



UDK: 616.314-76.2:616.75

STUDY AND EVALUATION OF THE MEDICO – SOCIAL ASPECTS OF QUALITY OF LIFE AND DENTAL HEALTH IN THE MILITARY WITH IRON DEFICIENCY ANEMIA.



Sharipova Gulnihol Idiyevna- Doctor of Medical Sciences, Department of hygiene No. 2, Bukhara State Medical Institute, Uzbekistan.

sharipova.gulnihol@bsmi.uz

<https://orcid.org/0009-0009-0825-0534>

Tel: +998916488201



Xojiboyev Avazbek Axbob o'g'li - Independent researcher, Department of Orthopedic and Surgical Dentistry, Central Asian Medical University, Uzbekistan.

avazlixoji@gmail.com

<https://orcid.org/0009-0008-5178-0496>

Tel: + 998916639288

ABSTRACT

This article lists the incidence of iron deficiency anemia, clinical signs, preventive measures, in which iron deficiency anemia is now 12% among women in developed countries. This in itself is known that if in developed countries this figure is as follows, then in other countries this number is much higher. According to the latest data from the World Health Organization, currently 1.8 billion people worldwide suffer from iron deficiency anemia. The prevalence of iron deficiency anemia is not the same in all countries, which in most cases will depend on the social and economic conditions of the states.

Keywords. Iron deficiency, somatic diseases, dental health, caries, social morbidity, quality of life.

Xojiboyev Avazbek Axbob o'g'li

Ortopedik va Xirurgik Stomatologiya kafedrası

Markaziy Osiyo tibbiyot universiteti

Ilmiy rahbar: DSc, dotsent Sharipova G.I

**“TEMIR YETISHMOVCHILIGI ANEMIYASI BILAN OG'RIGAN HARBIYLARDA
HAYOT SIFATI VA STOMATOLOGIK SALOMATLIKNING TIBBIY – IJTIMOIIY
TOMONLARINI O'RGANISH VA BAHOLASH”**

ANNOTATSIYA

Ushbu maqolada temir tanqisligi anemiyasining uchrash darajasi, klinik belgilari, profilaktika chora-tadbirlari keltirilgan bo'lib, bunda hozirda rivojlangan mamlakatlarda temir tanqisligi



anemiyasi ayollar orasida 12% ni tashkil qilmoqda. Bu o'z o'zidan ma'lumki, agar rivojlangan mamlakatlarda bu ko'rsatkich quyidagicha bo'lsa, boshqa mamlakatlarda bu son ancha yuqori. Butunjahon sog'liqni saqlash tashkilotining oxirgi bergan ma'lumotlariga qaraganda, hozirgi vaqtda dunyo bo'yicha 1,8 mlrd odam temir tanqisligi anemiyasidan aziyat chekadi. Temir tanqisligi anemiyasining tarqalishi barcha mamlakatlarda bir xil emas, bu ko'pgina hollarda davlatlarning ijtimoiy va iqtisodiy sharoitiga bog'liq bo'ladi.

Kalit so'zlar. Temir tanqisligi, somatik kasalliklar, stomatologik salomatlik, karies, ijtimoiy axamiyati, hayot sifati.

Хожибоев Авазбек Ахбоб ўғли

Кафедра «ортопедической и хирургической стоматологии»

Среднеазиатский медицинский университет

Научный руководитель: д.м.н., доцент. Шарипова Г.И.

**«ИЗУЧЕНИЕ И ОЦЕНКА МЕДИКО-СОЦИАЛЬНЫХ АСПЕКТОВ КАЧЕСТВА
ЖИЗНИ И СОСТОЯНИЯ ЗУБОВ У ВОЕННОСЛУЖАЩИХ С
ЖЕЛЕЗОДЕФИЦИТНОЙ АНЕМИЕЙ»**

АННОТАЦИЯ

В этой статье перечислены показатели заболеваемости железодефицитной анемией, клинические признаки, меры профилактики, при которых железодефицитная анемия в настоящее время составляет 12% среди женщин в развитых странах. Само по себе известно, что если в развитых странах этот показатель следующий, то в других странах это число намного выше. Согласно последним данным Всемирной организации здравоохранения, в настоящее время 1,8 миллиарда человек во всем мире страдают от железодефицитной анемии. Распространенность железодефицитной анемии неодинакова во всех странах, что в большинстве случаев будет зависеть от социальных и экономических условий государств.

Ключевые слова: Дефицит железа, соматические заболевания, здоровье зубов, кaries, социальная заболеваемость, качество жизни.

In recent years, there has been an increasing incidence of iron deficiency anemia among the population, which is causing medico-social, economic problems. In particular, the development of this pathology with iron deficiency has a special place in the formation of complexity in their diagnosis and treatment. Several types of dental diseases occur in iron deficiency anemia. Iron deficiency anemia is characterized by its multifaceted effect on the body. Dental diseases caused by the effects of iron deficiency anemia have a special place in prevalence, complexity in diagnosis and treatment [4].

Scientific sources have noted that studies over the past decade have seen up to 22.4% of oral diseases caused by iron deficiency anemia, and up to 39.3% of those with various syndromes. At the same time, the predominance of periodont diseases, resulting from iron deficiency anemia, as well as the observation of 19.7% to 31.4%, testify to the prevalence of pathology. This situation is explained by the fact that the initial stages of diseases are accompanied by an absence of sufficient data on changes in both clinical and laboratory tests, as well as the absence of a single etiopathogenetic view among specialists. This indicates the need to improve the treatment and Prevention of the problem[2,7].

Particular attention is paid to research aimed at improving the treatment of oral diseases, which occurs as a result of improper lifestyle among the world's population. In this, to determine the clinical-functional features of the specific course of diseases associated with diseases of the oral cavity in modern dentistry, which develop as a result of e-cigarettes; to assess the place of dental and physiotherapeutic measures in the complex treatment process; to develop a plan of a complex step-by-step approach that takes into account the somatic; offering therapeutic prophylactic methods based



on violations of the functioning of the organs of the oral cavity caused by e-cigarettes; improvement of the development of methods for assessing the effectiveness of treatment is of particular importance.

One of the indicators that assess the most important social and legal situation of Developing States is, first of all, the health of people. No matter how the socio – economic dynamic situation of the states changes, there is a task that is important before dentists, even if it is to preserve the dental health of children[1,9].

The purpose of the study: it will consist in studying and evaluating the medico-social aspects of dental health in the military with iron deficiency anemia, as well as improving the indicated secondary prevention.

Objectives of the study:

general clinical and social data on the military diagnosed with iron deficiency anemia were collected and analyzed;

to study the prevalence and intensity of dental diseases, carry out age-related dental examinations in the military with iron deficiency anemia to assess;

study and evaluation of the medico – social aspects of quality of life and dental health in the military with iron deficiency anemia;

study and evaluation of the incidence of oral nospecific protective factors in the military with iron deficiency anemia;

Udging by the data given by many authors, there are significant changes in dental health in people with side diseases. People with side diseases regularly need to prevent, diagnose and treat complications that can cause the underlying disease. One of the most common all – aromatic diseases among humans is iron deficiency anemia. Iron deficiency anemia currently accounts for 12% of women in developed countries. It is known by itself that if in developed countries this indicator is as follows, then in other countries this number is much higher. At the moment, it is no secret to whom Hech has anemia from women will definitely give birth to a kamgan child [2,5,8].

Results obtained and their discussion. According to the latest data from the World Health Organization (BJSST), currently 1.8 billion people worldwide suffer from iron deficiency anemia. The prevalence of iron deficiency anemia is not the same in all countries, which in many cases will depend on the social and economic conditions of the states. This disease can have age-related and gender-related characteristics [3,5].

The purpose of the study will be to study and evaluate the medico - social aspects of dental health in the military with iron deficiency anemia, as well as to improve the indicated secondary prevention.

Iron deficiency anemia is a disease accompanied by a decrease in the number of red blood cells and hemoglobin levels due to iron deficiency and eating disorders. Iron deficiency anemia is caused by iron deficiency, which leads to a decrease in the level of erythrocytes. The main causes include: reduction in the life expectancy of erythrocytes or their absorption. Acute and chronic significant blood losses, allergic reactions, recurrent Urvi, pregnancy, menstruation in women, adolescence in children, disorders of iron absorption in the gastrointestinal tract, for example, in gastritis[4].

As the object of the study, 135 people who applied to the admission Department of the Central ASIAN MEDICAL University ti clinic received dental diseases as a result of iron deficiency anemia of the military and 65 volunteers free of this disease in the same young contingent for the control group.

When hemoglobin breaks down, most of the Iron remains in the body and participates again in the creation of blood. The rest is excreted in the stool and urine, as a result of dandruff of the skin and mucous membranes. According to data, men lose 1 mg of iron per day. Women, on the other hand, lose so much iron at times other than Hayes, hopiness, and breastfeeding. Iron deficiency anemia is most common in women of childbearing (fertile) age [5].



In the body, the Iron substance performs the following functions:

- Provides oxygen exchange i.e. tissue respiration.
- Participates in the growth of nerve fibers and the body;
- Participates in the dressing of nerve impulses and their transmission;
- * Controls thyroid function;
- Ensures normal functioning of the brain;
- Holds immunity.

In iron deficiency anemia, all parameters except the INR decrease. Iron deficiency develops gradually and occurs in several stages. The first stage is called "prelatent". At this stage, iron is consumed more than it enters the body, but its reserves in the tissues are still sufficient. Prelatent iron deficiency can be corrected by changing the diet. In addition, food supplements and vitamin foods can be used. Such prevention helps to restore the reserves of the necessary trace element and prevent the development of anemia. If the deficiency is not eliminated, iron reserves in the tissues gradually begin to decrease. In this case, the hemoglobin level does not change, but characteristic symptoms may appear. In the analyzes, you can find a decrease in ferritin and transferrin [2,5].

In case of latent deficiency, it is necessary to review the diet and use special vitamin complexes. For risk groups, such as pregnant women or children, the doctor may prescribe iron preparations at this stage. If the latent (hidden) deficiency is not corrected, iron deficiency anemia develops. In case of anemia, it is necessary to take special medications. Treatment usually continues as long as the body needs iron or until the causes of its deficiency are eliminated. Causes of iron deficiency:

Sideropenia syndrome can develop for several reasons:

- unbalanced nutrition;
- stomach or intestinal diseases;
- blood loss;
- increased need for iron.

Due to the latter reason, symptoms of iron deficiency anemia are more common in pregnant women and children.

The risk of iron deficiency anemia is significantly higher for:

- newborn babies;
- children during the period of active growth;
- pregnant and lactating mothers;
- women of reproductive age, that is, women who are menstruating.

One of the main risk factors for iron deficiency anemia is pregnancy. The expectant mother must provide this microelement not only for herself, but also for her child. By the time the child is born, approximately 300 mg of iron, which is taken from the mother, accumulates in the child's body [3,8].

Breast milk is the only source of iron for newborns. If the body of a nursing mother does not have enough iron, then the child will also have iron deficiency. Iron is involved in the formation of nervous tissue, and its deficiency has a significant impact on the development of the baby. During the period of active growth, iron deficiency can develop in almost 50% of children. Girls are especially prone to it when they grow more actively and begin menstruation. All women are prone to iron deficiency due to regular blood loss during menstruation. Especially if the bleeding is prolonged and profuse due to hormonal diseases [1,5].

Iron deficiency anemia - diagnosis. Sideropenia can be detected even before hemoglobin decreases. For this, ferritin, transferrin, and serum TIBSS are determined. An increase in TIBSS and a decrease in the first two indicators indicate a decrease in iron stores in the tissues [3,5]. In anemia, iron deficiency begins to affect hemoglobin production. Normally, hemoglobin in women should be above 120 g/l. For men - at least 130 g/l. For pregnant women, the norm drops to 110 g/l. A



hemoglobin level below this norm indicates a mild degree of anemia. If its level has fallen to 70-89 g/l, this is an average condition. In serious pathology, hemoglobin drops below 70 g/l [2,9].

The most filling product for iron zapas is the khayvans liver and meat. There is less sheep kidney. In order to keep a lot of iron in plants, the following procedure is given: cabbage, naamatak, wheat, Manny semolina, buckwheat, oats, apricot stump, grapes, nuts, pumpkin cereal, apples, greens, pears, peaches, dates, pomegranates, potatoes, citrus fruits, dairy products [3,6].

Discussion of the results obtained. The practical significance of the work consists in the study and analysis of the degree and main risk factors of the spread of dental diseases in the military, where there are dental diseases as a result of iron deficiency anemia.

In the military belonging to this contingent, the specifics of clinical signs of dental diseases are determined, and Prevention guidelines are developed, using an individual approach for each group.

The implementation of the results of the study into theoretical and applied medicine serves to increase the effectiveness of secondary prevention as a result of iron deficiency anemia. Depending on the degree of prevalence of dental diseases as a result of iron deficiency anemia, it is possible to improve oral hygiene, increase preventive effectiveness and reduce the development of complications.

The practical significance of the work consists in the study and analysis of the degree and main risk factors of the spread of dental diseases in the military, where there are dental diseases as a result of iron deficiency anemia.

In the military belonging to this contingent, the specifics of clinical signs of dental diseases are determined, and Prevention guidelines are developed, using an individual approach for each group.

The implementation of the results of the study into theoretical and applied medicine serves to increase the effectiveness of secondary prevention as a result of iron deficiency anemia.

depending on the degree of prevalence of dental diseases as a result of iron deficiency anemia, it is possible to improve oral hygiene, increase preventive effectiveness and reduce the development of complications.

The first stage is called the "prelate". At this stage, iron is consumed more than it enters the body, but its reserves in tissues will still be sufficient. Prelate iron deficiency can be corrected by changing the diet. In addition, food additives, vitamin food can be used. Such prevention will help restore the necessary microelement reserves and prevent the development of anemia. If the deficiency is not eliminated, the iron reserves in the tissues begin to gradually decrease. In this case, the level of hemoglobin does not change, but specific signs may appear. You can find a decrease in ferritin and transferrin in analyzes [4].

In Latent deficiency, it is necessary to revise nutrition, use special vitamin complexes. For at-risk groups such as pregnant women or children, the doctor may prescribe iron preparations at this stage [2,6].

Conclusion. In order for the Iron substance to be well absorbed in the body, it is necessary to consume animal meat by adding it with plant-natural products, especially vitamin C and V12. As well as Jackrabbit acid, sorbit and fructose, Ham improves iron absorption. Soy protein, on the other hand, inhibits iron absorption[4]. Norms of iron intake: men: 10 mg, women: 18 mg, elderly: 10 mg. Symptoms of iron deficiency in the body: rapid charring and relaxation, headache, depression or excessive excitability, heart pain and heart rate disorders, superficial breathing, loss of appetite and taste perception, infections are considered to be rapid chalkiness, dry mouth.



References

1. Axtamovich R. A. et al. To Study and Assess the Condition of the Mouth in Children with Congenital Cliffs of the Lip and Palate //Central Asian Journal of Medical and Natural Science. – 2022. – T. 3. – №. 5. – C. 378-380.
2. Axtamovich R. A. et al. Features of Surgical Methods for the Elimination of Congenital Bilateral Cleft Lip and Palate //International journal of health systems and medical sciences. – 2022. – T. 1. – №. 4. – C. 127-129.
3. Kamalova F.R. Changes in microflora and non-specific protective factors in children with inflammatory diseases of the maxillofacial region. "Current issues of pediatric dentistry" // Second All-Russian scientific and practical conference dedicated to the 90th anniversary of the birth of Professor Khalima Mukhlisovna Saifullina. Collection of scientific articles. - 2019. - P. 70-74.
4. Kamalova F.R. Study of important aspects in the development of purulent-inflammatory processes of the maxillofacial region in children // Problems of biology and medicine. - 2017. - No. 4.1 (98). - P. 69.
5. Orziev Z.M., Suleimanova G.T. Regional causes of iron deficiency anemia in women of childbearing age // Biology and integrative medicine 2018, 4 (21), 74-82.
6. Rakhmatova D.S. Bolalar orasida tish kariesi kasalligi tekshirilayotgan bolalarning clinic hususiyatlari //Biology and Integrative Medicine 2022, 5(58), 136-146.
7. Rakhmatova D.S. Erta yoshdagi bolalar tish kariesini oldini olishda tish holating dynamicsini yrganish // Biology and Integrative Medicine 2021, 4(51), 24-37.
8. Turdiev Sh.M. Actual problems of modern dental care // Biology and integrative medicine 2019
9. Sharipova Gulnihol Idiyevna. DISCUSSION OF RESULTS OF PERSONAL STUDIES IN THE USE OF MIL THERAPY IN THE TREATMENT OF TRAUMA TO THE ORAL MUCOSA// European Journal of Molecular medicine volume 2, No.2, March 2022 Published by ejournals PVT LTD DOI prefix: 10.52325 Issued Bimonthly Requirements for the authors.
10. Sharipova Gulnihol Idiyevna. THE EFFECTIVENESS OF THE USE OF MAGNETIC-INFRARED-LASER THERAPY IN TRAUMATIC INJURIES OF ORAL TISSUES IN PRESCHOOL CHILDREN//Academic leadership. ISSN 1533-7812 Vol:21 Issue 1