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IMPROVING THE EARLY DETECTION OF IODODEF AND CYT DISEASES IN THE SETTINGS OF PRIMARY HEALTH CARE INSTITUTIONS

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Abstract: The article is devoted to general practitioners working in family polyclinics (FPs) and family physicians' points (PSVs), who should carry out timely identification of risk factors for iodine deficiency and cytological conditions at the initial preclinical stages according to an algorithm that includes the collection of complaints and anamnesis, examination and palpation thyroid gland, ultrasound examination, when pathology is detected, the determination of thyroid hormones, which has a high sensitivity.

Keywords: risk factors, iodine deficiency, screening, ultrasound examination, thyroid hormones

Relevance. Endocrine diseases at the present stage are a serious problem of the healthcare system in many countries of the world, the relevance of the problem is due to their social significance and prevalence in the population. The leading positions among endocrine pathology are occupied by the following diseases of the thyroid gland (TG) - autoimmune thyroiditis, diffuse toxic goiter, nodular goiter manifested with symptoms of hypo- or hyperthyroidism [3,6,10,].

The lack of iodine in the environment leads to the development of iodine deficiency diseases, which, according to WHO, are the most common endocrine pathology in the world, 1.5 billion people (30% of the world's population) are at risk of developing iodine deficiency diseases, including more than 500 million people live in regions with severe iodine deficiency and a high prevalence of endemic goiter [2,8,13].

In Uzbekistan, according to an endocrinological study conducted among patients with endocrine pathology, thyroid diseases were the most common. Their share is 69.8%, among them diffuse endemic goiter - 61.3%, other non-toxic forms of goiter - 2.8%, hypothyroidism - 1.6%, hyperthyroidism - 2.7%, etc. [6,9 ,eleven]. Iodine deficiency states represent an important medical and social problem. In areas with severe iodine deficiency, perinatal mortality, the frequency of stillbirths and congenital malformations are significantly increased [2,4,5].

Given the often very poor clinical picture of hypothyroidism, sometimes the complete absence of symptoms, in a significant part of patients by the time of diagnosis, the duration of the disease is 7-12 years, while a fairly high percentage of complications is revealed [1,6,7,12].

The aim of **the study** was to assess the quality of medical care for patients with endocrine pathology in primary health care facilities (PHC) and develop measures to improve it.

Materials and methods. To assess the state of early detection of patients with symptoms of thyroid diseases, a screening of the population (children and adults)

was carried out with questioning them according to a standard questionnaire (Appendix). In the selected family polyclinic No. 37 of the Chilanzar district of Tashkent, a screening was conducted among 1094 people according to a questionnaire, followed by a clinical examination and palpation of the thyroid gland to determine the degree of its enlargement according to the recommendations of the World Health Organization (WHO). In rural areas, screening was carried out by family doctors in the family medical center "Yakkamulla" of the Uchkuprik district of the Ferghana region, a survey was conducted of 1466 people with examination and palpation of the thyroid gland. 317 patients with enlarged thyroid gland were identified among the urban population and 515 among the rural population, who were further referred for ultrasound examination (ultrasound) of the thyroid gland. 317 patients of the urban population and 422 of the rural population underwent ultrasound examination of the thyroid gland. Of these, 119 patients with identified thyroid diseases turned out to be from the urban population and 165 from the rural population, who were then sent for a biochemical blood test to determine the profile of thyroid hormones.

Results and discussion. The survey and examination of patients with palpation of the thyroid gland made it possible to identify individuals with an enlarged thyroid gland of varying degrees according to WHO (2001). Enlargement of the thyroid gland of 1-2 degrees was found in 33% of patients in the urban population and in 35% of the rural population (Fig. 1).

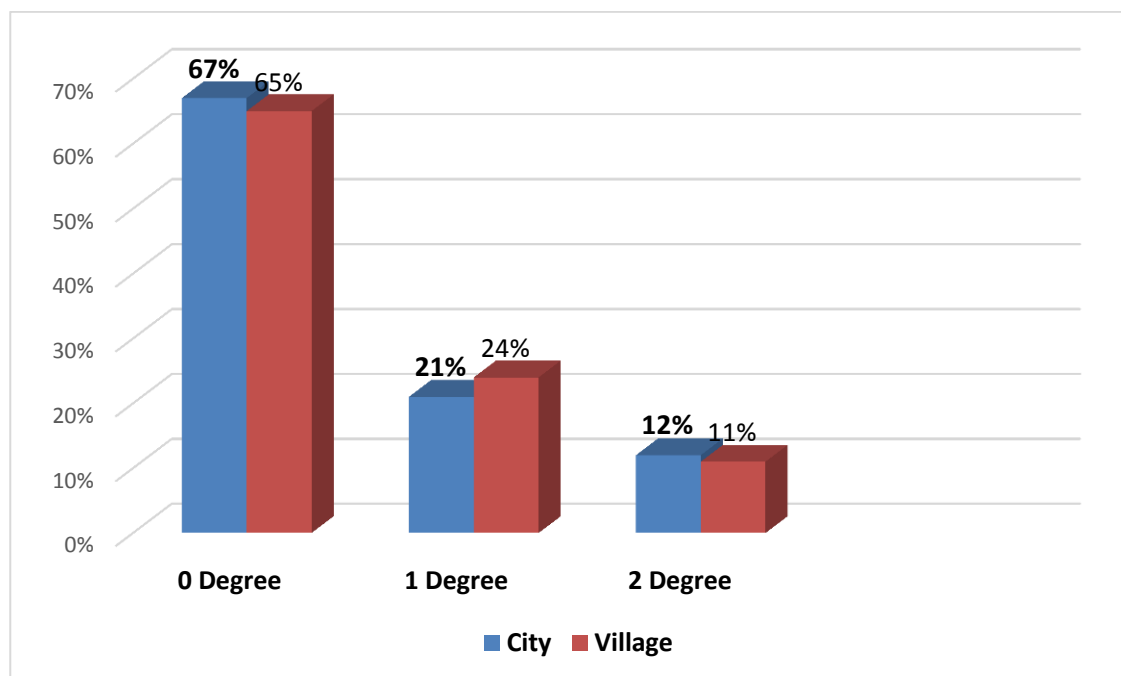


Fig.1 . Distribution of patients according to the degree of enlargement of the thyroid gland

On palpation of the thyroid gland among the urban population, it was revealed

enlargement of the thyroid gland of 1-2 degrees in 362 persons (33.1%). Among the rural population, an increase in thyroid gland was detected in 515 residents, which amounted to 35.0%. Consequently, every third inhabitant of the country has an enlarged thyroid gland associated with iodine deficiency in the food consumed.

Further, according to the algorithm for verification of the diagnosis, patients with an enlarged thyroid gland were referred for ultrasound examination (ultrasound). Among urban residents with enlarged thyroid gland, 317 people underwent an ultrasound examination (Fig. 2), among rural residents - 422 patients (Fig. 3).

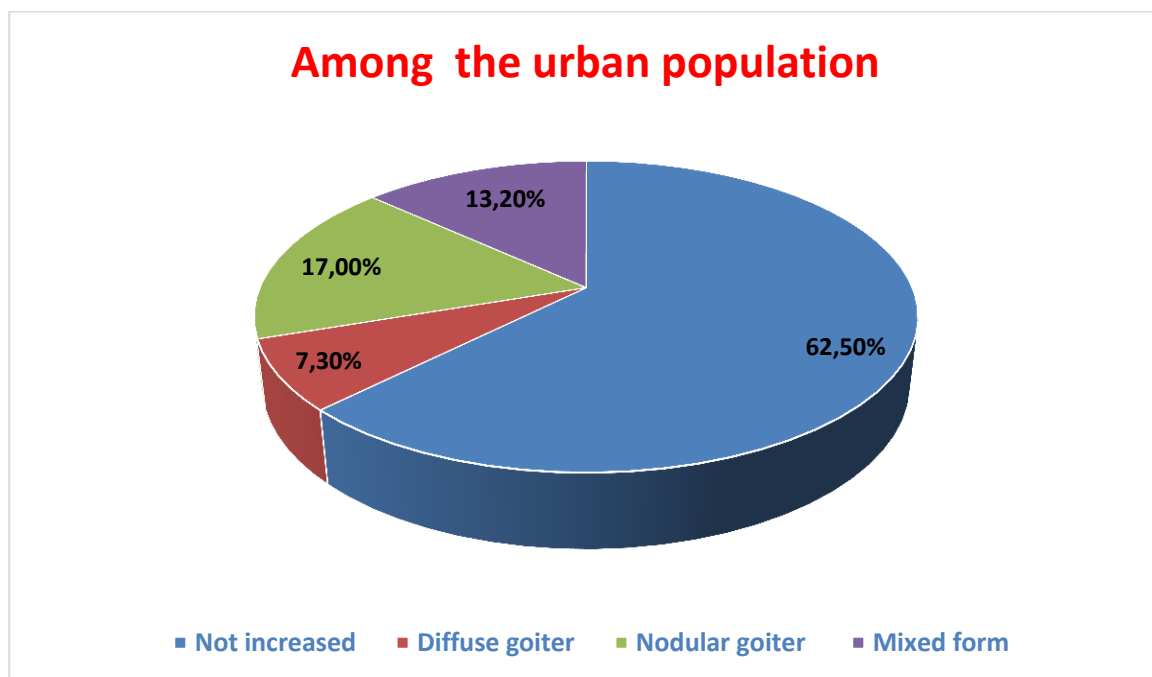


Fig.2. The nature of the changes in the thyroid gland according to ultrasound

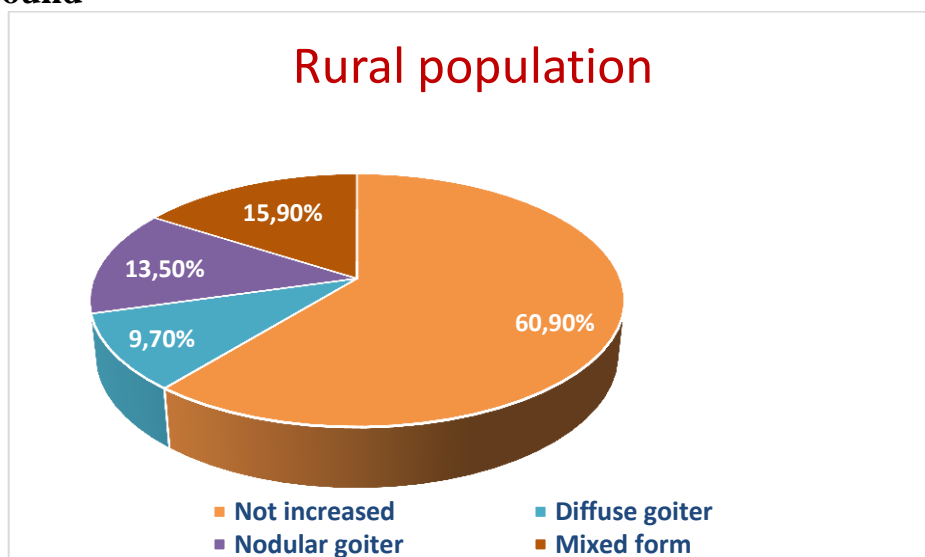


Fig3. The nature of the changes in the thyroid gland according to ultrasound

Among the urban population, 119 (37.5%) patients had changes in the thyroid gland, slightly more in 165 patients (39.1%) of the rural population, changes in the thyroid gland were also detected. The analysis of the revealed changes showed that nodular goiter (17.0%) is more common among the urban population, 2.4 times more often than diffuse goiter, while the mixed form is more common among rural residents (15.9%).

Further, an analysis was made of the distribution of thyroid diseases detected by ultrasound by sex, according to the data obtained, among the patients of the urban population there were 192 men, women - 125. Pathological changes were detected among men in 57 patients (29.7%), among women in 62 (49.6%). An analysis of the identified diseases showed that among the urban population, women are more likely to have diffuse goiter (24.2%) and a mixed form (40.3%), while nodular goiter (56.1%) is more common in men (Fig. 4) .

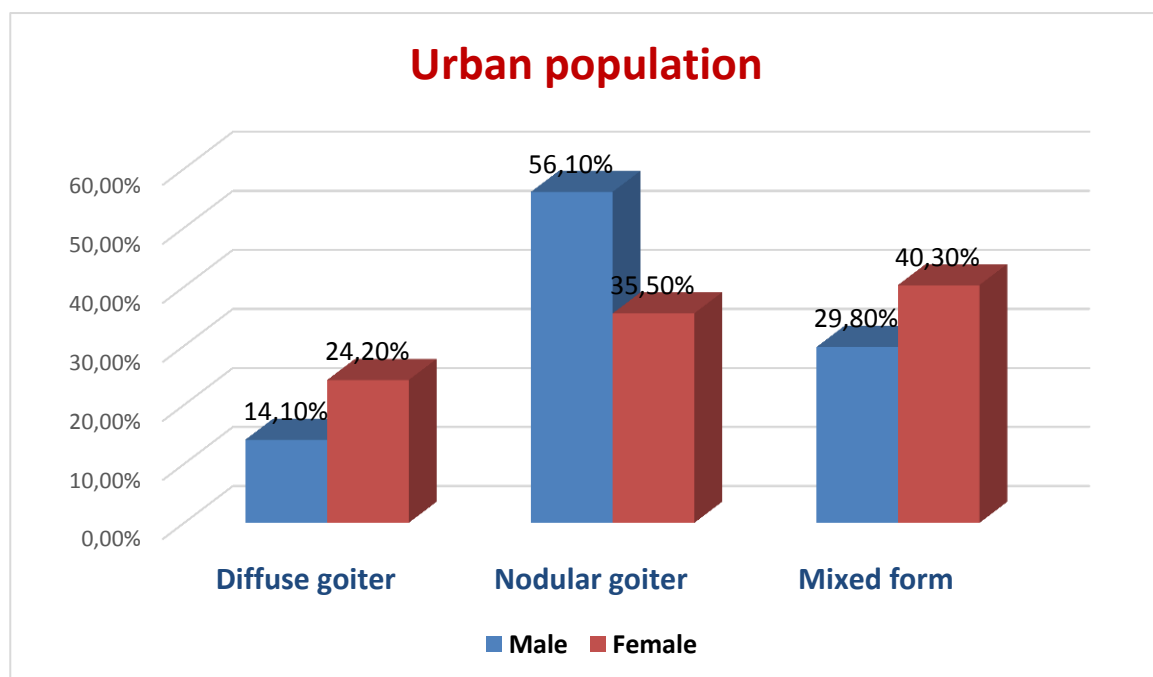


Fig.4. Distribution of detected thyroid diseases by sex

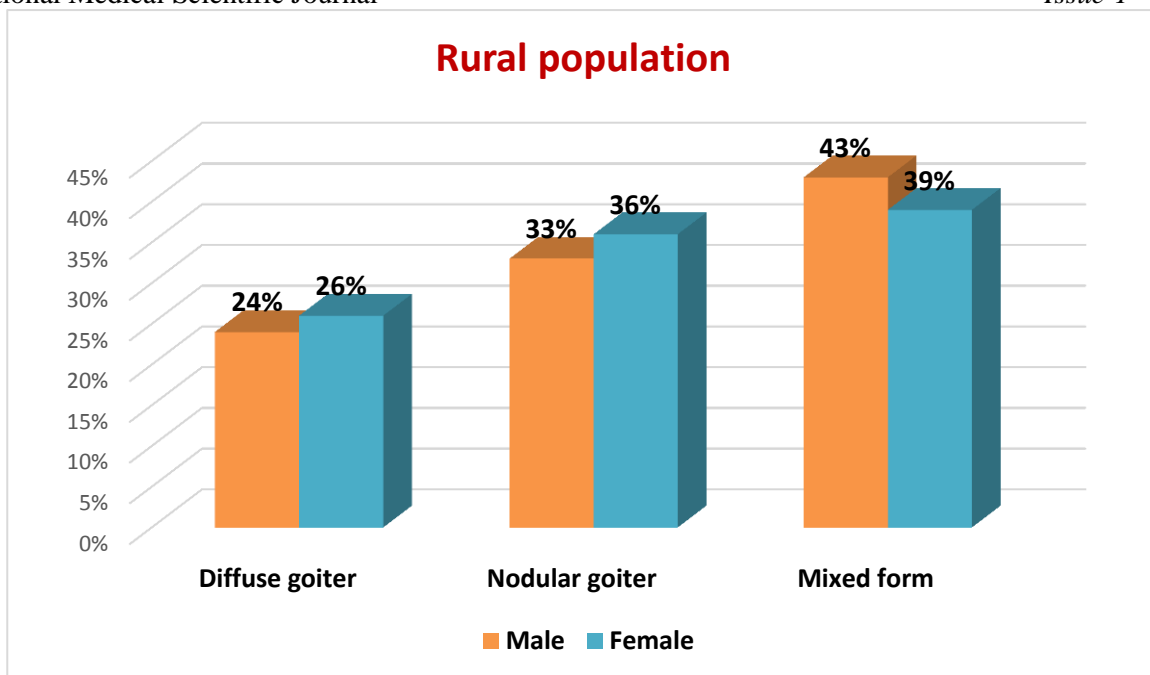


Fig.5. Distribution of detected thyroid diseases by sex

Among the rural population, 87 male patients showed changes in ultrasound (31.8%), and in women - 78 (52.3%). Moreover, the detected diseases in men and women were statistically at the same level (Fig. 5.).

An analysis of thyroid diseases depending on the age of patients showed that the pathology on ultrasound is mainly detected in people over 19 years old - 85.6%, in children 4.2%, among adolescents 10.1%. Among the diseases in the age category of 19-45 years, diffuse and nodular goiter is most common, and in people over 45 years old, mixed goiter predominates (Fig. 6).

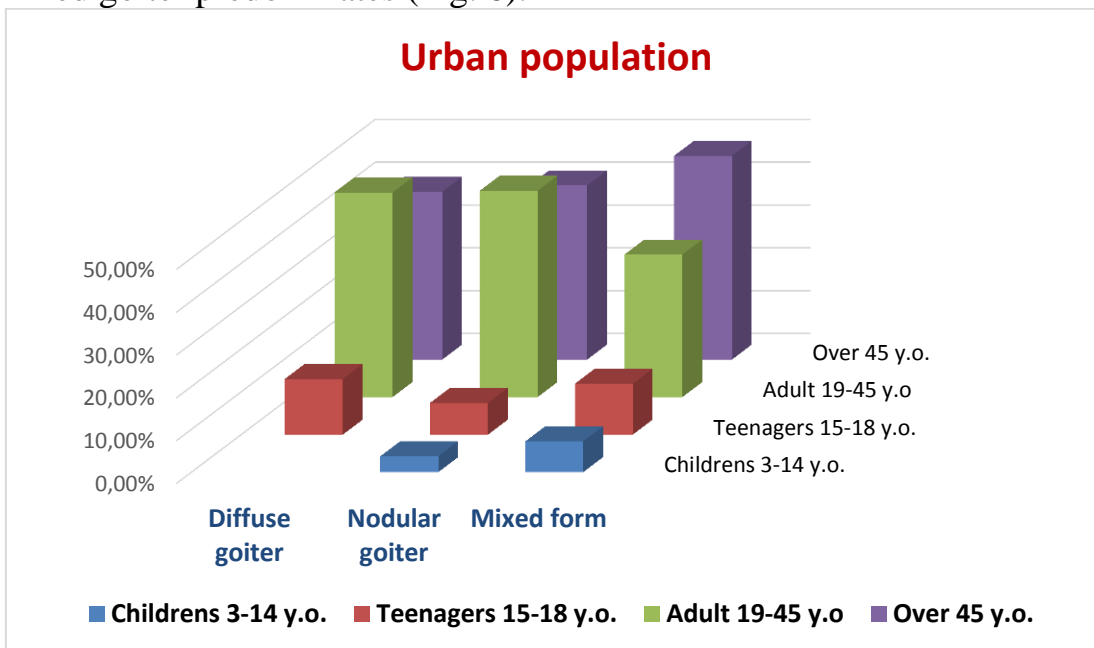


Fig.6. Endocrine pathology of the thyroid gland in age groups

Among the rural population, the largest number of thyroid diseases on ultrasound was detected in the age group of 19-45 years - 50.3% of cases, but also in

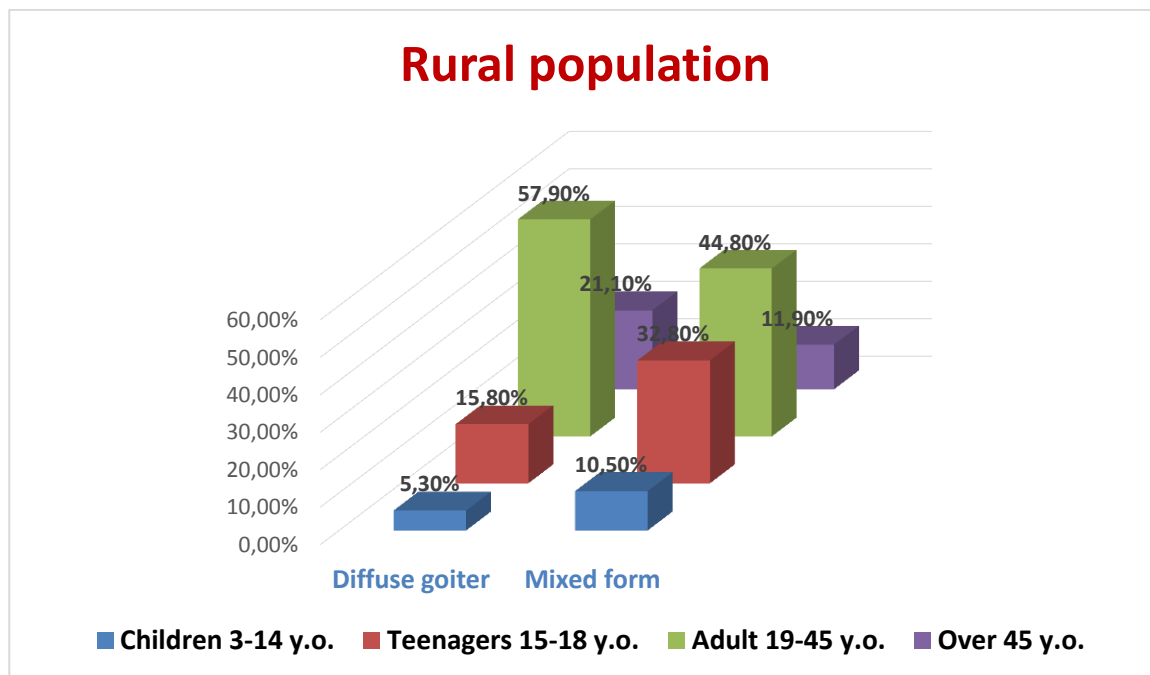


Fig.7. Endocrine pathology of the thyroid gland in age groups

3-14 years old in 7% of cases, ultrasound revealed pathological changes, every 5 teenagers and residents over 45 years old had thyroid pathology. In adolescents, mixed goiter is most common, in adults 19-45 years old - nodular goiter, and in patients older than 45 years diffuse goiter is more common (Fig. 7).

Further, patients with revealed pathology of the thyroid gland on ultrasound were sent for examination of hormones in a biochemical laboratory. Of these, 112 people of the urban population and 165 people of the rural population donated blood for the study of thyroid hormones. As it turned out, in 80% of cases among patients of the urban population no quantitative changes in thyroid hormones were detected, but in 17% of cases a decrease in the level of hormones was detected - hypothyroidism, and only in 3% an increase in the level - hyperthyroidism (Fig. 8).

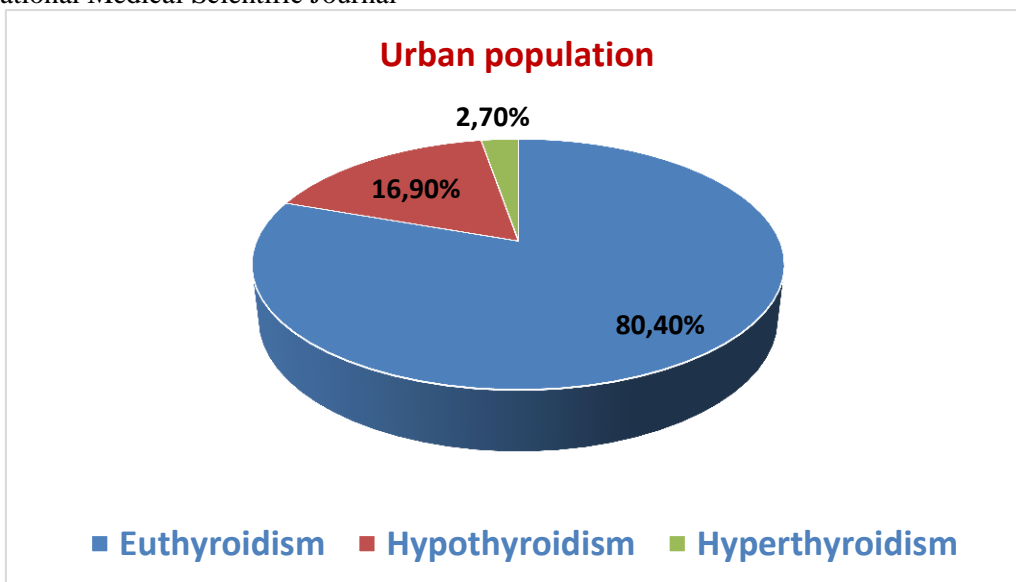


Fig.8. Hormonal disorders in patients with thyroid diseases

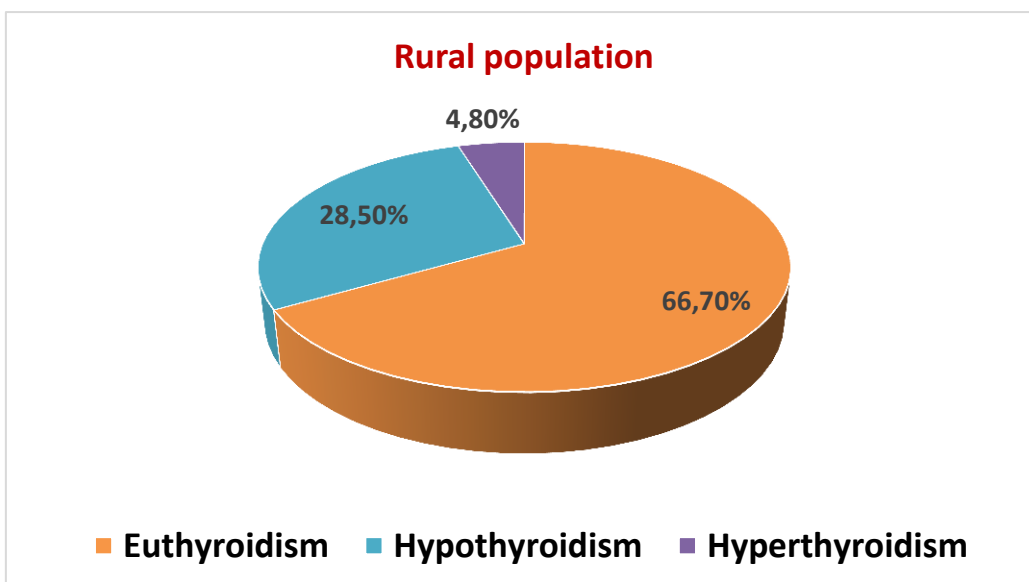


Fig.9. Hormonal disorders in patients with thyroid diseases

Among the rural population, euthyroidism was detected in a smaller number of patients - in 66% of cases, hypothyroidism was observed in every third patient with thyroid pathology, hyperthyroidism was also 2 times more common (5%) in the rural population (Fig. 9).

Thus, family physicians in primary health care settings should be alert for thyroid disease. Carry out early diagnosis of thyroid pathology according to the algorithm, taking anamnesis and clinical examination with palpation of the thyroid gland - in patients with an increase in the thyroid gland of 3-5 degrees according to Nikolaev, send for an ultrasound examination of the thyroid gland - if thyroid pathology is detected, send for a hormonal blood test - if there are violations in the

content of hormones in a timely manner to prescribe treatment together with the endocrinologist of a multidisciplinary district or city clinic.

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