

FEATURES OF THE PHARMACOEPIDEMOLOGICAL DESCRIPTION OF POST-COVID-19 AHAB IN WOMEN

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Introduction

Currently, there is very little information on the epidemiology, clinical features, prevention and treatment of Post-Covid-19 Associated Gastrointestinal Diseases (Post-Covid-19 Associated Gastrointestinal Diseases) and none at all in Uzbekistan and, in particular, in the Fergana Valley. According to the scientific results obtained in clinical trials, there is every reason to believe that patients with digestive system diseases may be a risk group for severe disease and unfavorable prognosis when infected with the SARS-CoV-2 virus. [1].

Post-Covid-19 Associated Gastrointestinal Diseases can occur in two ways: first, through the direct effect of the virus itself, and second, in connection with drug therapy used to treat coronavirus infection. Therefore, it is necessary to take into account that in this type of disease (which reaches 40%) there is an iatrogenic risk factor, which makes it more beneficial to seek treatment methods from natural and folk medicine.

The target cells that the SARS-Covid-2 virus can enter are located in the mucous membranes of the upper respiratory tract, stomach and intestines, through which the gastrointestinal tract (GI) is damaged by viral infection. In particular, getting into intestinal cells, the virus increases the permeability of the intestinal wall, and thus reaches the liver, where it also causes inflammation. Extrapulmonary manifestations of COVID-19 are observed and even prioritized by the corresponding GI: Post-COVID-19 Ass HAC “the most common symptoms” (fever, cough, shortness of breath, myalgia and fatigue) and “relatively less common symptoms” (loss of taste and smell, anorexia, diarrhea, nausea, vomiting, abdominal pain) are detected in 2/3 of infected patients; 50.5% of patients are hospitalized; Diarrhea occurs in every 3rd patient; vomiting and abdominal pain are noted in 3.9 and 3%, respectively; 25% of patients develop isolated gastrointestinal symptoms; gastrointestinal and respiratory symptoms occur simultaneously in every 4th patient; diarrhea appears as the first symptom of COVID-19 in every 5th patient, lasts from 1 to 14 days, and the frequency of defecation reaches 4-6 times a day; as a sign of complete recovery from the disease, in such patients, it is necessary to take into account the negative virological analysis for SARS-COV-2 in the stool [2].

Early detection, prevention and safe treatment of this clinical manifestation in the post-COVID-19 Ass HAC population, which is characteristic of the shift from the traditional COVID-19 or Covid syndrome descriptions, is of great medical, economic and prognostic importance. Patients often present late and are diagnosed with Post-COVID-19 syndrome, which increases the incidence of mortality in the population. Therefore, it is advisable to conduct research in this area and, in particular, to prioritize epidemiological studies, which have a high potential for early detection of Covid-19 and/or POST-COVID-19 syndrome at the pre-nosodic stage, compared to clinical studies. To date, this scientific direction has not been widely implemented, and as a result, symptoms of damage to the digestive system in the new Covid-19/POST-COVID-19 are often overshadowed by respiratory symptoms and should not be ignored.

Purpose of the study. The aim of the study is to study the epidemiology of POST-COV-19-associated digestive system diseases, to radically improve prevention and treatment methods.

Material and methods. The object of the study was 1605 people aged ≥ 48 -60 years who had experienced Covid-19 infection and were registered and monitored in Fergana city polyclinics in 2022-2024.

The subject of the study was the results of blood serum and special questionnaires (questionnaires) to conduct epidemiological, clinical, biochemical and physical analyzes of the Post-Covid-19 population, to determine the effectiveness of screening and prevention methods.

Research methods. The study used questionnaire, biochemical, general clinical, physical and statistical methods. Anthropometric measurements, which assessed serum lactate dehydrogenase, interleukin, S-reactive protein, lipid spectrum indicators, and the WHO (1997) criteria were used to analyze common risk factors.

Results of the study: In particular, the following features of Post-Covid-19 Ass HAK in women were identified and analyzed (Table 1 and Figure 1 provide information on this).

Pharmacotherapy is mainly carried out with two types of drugs - injectable drugs (nolpaza + sodium chloride, reosorbilcat) and oral drugs (paracetamol, simangal, duphalac, pancreatin, zinc, calcium DZ). They almost correspond to international standards, but the frequency of use varies. For example, injectable drugs are used with a frequency of 0.9% in esophageal diseases (EGD), 11.7% in gastric diseases (GD) comorbidity, 1.0% in duodenal ulcers (DDU), 19.6% in chronic diffuse liver diseases (CLD), 16.5% in chronic cholecystitis (CC), 9.0% in chronic

(CTC) stomatitis, 22.2% in cardiorespiratory diseases (CRD), and 19.1% in neurological diseases (ND). Oral medications are approved for use in Post-Covid-19 Assoc HAC comorbidities with the following frequencies: 0.7% in CVD, 13.2% in OC, 3.1% in 12-HIV, 19.9% in SJDC, 18.8% in SC, 9.1% in ST, 21.2% in CRB, and 14.0% in NC. In comparison, the use of injectable medications is significantly higher, with nolpaza and the frequency of use of reosorbilact is noted as follows: from 18.1% and 18.2% ($R > 0.05$) in JK, from 89.3% and 10.7% ($R < 0.001$) in OK, from 75.0% and 25.0% ($R < 0.001$) in 12 BIK, from 47.2% and 52.8% in SJDK ($R > 0.05$), SX from 43.4% and 56.6% ($R > 0.05$), STX from 43.5% and 56.5% ($R > 0.05$), KRB from 38.2% and 62.0%, NK from 37.6% and 62.4% ($R > 0.05$).

The frequency of use of various oral medications, in the Post-Covid-19 Assoc. Prof. Dr. A.M., is confirmed as follows: paracetamol 18.0% (10.5% in CK, 23.9% in OC, 3.6% in 12 BIC, 7.3% in SJDK, 2.8% in SC, 4.9% in STX, 31.4% in CRB and 40.3% in NC), simangel 7.1% (42.1% in CK, 34.6% in OC, 12 BIC – 17.9%, SJDK 1.9%, SC 1.6%, SC, 1.2% in STX, 2.1% in CRB and 2.9% in NC), duphalac 14.7% (10.5% in CK, 12.9% in OC, 12 19.0% in BIK, 24.1% in SJDK, 23.1% in SX, 24.4% in STX, 1.9% in KRB, 4.2% in NK), pancreatin 15.2% (5.3% in JK, 21.1% in OC, 12 BIK 17.9%, 23.1% in SJD, SX 24.3%, 21.2% in STX, 1.6% in KRB and 2.9% in NK), zinc 23.8% (15.8% in JK, 3.4% in OK, 20.2% in 12 BIK, SJDK 20.7%, SX 23.7%, STX 23.2%, KRB 30.4% and NK from 39.5 %), calcium DZ 21.2% (15.8% in VC, 4.2% in OC, 21.4% in 12 BIC, 22.9% in SJDK, 24.7% in SH, 25.2% in STX, 32.6% in CRB and 10.1% in NC). Pharmacotherapeutic compliance is confirmed by 87.8%, and the risk is 22.2% ($P < 0.01$).

Conclusion

Risk factors for post-Covid-19 associated gastrointestinal diseases are characterized by the following frequencies: smoking 3.8%, genetic factor 12.5%, physical inactivity 12.4%, low fruit and vegetable consumption 12.1%, psychological factor 12.7%, dyslipoproteinemia 13.2%, obesity 17.2%, hypokalemia 24.4% and hypomagnesemia 25.3%. Total risk factors are detected at frequencies of 49.7% in women and 50.3% in men.

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