

PREVALENCE OF ALLERGIC DISEASES IN CHILDREN AND THE ROLE OF THE PRACTICE NURSES IN THEIR PREVENTION

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Abstract

Bronchial asthma is one of the most common chronic respiratory diseases in children, which can significantly worsen their quality of life and damage the respiratory system. In this article, the main causes of the development of bronchial asthma and the prevalence of the disease, as well as the role of the nurse practitioner in their prevention, are considered. Particular attention is paid to various aspects of treatment, including drug treatment, disease prevention, as well as the role of parents and educational institutions in overcoming the disease in children.

Keywords: Bronchial asthma, World Health Organization (WHO), nursing, asthma attack, status asthmaticus.

Introduction

Currently, bronchial asthma remains one of the urgent problems in the field of pediatrics. According to the World Health Organization (WHO), “the incidence of bronchial asthma is approximately 300 million, development of disabilities in 13 million children is one of the reasons. [1, 2, 6, 12] Bronchial asthma and allergic rhinitis occur together in 12-18% of disabled children. 85% of children in the world die from respiratory failure” [1, 2, 3, 5, 6, 12].

Currently, taking into account the increasing number of cases of bronchial asthma, pathogenetic mechanisms, specific features of the clinical course, the causes of the development of bronchial asthma in children with allergic rhinitis, and the occurrence of severe complications, preventive measures are a necessary problem [1, 2, 3, 4, 5, 6, 12, 21].

In the world, a number of studies aimed at improving the effectiveness of the identification, diagnosis and treatment of chronic respiratory system and atopic diseases in children are being carried out [7, 9, 10, 13, 15, 16].

In this regard, to determine the association of gene polymorphisms with the specific characteristics of bronchial asthma, to determine the presence of genetic predisposition in children, and to conduct scientific research aimed at the development of complex measures to prevent BA in children with allergic diseases as a result of determining the molecular genetic signs of the formation of respiratory disorders. is gaining importance [4, 6, 7, 10, 12].

At the same time, it is necessary to monitor children with bronchial asthma according to their place of residence, to determine their level of morbidity, to monitor their regular intake of medicines, to determine the level of reduction of morbidity by their age and gender, and to collect statistical





data. Scientific research and innovative works have not been carried out or have been carried out very little. Also, there are very few scientific projects or scientific-practical studies not only in Uzbekistan, but also in the whole world, where the role of a general practice nurse is highlighted or shown on the occurrence of bronchial asthma in children and its other aspects [10, 11, 13, 14 16, 23, 26].

In our country, comprehensive measures aimed at the development of the medical field, in particular, early diagnosis of somatic diseases in children with bronchopulmonary pathology, improvement of methods of treatment and prevention of the disease, are being implemented and certain results are being achieved.

In raising the level of medical services to the population to a new level, “increasing the efficiency, quality and popularity of medical care, as well as forming a system of medical standardization, introducing high-tech methods of diagnosis and treatment, supporting a healthy lifestyle by creating effective models of patronage service and dispensary” important tasks aimed at support and disease prevention” [10, 11, 14, 15].

Based on these tasks, to study the clinical and genetic aspects of bronchial asthma in children, to determine prognostic risk factors in the development of allergic rhinitis accompanied by bronchial asthma, to reduce the disability rate caused by increasing the role of general practice nurses in the development of treatment and prevention measures, and allows to improve the quality of life.

These materials are provided in accordance with the Decree of the President of the Republic of Uzbekistan “On the Development Strategy of the New Uzbekistan in 2022-2026” No. DP-60 of January 28, 2022, the Resolution of the President of the Republic of Uzbekistan “On comprehensive measures to fundamentally improve the healthcare system of the Republic of Uzbekistan” No. RP-5590 of December 7, 2018, the Resolution of the President of the Republic of Uzbekistan “On measures to further improve the system of specialized medical care in the health sector” No. RP 5199 of July 28, 2021 and other decrees adopted in this field serves to fulfill the tasks stipulated in the normative legal documents [17, 19, 23, 24].

Bronchial asthma is currently incurable disease. The task that medical personnel can perform is to reduce the number of attacks in the patient and improve his condition and quality of life [26, 27, 28, 30].

The causes of bronchial asthma, the severity of the disease and its manifestations are individual for each person. If we imagine this disease in the form of a scale, where zero is almost imperceptible shortness of breath and ten is severe asphyxia, then people suffering from this disease are evenly distributed along the entire scale. Bronchial asthma that appeared at an early age can reach adulthood [2, 7, 16, 18].

Bronchial asthma cannot be transmitted to other asthmatic patients. In some children, until adulthood, the symptoms of this disease disappear, and parents think that the child has "outgrown" asthma. However, bronchial activity is preserved even with a long remission, so we should not think about recovery. Due to the influence of a large number of environmental factors, the imaginary balance can be disturbed, and the symptoms of the disease can return at any time. Bronchial asthma cannot be cured, but it is possible to treat and prevent attacks, learn to control the progression of the disease, and in this case, patients can lead a normal, active lifestyle, study at school and play [15, 17, 18, 22, 27].





In practice, most often, when a child with mild asthma is diagnosed, they share with their parents how to behave during attacks, and how to care for the child during exacerbations. without giving, they are simply sent home. Because of this, the disease often worsens, suffocation attacks occur more often and become stronger and longer, and the patient again needs medical help.

A child in such a situation begins to feel uncomfortable, his psychological state suffers - the asthmatic begins to feel alone with his disease, his fear of suffocation attacks increases due to ignorance or lack of awareness.

The importance of the nurse in stabilizing the patient's condition and increasing the remission period in bronchial asthma is multifaceted, it is in the therapeutic activity: the use and application methods of the medicines taken by the doctor are explained by the nurse [7, 11, 14, 21, 26].

The research conducted in Uzbekistan carried out genetic studies in children with allergic diseases, where the role of allelic variants of the gene in the severe clinical stage of the disease was determined (Mavlyanova Sh.Z., Boboev K.T. 2019). Based on the above, it is necessary to assess the state of the respiratory system in children with bronchial asthma, study the characteristics of clinical and laboratory manifestations, and to improve the effectiveness of the methods of prevention and treatment of respiratory failure by clarifying the molecular genetic aspects, as well as preventing the spread of BA. increasing the role of nursing in prevention or treatment allows to increase the importance of nurses in this direction [17, 19, 23, 24].

But until now, the diseases of children with BA, their level, the family living conditions and lifestyle that affect them, the change of risk factors affecting the health of children with BA have not been comprehensively studied in the dynamics. a prognostic table based on an individual systematic approach has not been developed, the state of nursing care provided to children with BA has not been studied. To improve the health of children with BA, to monitor and evaluate the activities of secondary medical nurses in preventing or eliminating the disease, to communicate directly with parents about the health of children with BA, their medical culture, the effectiveness of the provided medical service electronic digitization aimed at increasing [1, 4, 6, 10, 14, 18, 23, 27] was not carried out.

Conclusion

As it can be seen from the above, information about the course of the disease in children with bronchial asthma and the role of nursing in it is presented, but it is not fully disclosed or adapted to the development of the disease based on modern trends. Even so, the scientific work currently being carried out in our country, that is, the scientific project "Protection and improvement of the health of the population, living environment of the Republic of Uzbekistan, identification of risk factors and improvement of medical preventive care" "Early diagnosis of chronic lower respiratory tract diseases in children", forecasting, implementation of personalized treatment" scientific projects to provide more complete information about the course of bronchial asthma in children and the role of nursing work in it, and their role It is possible that its determination will lead to faster and more effective treatment of children suffering from this disease in the future and to prevent the development of complications and death and disability in them.



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