

THE STRUCTURE OF TUBERCULOSIS IN ELDERLY AND SENILE PEOPLE IN THE ANDIJAN REGION

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Abstract:

Currently, the epidemic situation of tuberculosis in Uzbekistan has stabilized, but there is a tendency for tuberculosis to "age", i.e. it has become more common in the elderly. As of January 1, 2024, the number of people over the age of 60 in Uzbekistan amounted to about 3.5 million people, which is 9.4% of the total permanent population of Uzbekistan. In Uzbekistan, as in the whole world, there is an increase in the number of elderly and senile people. With age, the risk of infectious diseases, including tuberculosis, increases significantly due to a decrease in immunity and the presence of concomitant diseases (diabetes, cardiovascular diseases, etc.). In older people, the immune system is weakened, which makes them more susceptible to infections, including tuberculosis.

Introduction

Their disease often occurs in more severe forms, which leads to complications and higher mortality. In the Andijan region, as in other regions of Uzbekistan, older people may face socio-economic difficulties, such as a low standard of living, insufficient access to medical services and nutrition, which worsens their health and contributes to the spread of tuberculosis. In older people, the symptoms of tuberculosis may be erased or mistaken for manifestations of other diseases, which complicates early diagnosis and treatment. Late detection of the disease increases the risk of its spread. In some regions of the country, including the Andijan region, the medical infrastructure may not be sufficiently developed to provide specific diagnosis and treatment of tuberculosis in the elderly, which makes it necessary to improve the availability and quality of medical services.

Uzbekistan, including the Andijan region, belongs to regions with a high incidence of tuberculosis, which makes infection control especially relevant for all age groups, including the elderly and the elderly. Studying the structure of tuberculosis among the elderly in this region allows us to understand the peculiarities of the course of the disease, identify the most vulnerable groups, and develop measures to improve the

diagnosis, treatment and prevention of this disease, which will make the fight against tuberculosis more effective.

The purpose of the study

To study the structure and features of the course of pulmonary tuberculosis in elderly and senile people who have been treated at the Center of phthiology and pulmonology of the Andijan region for the last 2 years.

To evaluate the features of tuberculosis incidence in elderly and senile people in the Andijan region of Uzbekistan in order to identify the structure, risk factors and specifics of the disease course, as well as to develop effective prevention, diagnosis and treatment measures to reduce morbidity and mortality among this age group.

Materials and methods

The analysis of 45 medical records of elderly and senile people treated at the regional center of phthiology was carried out. The patients were divided into two groups: 1st — the age group of 60-74 years; 2nd — 75 years and older. All patients, after a complete clinical, laboratory and instrumental examination and confirmation of the clinical diagnosis, were prescribed specific treatment in accordance with the standards of chemotherapy regimens.

Elderly and senile patients (60 years and older) registered with a diagnosis of tuberculosis in medical institutions of the Andijan region. Analysis of data for the last 5-10 years (depending on the available data).

Research methods:

- Retrospective analysis of medical records of patients with tuberculosis to identify the features of the course of the disease, the presence of concomitant diseases, and treatment outcomes.
- Statistical analysis of the dynamics of morbidity and mortality from tuberculosis among the elderly.
- Analysis of social and economic factors (standard of living, living conditions, access to medical care) affecting the incidence of tuberculosis in this age group.
- Survey of elderly patients (if possible) in order to assess awareness of the disease, risk factors and preventive measures.
- Comparative analysis of data on the incidence of tuberculosis in other age groups to identify the characteristics of the elderly.

Results

Males predominated among patients of both groups -85% of cases. The structure of clinical forms of pulmonary tuberculosis in both groups was dominated by infiltrative tuberculosis with decay and bacterial excretion in 57% of cases. The onset of the disease in most patients was subacute or asymptomatic in 83% of patients. Concomitant diseases accompanied the course of tuberculosis infection in 39 patients (90.6%),

Concomitant diseases in the first group 90.6%, in the second 93.0%. CHD, arterial hypertension - more than 50.0% of patients, chronic bronchitis, including COPD in every 4 patients in both groups, Drug resistance of mycobacterium tuberculosis (MBT) in group 1 was found in 20 patients (46.5%), of which MDR was found in 14 people (32.5%); in group 2, MDR was found in 5 patients (31%).

Conclusions

In the structure of clinical forms of tuberculosis of the respiratory system in the elderly and senile, infiltrative pulmonary tuberculosis prevails in the phase of decay and bacterial excretion in 60.4% of cases. In the 2nd age group, common forms of tuberculosis with bacillus release were more often observed, which is due to the suppression of immune protection and a decrease in the overall resistance of the body. Cases of drug-resistant tuberculosis are not uncommon. From these positions, it is necessary to pay more attention to these patients in a polyclinic and involve them in preventive fluorographic examination. The incidence of tuberculosis among the elderly and senile in the Andijan region remains high, due to weakened immunity and the presence of chronic diseases. In a significant proportion of elderly patients, the disease is diagnosed at late stages, which is associated with erased symptoms and insufficient alertness on the part of both patients and doctors. Most elderly patients with tuberculosis have concomitant chronic diseases, such as diabetes mellitus, cardiovascular diseases, which complicates the course of tuberculosis and its treatment. Low standard of living, insufficient access to quality medical care and poor living conditions contribute to the spread of tuberculosis among the elderly.

It is necessary to increase the level of early diagnosis of tuberculosis in the elderly, improve treatment conditions, as well as develop special prevention programs adapted for this age group. Specialized medical care for the elderly needs to be strengthened in the region, including screening programs for early detection of tuberculosis and training of medical personnel on the specifics of treating the disease in elderly patients.

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