STUDYING THE PREVALENCE AND IRON-DEFICIENCY ANEMIA AND TREATMENT OF PATIENTS WITH IRON-DEFICIENCY ANEMIA

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ИЗУЧЕНИЕ РАСПРОСТРАННЕНОСТИ ЖЕЛЕЗОДЕФИЦИТНОЙ АНЕМИИ И ЛЕЧЕНИЕ ЖЕЛЕЗОДЕФИЦИТНОЙ АНЕМИИ

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TEMIR TANQISLIGI ANEMIYASINING TARQALISHINI O’RGANISH VA TEMIR TANQISLIGI ANEMIYASINI DAVOLASH

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Annotation: Iron deficiency anemia (IDA) is a nationwide health problem in many countries. If in the countries of Western Europe and the United States, issues related to Fe deficiency are largely resolved thanks to the implementation of the World Health Organization (WHO) program "Hemoglobin improvement of the population", then for a number of states, including Russia, Fe deficiency remains a serious medical and social problem. problem.

Key words: anemia, erythrocytes, dizziness, stomach, mucous membrane, treatment, inflammation

Аннотация: Железодефицитная анемия (ЖДА) является общенациональной проблемой здравоохранения во многих странах. Если в странах Западной Европы и США вопросы, связанные с дефицитом железа, во многом решаются благодаря реализации программы Всемирной организации здравоохранения (ВОЗ) «Гемоглобиновое оздоровление населения», то для ряда государств, в том числе России, Дефицит железа остается серьезной медико-социальной проблемой. проблема.

Ключевые слова: анемия, эритроциты, головокружение, желудок, слизистая оболочка, лечение, воспаление

Izoh: Temir tanqisligi anemiyasi (TTA) ko’plab mamlakatlarda umummilliy sog’liqni saqlash muammosidir. Agar G’arbiy Evropa mamlakatlari va AQShda Fe tanqisligi bilan bog’liq muammolar Jahon sog’liqni saqlash tashkilotining (VOZ) "Aholining gemoglobinini yaxshilash" dasturini amalga oshirish tufayli ko’p jihatdan hal qilingan bo’lsa, unda bir qator davlatlar, shu jumladan Rossiya uchun., Fe tanqisligi jiddiy tibbiy va ijtimoiy muammo bo’lib qolmoqda. muammo.

Kalit so’zlar: anemiya, eritrotsitlar, bosh aylanishi, oshqozon, shilliq qavat, davolash, yallig’lanish.

Maqsad: TA bilan og’rigan bemorlarni klinik kuzatish, Viloyat KTTM gematologiya bo’limida bo’lgan bemorlarni davolash va profilaktika choralarini ishlab chiqish.

Materiallar va tadqiqot usullari. Muhim TTA, og’ir va o’rtacha kamqonlik bilan og’rigan 80 bemor tekshirildi. Bemorlarning o’rtacha yoshi 25+15,8 yoshni tashkil etdi. To’liq klinik tekshiruv vaqtida oshqozon-ichak traktining patologiyasi aniqlandi. Bemorlar 2 guruhga bo’lingan. Natijalar va muhokama. TTA bilan og’rigan bemorlarda klinik kurs, shuningdek, relapsga qarshi terapiya, parhez terapiyasi, shuningdek, an’anaviy tibbiyotdan foydalanish o’rganildi. TTA tashxisini qo’yishda quyidagi ko’rsatkichlar o’rganildi: 1. 80 bemorning 78 tasida (97,5%) gemoglobin darajasining pasayishi, rang ko’rsatkichi aniqlandi. 2. 65 bemorda (81%) bemorlarda - gipoxromli anulotsitlar (mikrositoz, anizo- va poykilotsitozga moyillik (teng bo’lmagan o’lcham, turli shakllar) 3. 53 bemorda (66,2%) - eritrotsitlarning osmotik qarshiligi normal yoki biroz oshadi.

4. 59 bemorda (73,7%) - qon zardobidagi temir darajasining pasayishi (gipoferremiya).

5. 62 bemorda (77,5%) - qon zardobining umumiy temirni bog’lash qobiliyatining oshishi qon zardobidagi temir darajasini ayirib, qon zardobining yashirin temirni bog’lash qobiliyati aniqlanadi (norma 28,8-50,4 mkmol / l), temir tanqisligi bilan u ortadi.

6. 46 bemorda (57,5%) - transferrinning temir bilan to’yinganligining pasayishi. Transferrin temirning to’yinganligi yallig’lanish, infektsiya, malignite, jigar kasalliklari, nefrotik sindrom bilan kamayishi va homiladorlik paytida, og’iz kontratseptivlarini qo’llashda ortishi mumkin.

7. 38 bemorda (47,5%) gematokrit indeksi pasaygan.

8. 65 bemorda (81,2%) - qon zardobida ferritinning kamayishi.

9. 33 bemorda (41,2%) desferal test ijobiy, siydikda temir ajralishi kamaygan.

1-guruh bemorlariga gematologiya bo’limi mutaxassislari tomonidan tavsiya etilgan muolajalar o’tkazildi. 3-darajali anemiya (og’ir shakl) bo’lgan 2-guruhdagi bemorlarga Ferkoven asta-sekin kuniga 1 marta 10-15 kun davomida buyuriladi: birinchi 2 in’ektsiya - har biri 2 ml, keyin har biri 5 ml. Shuningdek, 2-darajali anemiya bilan og’rigan 2-guruh bemorlari - Sorbifer Durules Temir sulfat + Askorbin kislotasi 100 mg, kuniga 3 marta 2 tabletkadan. Bemorlarga tavsiya etiladi pista, yong’oq, dengiz o’tlari, anor, nok, olma, lavlagi, sabzi, pomidor, ko’katlar, grechka va donli bo’tqa, qo’ziqorin, karam, loviya va boshqa dukkaklilar, qora shokolad va boshqalar makkajo’xori, dengiz o’tlari, anor, behi, o’rik, uzum, olma, banan, apelsin, gilos, gilos, asal, yangi siqilgan meva sharbatlari, mineral temir-sulfat-gidrokarbonat-magniyli suvlar. Sarimsoq ham xalq davosi hisoblanadi (kamqonlik uchun bu xalq vositasini kuniga 3 marta 1 choy qoshiqdan ichish kerak). Sabzavot sharbati. Tayyorlangan kompot bilan yuvib tashlang, sizga 2 osh qoshiq kerak bo’ladi. 2-3 oy davomida ovqatdan 20 daqiqa oldin kuniga 3 marta qoshiq. Fermentlangan sut mahsulotlari (kefir, kvas, karam va boshqalar) buyurilgan. Bunday mahsulotlar tarkibidagi kislota temir bilan osongina aloqa qiladi va yomon so’rilgan temir fitatlarining shakllanishiga to’sqinlik qiladi, bu temirning enterotsitlarga (ichakning ichki yuzasini qoplaydigan hujayralar) kirib borishini yaxshilaydi. [o’n bir]. O’simlik ovqatlari maydalangan yoki pishirilgan bo’lsa, temir fitatlarining shakllanishi ham kamayadi.

Цель: клиническое наблюдение за больными ЖДА, лечение и разработка профилактических мероприятий у больных, находившихся в гематологическом отделении ОММЦ.

Материалы и методы исследования.Обследовано 80 больных со значительной ЖДА, анемией тяжелой и средней степени тяжести. Средний возраст больных составил 25+15,8 лет. Патология желудочно-кишечного тракта была выявлена при тщательном клиническом обследовании. Больные были разделены на 2 группы. Результаты и обсуждение. Изучено клиническое течение у больных ЖДА, а также противорецидивная терапия, диетотерапия, а также применение средств народной медицины. При постановке диагноза ЖДА изучали следующие показатели: 1. У 78 из 80 (97,5%) больных выявлено снижение уровня гемоглобина, цветового показателя. 2. У 65 больных (81%) больных - гипохромные анулоциты (склонность к микроцитозу, анизо- и

пойкилоцитозу (неодинаковая величина, разные формы) 3. У 53 больных (66,2%) - осмотическая резистентность эритроцитов нормальная или несколько повышена.

4. У 59 больных (73,7%) - снижение уровня сывороточного железа (гипоферремия).

5. У 62 больных (77,5%) - увеличение общей железосвязывающей способности сыворотки крови (ОЖСС). Вычитая уровень сывороточного железа из ЖССС, определяют латентную железосвязывающую способность сыворотки (норма 28,8-50,4 мкмоль/л), при дефиците железа она повышена.

6. У 46 больных (57,5%) - снижение насыщения трансферрина железом. Насыщенность трансферрина железом может снижаться при воспалении, инфекции, злокачественных новообразованиях, заболеваниях печени, нефротическом синдроме и повышаться при беременности, применении пероральных контрацептивов.

7. У 38 больных (47,5%) снизился показатель гематокрита.

8. У 65 больных (81,2%) - снижение сывороточного ферритина.

9. У 33 больных (41,2%) - десфераловая проба положительная, снижена экскреция железа с мочой.

Пациенты 1-й группы получали лечение, рекомендованное специалистами гематологического отделения. Больным 2-й группы с анемией 3-й степени (тяжелая форма) назначали Ферковен в/в медленно 1 раз в сутки ежедневно в течение 10-15 дней: первые 2 инъекции - по 2 мл, затем - по 5 мл. Также больным 2 группы с анемией 2 степени - Сорбифер Дурулес Железа сульфат + Аскорбиновая кислота 100 мг по 2 таблетки 3 раза в день. Больным рекомендуются фисташки, грецкие орехи, морская капуста, гранат, груши, яблоки, свекла, морковь, помидоры, зелень, гречневая и крупяная каши, грибы, капуста, фасоль и другие бобовые, темный шоколад и др. кукуруза, морская капуста, гранат, айва, абрикос, виноград, яблоки, бананы, апельсины, вишня, черешня, мед, свежевыжатые фруктовые соки, минеральные железо-сульфатно-гидрокарбонатно-магниевые воды. Также народными средствами является чеснок (принимать это народное средство при анемии нужно по 1 чайной ложке 3 раза в день). Овощной сок. Запивать приготовленным компотом нужно по 2 ст. ложки 3 раза в день, за 20 мин до еды, в течение 2-3 мес. Назначались кисломолочные продукты (кефир, квас, квашеная капуста и др.). Кислота, содержащаяся в таких продуктах, легко вступает в контакт с железом и препятствует образованию плохо усваиваемых фитатов железа, что улучшает проникновение железа в энтероциты (клетки, выстилающие внутреннюю поверхность кишечника). [одиннадцать]. Образование фитатов железа также

снижается, если растительная пища измельчается или подвергается термической обработке

Introduction: Despite the increased interest of doctors in this problem and a large arsenal of drugs for treatment, the number of patients with iron deficiency anemia is steadily growing. Considering the data of many years of research, this, in our opinion, is due to inadequate management of the stages of prelatent and latent iron deficiency, inadequate prescription of therapeutic doses, low compliance with ongoing therapy, the lack of a sufficient time stage of maintenance therapy, and insufficiently active preventive measures in risk groups. [8,11]. In addition, measures aimed at combating anemia should comply with the principles of evidence-based medicine.

IDA is a clinical and hematological symptom complex characterized by impaired hemoglobin formation due to iron deficiency in the blood serum and bone marrow, as well as the development of trophic disorders in organs and tissues. According to WHO, around 2 billion people in the world suffer from IDA. Of all anemia, 80% is IDA. The age groups in which anemia is more common are women of childbearing age, pregnant women, and children 12-17 years of age. [4,2]. During the period of rapid growth, iron deficiency reaches 50% and prevails in girls (they grow faster and they have menstrual blood loss). Iron deficiency, according to WHO 1992, is determined in 20-25% of all infants, 43% of children under 4 years of age and up to 50% of adolescents (girls). Iron deficiency anemia is one of the most alarming health problems in Uzbekistan [5,9]. In 1994 in the Muynak district of Karakalpakstan, the prevalence of anemia among children aged 1–3 years was 80% With MDI in Uzbekistan - 1996 60.4% of women of reproductive age (15–49 years) and 60.8% of children in ages 6–59 months were anemic: 0.9% of women and 1.2% of children had severe anemia, 14.2% of women and 25.6% of children had moderate anemia, and 45.3% of women and 34.0% of children had mild anemia. [6]. According to DHS-2002, the prevalence of anemia among children aged 6–59 months has decreased to 49.2%, which is higher than the level of 40% proposed by the World Health Organization, UNICEF and the United Nations University to characterize the degree of significance of the problem. [four]. This indicates that anemia is still a public health priority in our country. In Karakalpakstan and Khorezm, the prevalence of anemia among children was significantly higher (53.7% and 49.9%, respectively). In 1996–1997 UNICEF CARK, together with WHO and the UN University, developed the Anemia Prevention and Control Program for the CARK countries. [11]. Activities on PBA actively began to be more actively carried out after the CARK OZ MIR Forum in 1997. [five]. It is very important that local communities, the International Fund "Soglom Avlod Uchun" (SAU) and the youth organization Kamolot were involved in information, educational activities, as well as public mobilization for the implementation in Uzbekistan of the

program of weekly supplementation with iron with folic acid and food diversification[10,7].

The purpose:of the study was clinical observation of patients with VA, treatment and development of preventive measures in patients who were in the hematology department of the OMPTS.

Materials and research methods: We examined 80 patients who had significant VA, with severe and moderate anemia. The average age of the patients was 25+ 15.8 years. Gastrointestinal pathology was detected by a thorough clinical examination. Resultats The patients were divided into 2 groups. Results and discussion. The clinical course in patients with VA was studied, as well as anti-relapse therapy, diet therapy, as well as the use of traditional medicine. When making a diagnosis of VA, the following indicators were studied: 1. In 78 out of 80 (97.5%) patients, a decrease in the level of hemoglobin, a color index. 2. In 65 patients (81%) patients - hypochromic anulocytes (tendency to microcytosis, aniso- and poikilocytosis (unequal size, different forms) 3. In 53 patients (66.2%) - osmotic resistance of erythrocytes is normal or somewhat increased.

4. In 59 patients (73.7%) - a decrease in the level of serum iron (hypopherremia).

5. In 62 patients (77.5%) - an increase in the total iron-binding capacity of the serum (OZhSS). By subtracting the level of serum iron from the TIBC, the latent iron-binding capacity of serum is determined (norm 28.8-50.4 μmol/l), with iron deficiency it is increased.

6. In 46 patients (57.5%) - a decrease in the saturation of transferrin with iron. The saturation of transferrin with iron can decrease with inflammation, infection, malignant neoplasms, liver diseases, nephrotic syndrome, and increase with pregnancy, the use of oral contraceptives.

7. In 38 patients (47.5%), the hematocrit index decreased.

8. In 65 patients (81.2%) - a decrease in serum ferritin

9. In 33 patients (41.2%) - Desferal test is positive, decreased excretion of iron in the urine.

Patients of the 1st group received the treatments recommended by the specialists of the hematology department. The patients of the 2nd group with anemia of the 3rd degree (severe form) were prescribed Ferkoven IV slowly 1 time per day, daily, for 10-15 days: the first 2 injections - by 2 ml, then - 5 ml each. Also, patients of the 2nd group with 2 degrees of anemia - Sorbifer Durules Iron sulfate + Ascorbic acid 100 mg, 2 tablets 3 times a day. Patients are recommended pistachios, walnuts, seaweed, pomegranate, pears, apples, beets, carrots, tomatoes, greens, buckwheat and cereal porridge, mushrooms, cabbage, beans and other legumes, dark chocolate, etc. corn, seaweed, pomegranate, quince, apricot, grapes, apples, bananas, oranges, cherries, sweet cherries, honey, freshly squeezed fruit juices, mineral iron-sulfate-

hydrocarbonate-magnesium waters. Also, folk remedies are garlic (you need to take this folk remedy for anemia 1 teaspoon, 3 times a day). Vegetable juice. You need to drink cooked stewed juice in 2 tbsp. spoons 3 times a day, 20 minutes before meals, for 2-3 months. Fermented food products (kefir, kvass, sauerkraut, etc.) were prescribed. The acid contained in such products easily comes into contact with iron and prevents the formation of poorly absorbed iron phytates, which improves the penetration of iron into enterocytes (cells lining the inner surface of the intestine). [eleven]. The formation of iron phytates is also reduced if plant foods are crushed or subjected to heat treatment.

Conclusion. According to clinical and laboratory data, carried out 4 weeks after the start of therapy, improvement in the general condition was noted in 98% of patients with VA. The use of drug and non-drug therapy together, as well as diet therapy, is effective in VA.

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