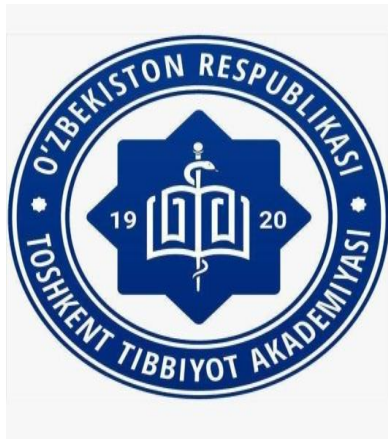


Klinik laborator diagnostikada innovatsion texnologiyalardan foydalanish, muammolar va yechimlar, 2023



**KLINIK LABORATOR  
DIAGNOSTIKADA INNOVATSION  
TEXNOLOGIYALARDAN  
FOYDALANISH, MUAMMOLAR VA  
YECHIMLAR**  
**xalqaro ilmiy-amaliy  
anjuman**  
**18 aprel 2023 yil**



**O'zbekiston Respublikasi Sog'liqni saqlash vazirligi**

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## **COMPARATIVE CHARACTERISTICS OF LUNG TUBERCULOSIS TREATMENT MODELS**

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**Introduction.** In recent years, there has been a tendency in the Republic of Uzbekistan to stabilize the main indicators for tuberculosis. In these conditions of the epidemiological situation, the need to personalize approaches to the treatment of patients is of particular importance. Over the past decade, more attention has been paid to reducing the length of stay of patients in the hospital with an emphasis on their outpatient treatment under control.

**The purpose** of the study: a comparative assessment of the provision of medical services to TB patients within the framework of the "inpatient and outpatient treatment" model and the "outpatient treatment of pulmonary tuberculosis from the first day" model.

**Materials and methods.** The analysis of statistical data collected for 2015-2019 on Uchtepinsky and Chilanzarsky districts of Tashkent city is carried out. The inclusion criterion was patients aged 18 years and older, with a verified diagnosis of "pulmonary tuberculosis" (n=1162) and divided into 2 models: patients who received the intensive phase (IF) in inpatient conditions and the maintenance phase (PF) in outpatient conditions (model I) - 746 patients; patients, those who received c in outpatient conditions of IF and PF from the first day of treatment (model II) – 416 patients.

**Results.** Over the period from 2015-2019, there is a tendency to increase the number of patients treated according to model II (from 32.3% to 40.3%) and a decrease in the number of patients treated according to model I (from 67.7% to 59.7%).

Among the observed patients, men treated according to model I were 556 (74.5%) and model II – 226 (63.9%), which reflects a certain prevalence of their number in the model of the patient's initiation of treatment in inpatient conditions. Among women – 190 (25.5%) according to model I and - 150 (36.1%) – according to model II, reflecting the trend in the advantage of model II, where treatment is started on an outpatient basis from the first day. When studying the social status of patients within the framework of the services provided, it was revealed that among the treated contingent there were persons without a fixed place of residence (model I – 9 (1.2%) and model II – 2 (0.5%)); persons from places of deprivation of liberty – (model I – 5 (0.7%) and model II – 4 (0.9%)); patients with background HIV status (model I – 143 (19.2%) and model II – 36 (8.7%)). According to the clinical forms of pulmonary tuberculosis of the provision of services, it was found that infiltrative tuberculosis was treated within the framework of model I 464 (62.2%) patients and models II -171 (41.2%) patients, focal pulmonary tuberculosis (model I 85 (11.4%) and model II - 189 (45.4%)), disseminated pulmonary tuberculosis (I- 91 (12.2%) and II - 12 (2.9%)), tuberculosis (13 (1.7%) and 17 (4.1%), respectively), cavernous pulmonary tuberculosis – (16 (2.2%) and 6 (1.4%)), fibrotic cavernous pulmonary tuberculosis – (71 (9.5%) and 18 (4.3%) patients, respectively).

Within the framework of the first service delivery model, patients with the presence of decay cavities prevailed – 452 (60.6%) patients versus 126 (30.3%) patients, with positive bacterioscopy results - 435 (58.3%) versus 93 (22.4%) patients.

Evaluation of treatment outcomes shows that "treatment completed" is higher in model II than in model I (64% vs. 25%); "cured" is higher in model I (34% vs. 15%); "treatment failure" was found by 2% in both models of service delivery approaches; "died" - higher in Model I (12% vs. 4.8%).

**Conclusion.** The results suggest a revision of tactical approaches to the provision of medical services and treatment of TB patients and indicates the need for a differentiated approach with the expansion of selection criteria for treatment according to the model of "outpatient TB treatment from the first day" in order to increase the economic benefits of treating patients with pulmonary tuberculosis without loss of effectiveness.