

# THE HYGIENIC FACTORS AFFECTING THE BODY OF FREQUENTLY ILL CHILDREN AND PRINCIPLES OF A HEALTHY LIFESTYLE

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## Abstract

Relevance. Frequently ill children have been one of the leading places in the pathology of the Danish age in recent years. They make up a large percentage of those suffering from respiratory diseases, as they account for up to all registered diseases.

Frequent morbidity has an adverse effect on physical development and causes significant changes in the health of children. Such children do not attend preschool institutions for a long time, which creates a difficult problem for their parents and teachers in their education and upbringing (S.M. Havelov , 1986). In addition, frequent morbidity has an important social aspect, as it causes large economic losses: payments for sick leave for caring for frequently ill children amount to.

A number of studies concern the issues of medical examination and rehabilitation of frequently ill children, many of them offer seemingly effective measures to prevent frequent respiratory diseases, however, for a number of years, only a tendency to decrease the incidence has been observed. In the literature, there are isolated studies that allow actively and purposefully influencing non-immunological changes with the help of such immunocorrective drugs as levamisole, sodium nucleknate , thymalin, T-activin, vilosen . However, with their use, a number of questions arise concerning the appropriateness of their appointment, prevention of complications from their use, methods for assessing their effectiveness.

## Introduction

### Objective of the work

To study the clinical picture, the state of immunity in frequently ill children and to improve the method of their rehabilitation.

### Material and Methods of the Study

The sociological, clinical and immunological studies conducted in the work covered 260 children aged 1 to 7 years, including 45 practically healthy children and 215 frequently ill children.

The studies were conducted at the clinical base of the Department of Children's Diseases of the TMA. When organizing the study, international requirements for studies of this kind were taken into account: representativeness in age and gender characteristics and a sufficient sample size. The analysis of morbidity was carried out based on the medical history and developmental history of each child, taking into account all diseases suffered up to the age of seven.

## Results of the Study

When identifying a contingent of frequently ill children, we were guided by methodological recommendations; the clinical and immunological examination was conducted in several stages: I - a clinically calm period (202 children were examined), 2 - a period of superimposition of an acute respiratory disease (99 children), 3 - in the follow-up after various health measures, 68 frequently ill children were examined.

As our studies have shown, frequently ill children suffer from acute respiratory diseases monthly (12 times a year), 16.6% of children get sick 8-10 times a year, 27.7% - 6-7 times and 21.3% - 4-5 times a year.

The absolute level of morbidity of frequently ill children is 4.6 times higher than that of rarely ill children, which is consistent with the data of V.K. Tatochenko . The level of infectious diseases in frequently ill children is almost 2 times higher, allergic diseases are registered 10 times more often, compared with rarely ill children. Complicated course of ARVI is noted in frequently ill children 6-12 times more often. Among the complications, bronchopneumonia, acute bronchitis , laryngotracheitis, otitis dominate, less often - stomatitis , conjunctivitis .

In this regard, in our opinion, it seems appropriate to divide all frequently ill children into the following groups depending on the clinical course of the disease:

- I - frequently ill children with bronchopulmonary diseases
- II - frequently ill children with allergic altered reactivity
- III - frequently ill children with chronic foci of nasopharyngeal infection.

Among frequently ill children, 45.1% were 3-4 years old.

We have analyzed the causes contributing to increased morbidity in children. The negative impact of a number of unfavorable factors has been shown. It should be noted that there is unfavorable conditions in the ante-, intra- and early postnatal periods. Pregnancy pathology in mothers with frequently ill children was registered in 57 cases, while in mothers with healthy children - in 12.43 cases. An aggravated intranatal period was detected in 43 frequently ill children; there are indications of pathology in the early postnatal period in the anamnesis of 40% of frequently ill children, among rarely ill children only in 2.5% of cases.

Undoubtedly, a predisposing role in the occurrence of increased morbidity plays a hereditary predisposition. Thus, among relatives in the 2nd and 3rd generations, there is a high percentage of chronic inflammatory and somatic diseases. Parents of frequently ill children were registered with a dispensary for chronic tonsillitis in 42.8 cases, dental caries was detected in 73.0 %, allergic diseases - in 28, urinary tract infections - in 18.8, frequent URIs - in 20.2 parents. A direct connection between the morbidity of parents and children is confirmed by the fact that frequently ill children born to sick mothers suffer from various diseases and complications 2 times more often than frequently ill children born to healthy mothers.

Sociological research conducted by us among families with rarely and frequently ill children showed that the incidence of illness depends little on housing and living conditions, social status, financial security, which is consistent with the data of L. Yu. Albitsky . Incomplete family composition, low level of sanitary culture, insufficient psychological contact between parents and children, violations of the daily routine and rest affect the incidence of illness.

Without denying the importance of socio-biological factors influencing the occurrence of increased morbidity in children, in the last decade the pathogenetic role of immunological disorders in frequently ill children has been emphasized.

### Conclusions

1. Frequently ill children are a clinically and immunologically heterogeneous group requiring different therapeutic approaches.
2. In the development of frequent morbidity, the unfavorable course of the ante-, intra- , and early postnatal period, the presence of chronic foci of infection in children and their immediate relatives, in 2/3 of families insufficient knowledge of a healthy lifestyle and failure to implement the basic elements of physical and sanitary culture are important.
3. In all groups of frequently ill children there is a statistically significant decrease in T -cell immunity
4. The immune response in frequently ill children with an underlying acute respiratory disease is characterized by deeper changes in cellular immunity, the functional activity of lymphocytes, and the absence of antibody formation in response to antigenic stimulation, as evidenced by non-variable indicators.
5. Among frequently ill children, the percentage of vaccinated is low (46-53%). Immunization of frequently ill children does not cause an adequate immune response when vaccinated against measles, diphtheria, while sufficient toxin-neutralizing antibodies are produced against tetanus.

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