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Clinical And Epidemiological Features Of The Course Of Gastroduodenal Pathology Of The Drug-Using Population

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Summary: It is assumed that drug addiction results in a variety of gastroduodenal lesions caused both by the direct toxic effects of opiates on the digestive organs and associated with disorders of the neuroendocrine homeostasis response and changes in immune and nonspecific protection systems, which leads to the formation of gastrointestinal disorders.
It is known that the main part of damages of digestive organs falls on chronic inflammatory diseases of digestive tract (gastritis, duodenitis, stomach ulcer, duodenal ulcer, colitis, enteritis). Since at present they occupy the leading place in structure of morbidity of adult population, this problem should be considered both from clinical and fundamental and from epidemiological-preventive points of view.
It is necessary to give priority to epidemiological methods of detection of gastroduodenal diseases in addicts, taking into account their high specificity and sensitivity in diagnostics of inflammatory-ulcerous lesions of the stomach and duodenum.
It should be borne in mind that drug addiction is a proven and significant risk factor for gastroduodenal diseases, which pathogenically influences the development and course of these pathologies in the drug addict's population. Drug addiction contributes to the formation of unfavorable epidemiological conditions with respect to gastroenterological diseases and their complications.

Actuality of the topic: Gastroduodenal disease is a chronic, recurrent multifactorial disease, with different variants of formation, course and progression, in a part of population groups often leading to gastroenterological continuum.

Improvement of the quality of life and elimination of risk factors are the most important factors in improving the condition of patients and prevention of PU (peptic ulcer disease). Therefore, first of all, it is necessary to exert all efforts at the expense of the population health (including drug addicted groups) and to expand the possibilities of monitoring of the prenosological state to the proper extent. For example, the data of an international study of the World Health Organization, according to which the health of the population depends on 50% of the housing and living conditions, 20% on environmental conditions, 20% on genetics and only 10% on the services of the health care system, are known.

Currently, there are quite a few epidemiological studies stating that GDS (gastroduodenal disease) is one of the common pathologies of the GI (Gastrointestinal tract). The incidence of complications of LGD (peptic ulcer disease) and DU (duodenal

Global Scientific Review

ulcer disease) remains at a high level: gastrointestinal bleeding occurs in 10-15% of cases; perforation occurs in 5-20% of IAB (peptic ulcer disease) cases in men, which is 10-20 times more common than in women; 6-15% of IAB (peptic ulcer disease) cases are complicated by pyloric and postbulbar stenosis and 8-10% of peptic ulcers are transformed into gastric cancer.

Of course, based on population data, recently there has been tangible progress in the diagnosis and prevention of CDD (chronic duodenal disease). Nevertheless, increase of number of these pathologies actualizes application of preventive approaches on search of the reasons of morbidity and development of modern population strategies of BOP (diseases of digestive organs) as a whole and CDD (gastroduodenal diseases), in particular. In the literature there are evidence-based results, of course, mainly in the drug-abusing population and absolutely no such data in the population of drug addicts, on epidemiological features of the development and course of GDBD (gastroduodenal diseases) in the population.

Chronic duodenal obstruction (CDI) in DU patients is the most urgent, as their combination occurs rather frequently - from 16.4% to 38.2%. Besides, it should be emphasized that nowadays researchers describe clinical, endoscopic and morphological characteristics of newly diagnosed DU (duodenal ulcer). According to modern researchers, their advantages include a large statistical sample and convenience of application, and their disadvantages are mostly one-stage studies. It is considered that, as a defect of preventive gastroenterology, to this day, the provisions on prognostic criteria of rarely relapsing type of course and "curability" of PU (ulcerous diseases) have not been developed up to the end. However, it is worth mentioning that it is due to population-clinical approaches that new risk factors for BOP (diseases of the digestive organs) were identified.

Materials and methods: A set of standard diagnostic methods, including general clinical, laboratory (clinical blood analysis, general urinalysis, general stool analysis) and physical (examination, palpation and percussion) methods was used in the population examination. We paid attention to the duration of gastric history, duration of GDM, presence of hereditary burdening, smoking, systematic use of nonsteroidal anti-inflammatory drugs, relation of the onset of exacerbation to the use of surfactant (psychoactive substance) and psycho-emotional stress, seasonality of the disease course. We analyzed outpatient records and case histories. Early clinical syndromes were analyzed and taken into account: painful, dyspeptic, asthenovegetative and "small signs syndrome", absence or presence of peritoneal symptoms.

All drug-addicted patients were examined for general blood analysis, urine and feces, blood protein spectrum, DFA (diphinilamine) levels, sialic acid, C-reactive protein, and selective immunologic indices. Blood for the study was taken in the morning, on an empty stomach, 12 hours after the last meal.

Investigations were carried out according to generally accepted methods used in modern medical and preventive institutions.

FEGDS (fibroesophagogastroduodenoscopy) was performed, which allowed to examine esophagus, stomach and duodenum (duodenum) sequentially during one procedure and, if necessary, to make biopsy of CO (mucosa) of these organs for morphological study.

Endoscopy identified the following categories of gastritis: erythematous, erosive, atrophic, hemorrhagic, reflux gastritis, gastritis with fold hyperplasia.

Global Scientific Review

The diagnosis of peptic ulcer disease and other preulcerous pathologies was confirmed morphologically in all cases. Targeted sampling of materials for morphological study was carried out using biopsy forceps from different sections of SB (mucous membrane) of GDZ (gastroduodenal diseases) [body, antrum, duodenum in an amount of 3-5 pieces].

Urease test was used to detect helicobacter infection. Biopsy material from antral and fundamental sections of the stomach was used for the study. To assess urease activity, a biopsy specimen obtained during endoscopic examination was placed on a test tube and the appearance of the indication effect - a blue spot on a yellow background - was observed for 3 minutes. The degree of urease activity was indicated by both the rate at which the stain appeared and its diameter and color intensity. The staining of the test under the biopsy sample up to 1 mm wide was considered to be grade I, from 1 to 2 mm - grade 2, and more than 2 mm - grade 3 of urease activity.

Results of the study: We were convinced that relatively often in patients with GDS (gastroduodenal disease) drug addicts clear concomitant diseases of the esophagus (gastroesophageal reflux disease), small and large intestine (organic and functional), as well as multiple risk factors are revealed.

The leading sign of GDS (gastroduodenal diseases) in the population of drug addicts was pain localized in the left subcostal area

"Double character" of pains (combination of early and late pains) was noted in 26,5% of cases. Comparatively more such pains were at the age of 25-29 years (24,2%), 30-34 years (18,3%) and 40-44 years (18,8%). The lower values were registered in the groups of patients aged 35-39 years (12,3%), 45 years and older (16,7%) and under 20 years old (16,7%).

The results of the analysis have shown that 2,8% of patients with GAD (gastroduodenal disease) had constant pains, 67,9% had episodic pains, and 34,9% had fits. They also differed with age to 20.0% (constant pain), 32.4% (episodic pain), and 21.8% (attack-like) ($P1<0.05$; $P2<0.01$; $P3<0.05$).

The main factors aggravating abdominal pain in the adult population with GDS (gastroduodenal disease) were: 1) violation of the rhythm/ dietary regime - in 65.6% of cases, spicy food - in 27.4% of cases, nervous factor - in 29.5% of cases, milk intake - in 11.9% of cases, eating fatty foods - in 5.1% of cases. In 13.5% of cases the patients could not specify any cause of pain.

It was also noted that Helicobacter infection in GDS drug addicts (gastroduodenal diseases) most often manifests as inflammatory ulcerative diseases of the gastroduodenal zone.

The obtained results allow us to recommend that if patients have complaints of abdominal pain, early diagnosis of Hp should be started with noninvasive methods.

Conclusions: Many, not only fundamental and applied, but also population questions of gastroduodenal diseases remain unresolved, which makes it necessary to continue epidemiological studies in different population groups.

Pharmacotherapy agents increasingly in patients with GDS (gastroduodenal diseases) cause adverse drug effects and life-threatening complications. This fact makes the development and implementation of new technologies of primary, secondary and tertiary prevention of gastroduodenal diseases, which are based only on the results of epidemiological studies, even more urgent.

Studying epidemiological peculiarities of GDS (gastroduodenal diseases) formation among drug addicts, we focused our attention on population aspects of risk

Global Scientific Review

factors of these pathologies whose changes have priority importance both in disease development and in the levels of continuum from them. According to some researchers, this allows to optimize existing preventive approaches in gastroenterology.

We have found and ascertained that in the overwhelming number of patients with GDS (gastroduodenal diseases) there is a violation of character of quality and rhythm of nutrition. For example, 81.5% of the patients surveyed had monotonous eating ("eating roughly"), in 78.9% of cases there was "abuse of strong tea and coffee", in 62.7% there was "malnutrition", in 33.3% of the population there was "eating disorders" and in 8.8% of cases "overeating". In addition, in drug addicts with GDS (gastroduodenal diseases) in 84.2% of cases the poor state of the masticatory apparatus was detected, in them the consumption of spicy food was 80.5%, and the proportion of those who consume mostly fatty food was 74.2%.

In our research we evaluated clinical manifestations of chronic GDS (gastroduodenal diseases) in the studied population of drug addicts. Thus, it was noted that the leading clinical manifestation in drug addicts was a pain syndrome, the nature of which was diverse.

For 46,5% of addicts with GDS (gastroduodenal disease), pain was of early character, epigastric pain was detected in 97,9% of investigated patients, in 37,9% of cases there was pain in the right subcostal area and in 83,7% of cases there was pain localized in the left subcostal area.

These data allow to conclude that one of the leading clinical manifestations of GDS (gastroduodenal diseases) in drug addicts is dyspepsic syndrome and, besides, decrease of appetite - in 77.9% of cases, weight loss - in 73.0% of cases, blood in stool - in 3.7% of cases, presence of mucus in stool - in 54.2% of cases and tarry stool - in 1.9% of cases were noted.

Comparison of these results showed that previously GDS (gastroduodenal disease) patients had not been diagnosed in 95.6% of cases, i.e. they were detected for the first time only during epidemiological screening. We believe that this is a very important scientific fact for the reorganization of medical care structures for drug addicts in the adult population.

List of references

1. Anokhina I.P., Kogan B.M., Mankovskaya I.V., Reschikova E.V., Stanishevskaya A.V. Commonness of pathogenetic mechanisms of alcoholism and drug addiction and ways of searching for treatment means for these diseases //Pharmacol. and toxicol. - 1990. - T.53, №4. - C.6-8
2. Antonio Maria Costa. The World Drug Problem //Narcology. -2005. - №2. - C.25-35
3. Aruin I.L., Grigoryev P.Y., Isakov V.A., Yakovenko E.P. Chronic gastritis. - Amsterdam, 1993. - 362c.
4. Askarov U.A., Usmanova M.D. Modern state and prospects of gastroenterology in Uzbekistan // In the book: IV congress of physicians of Uzbekistan. - 1995. - C.133
5. Vikhert A.M., Zhdanov V.S., Choklin A.V. et al. Epidemiology of noninfectious diseases: Moscow: Medicine, 1990. - 272 c.
6. State Report on the State of Health of the Population of the Russian Federation in 2004 // Therapeutic archive. - 2006. - №2. - C.3-23

Global Scientific Review

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7. Duschanov B.A., Abdullaev I.K. Medico-social aspects of the prevalence of diseases of the digestive system in women of childbearing age in rural areas of the ecologically disadvantaged Southern Aral region // Bulletin of Association of doctors of Uzbekistan. - 2001. - №4. - C.80-82
8. Ivanets N.N. Dependence on psychoactive substances - treatment strategy. //Narcology issues. -1990. -№2. -C.3-6

Global Scientific Review