Impact Factor: 9.2

ISSN-L: 2544-980X

Analysis of Prevalence of Alcoholic Liver Diseases among the Population of Bukhara Region According to Gender Characteristics

Nurbaev Farmon Ergashovich ¹, Omonov Olimjon Yunusovich ²

Abstract: Alcoholic liver disease is a very common disease and has a high clinical and social significance, and in most cases, it is considered one of the global problems that lead to impairment of the patient's life and quality of life and disability. Today, the first place in the development mechanism of alcoholic liver diseases is followed by acute and chronic viral hepatitis, followed by alcoholic liver disease (ALD).

Keywords: Several nosological types of ALD are distinguished as follows: Fatty hepatosis - steatosis, alcoholic hepatitis, alcoholic liver cirrhosis.

Alcoholic steatohepatitis occurs in 90% of patients who consume alcohol in hepatotoxic amounts. In such patients, the disease, in turn, passes without symptoms in most cases and is detected during medical examinations. Chronic alcoholic hepatitis is a type of disease with cytolysis syndrome. Liver failure and portal hypertension syndrome are not clearly observed in them. A number of patients (up to 8-20%) develop fibrosis and transition to liver cirrhosis. 77.3% of total liver cirrhosis is caused by alcoholic liver cirrhosis. The mortality rate in such patients is 38.9%. The development of cirrhosis of the liver in most cases leads to the development of hepatocellular carcinoma. According to most researchers, AJK develops as a result of constant intake of alcohol from 40 to 80 grams for many years (10-12 years). Also, the relationship between the degree of liver damage and the amount of alcohol consumed has not been established. Drinking alcohol in large quantities leads to severe liver damage in 50% of cases. Hereditary genetic factors and environmental factors play an important role in the mechanism of development of alcoholic liver diseases.

In Bukhara region, it is necessary to carry out scientific research due to the fact that AJK has not been studied due to gender characteristics.

Purpose: to study the distribution of alcoholic liver diseases depending on gender characteristics at the district level of Bukhara region

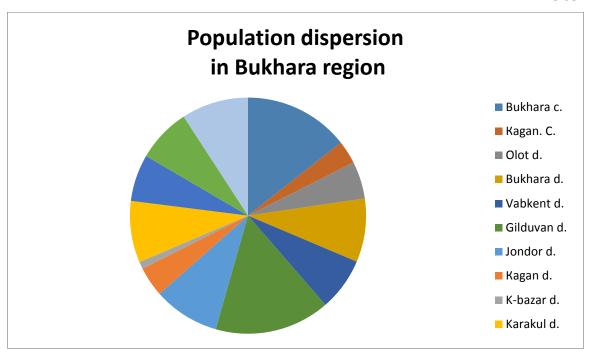
Materials and methods: the data of 2022 of the Bukhara regional branch of the Republican Specialized Narcology Center of Scientific and Practical Medicine were analyzed by the regional statistics office: 1- The total population in districts and cities, of which the number and percentage of men and women by gender and population and villages and the data on the urban population were analyzed.

The results obtained: the total population of Bukhara region is more than 2 million, of which 1,007,277 men and 1,002,491 women -145,601 people. In the city of Kogon, the total population is 63,740 people, of which 31,026 men and 32,714 women.

_

¹ Bukhara State Medical Institute

² Bukhara State Medical Institute



Gijduvon District is the first place in the region with a total population of 317,137, of which 162,168 are men and 154,969 are women. The second place is occupied by Shafirkon district. The total population is 184,333 people, of which the number of men is 92,980, and the number of women is 91,353. The third place is occupied by Jondor district. The total population is 182,266. 90,335 of them are men, and 91,931 are women. The next place is Bukhara district, the total population is 174,824 people, men are 87,569, and women are 87,255. The total population of Karakul district is 169,669, of which men are 83,974, and women are 85,695. The total population of Romitan district is 148,894, of which men are 75,474 and women are 73,420. The total population of Vobkent district is 145,848, men - 73,433, women - 72,415. The total population of Peshku district is 128,916, men are 64,576, and women are 64,340. The total population of Olot district is 102,793 people, of which 51,459 men and 51,334 women. The total population of Kogon district is 82,616 people, including 41,041 men and 41,575 women. The total population of Korovulbazar is 19,493 people, 10,474 men and 9,019 women.

Analysis of the population prone to alcoholic liver diseases in the district section of Bukhara region according to gender characteristics.

Districts	Population in control group	Males	Males Females
Bukhara city	1376	1316	60
Kogon is a city	246	225	21
Bukhara district	300	298	2
Vobkent district	249	245	4
Gijduvan district	539	535	4
Jondor district	248	246	2
Karakol district	151	148	3
Shafirkan district	176	173	3
Kogon district	189	188	1
Karovulbazar district	42	41	1
Peshku district	200	200	0

The prevalence of alcoholism among the population of Bukhara region was studied according to gender characteristics. The following results were obtained. The total number of alcoholics under supervision in Bukhara is 1376, of which 60 are women. In Kogon, there are 246 alcoholics under supervision. 21 of them are women, and the rest are men. In the Bukhara region, 300 alcoholics were in the control group, and 2 alcoholics were found out of them. In Vobkent district, 249 alcoholics were included in the control group, 4 of them were women.

In Gijduvan District, 539 alcoholics were included in the control group, 4 of them were women. In Jondor District, only 2 were women out of 248 in the control group. In Karakol District, 151 alcoholics were included in the control group, of which 3 were women. In Shafirkon district -176 alcoholics were included in the control group, 3 of them were women. In Kogon district -189 residents were in the control group, but only one woman was found. In Peshku district, among 200 patients under control, no women were identified at all.

In conclusion, it can be said that among the total of 4103 patients among more than two million inhabitants of Bukhara region, there are 113 women. Among the districts, only in the Peshku district, among the 200 patients in the control group, women were not detected at all. It was found that the group of people who are prone to alcohol is much more among the urban population compared to the rural population

List of used literature:

- 1. Tilg, H. Management strategies in alcoholic liver disease / H. Tilg, C.P. Day // Nat. Clin. Pract. Gastroenterol. Hepatol. 2007. Vol.4, №1. P. 24-34.
- 2. Chronic liver disease an increasing problem: a study of hospital admission and mortality rates in England, 1975-2005, with particular reference to alcoholic liver disease / S.J. Thomson, S. Westlake, T.M. Rahman et al. // Alcohol Alcohol. 2008. Vol. 43, № 4. P.416-422.
- 3. Sivolap, Yu.P. Alcoholism and the consequences of alcohol abuse / Yu.P. Sivolap, V.A. Savchenkov // The attending physician. 2008. No. 4. pp. 66-67.
- 4. Ramsted, M. Population drinking and liver cirrhosis mortality: is there link in Eastern Europe? / M. Ramsted // Addiction. 2007. Vol.102, № 8. P.1212-1223.
- 5. Alcohol in the European region consumption, harm and politics // Narcology. 2006. No. 3. pp.24-30.
- 6. Epidemiology of alcohol- related liver and pancreatic disease in the United States / A.L. Yang, S. Vadhavkar, G. Singh, M.B. Omary // Arch. Intern. Med. 2008. Vol.168, № 6. P. 649-656.
- 7. Mann, R.E. The epidemiology of alcoholic liver disease / R.E. Mann, R.G. Smart, R. Govoni // Alcohol Res. Health. − 2003. − Vol.27, № 3. − P. 209-219.
- 8. Vaiphei, K. Chronic alcohol intake: indicator towards alcoholic liver disease / K. Vaiphei, K. Gupta, V. Lal // Indian J. Gastroenterol. 2007. Vol. 26, № 4. P.180-184.
- 9. De Ritis ratio as diagnostic marker of alcoholic liver disease / S. Majhi, N. Baral, M. Lamsal, K.D. Mehta // Nepal Med. Coll. J. − 2006 − Vol.8, № 1. − P.40-42.
- 10. Horie, Y. Severe alcoholic hepatitis in Japan: prognosis and therapy / Y. Horie, H. Ishii, T. Hibi // Alcohol. Clin. Exp. Res. 2005 Vol.29, Suppl. 12. S.251-258.
- 11. Nemtsov, A.V. Comparative analysis of the alcohol situation in Belarus and Russia /A.V. Nemtsov, K.V. Davydov, Yu.E. Razvodovsky // Narcology. 2009. No. 1. pp.52-60.
- 12. Etiological factors of cirrhosis of the liver with fatal outcomes / A.I. Pavlov, S.V. Plyusnin, A.I. Khazanov et al. // Russian Journal of gastroenterol., hepatol., coloproctol. 2005. Vol. 15, No. 2. Pp.68-72.
- 13. Babak, O.Ya. Alcoholic liver disease: scientific achievements and clinical prospects / O.Ya. Babak // Suchasna gastroenterology. − 2006. − № 6(32). − Pp. 4-9.
- 14. Ramsted, M. Alcohol consumption and liver cirrhosis mortality with and without mention of alcohol the case of Canada / M. Ramsted // Addiction. 2003. Vol. 98, № 9. P.1267-1276.
- 15. Incidence rates and causes of cirrhosis in Norwegian population /J.M. Haukeland, I. Lorgen, L.T. Schreiner et al. // Scand. J. Gastroenterol. − 2007. − Vol.42, № 12. − P.1501-1508.

- 16. Khazanov, A.I. Evolution of etiological factors of liver cirrhosis based on the results of 58-year observations of patients in a large multidisciplinary hospital / A.I. Khazanov // Russian Journal of gastroenterology, hepatol, coloproctol. 2004. Vol.14, No. 3. pp.66-72.
- 17. Klatskin, G. Alcohol and its relation to liver damage / G. Klatskin // Gastroenterology. 1961. Vol. 41. P. 443-449.
- 18. Penguignot, G. Die Rolle des Alkohos bei der Atiologie von Leber Zirrhosen in Frankreich / G. Penguignot // Munch. Med. Wschr. 1961. Bd. 103. S. 1464-1471.
- 19. Naveau, S. Current trend: alcoholic liver disease / S. Naveau // Gastroenterol. Clin. Biol. 2006. Vol.30, № 4. –P.550-553.
- 20. Savolainen, V.T. Delayed increases in liver cirrhosis following an increament and redistribution of alcohol consumption in covering 8533 asses in 1986-1988 / V.T. Savolainen, A. Pentila, P. J. Karhuncn // Alcohol Clin. Exp. Res. − 1992. -Vol.16, № 4. − P.661-664.
- 21. Khazanov, A.I. Possibilities of progression of alcoholic and non-alcoholic steatohepatitis into cirrhosis of the liver / A.I. Khazanov // Russian Journal of gastroenterology, hepatologist, coloproctologist. 2005. No. 2. pp. 26-32.
- 22. Severe alcohol-induced liver disease and the alcohol dependence syndrome /S. Smith, J. White, C. Nelson et al. // Alcohol Alcohol. − 2006. − Vol. 41, № 3. − P. 274-277.
- 23. Abdurakhmanov, D.T. Alcoholic hepatitis: clinical characteristics, course, prognosis / D.T. Abdurakhmanov // Pharmateka. 2008. No. 2. pp. 25-32.
- 24. Stiefelhagen, P. Alcohol drinking is the major cause of chronic liver diseases, but it does not just depend on the dose / P. Stiefelhagen // MMW Fortschr. Med. − 2008. − Vol.150, № 18. − c.18.
- 25. S.P. Chernov, V.B. Lifshits, V.G. Subbotina et al. Epidemiology of alcoholic liver disease . Saratov Journal of Medical Science, 2009, volume 5, No. 4, pp. 564-568.
- 26. Nurbaev F.E. Raupov A.O. Sharipova N.K. Dzhumaev H. Liver lesions in GOVID-19: etiology, clinic, prognosis, treatment and prevention. Bukhara scientific-abstract, spiritual and educational journal 11(49)2022 p. 475-481
- 27. Nurbaev F.E. Mavlyanov S.I. Pharmacoeconomical analysis of the effectiveness of therapy for chronic hepatitis "C" . Tibbet va sport 2021/No.2 pp.103-108
- 28. Nurbayev F.E. Pharmacoeconomic analysis of efficiencytherapy chronic hepatits "C" World medicine journal p.152-162 NO 1 (3) 2022y.
- 29. Nurbaev F.E. Dzhumaev B.Z. "Optimization of modern pharmacotherapy of chronic diffuse liver diseases with predominance of cholestasis syndrome" New Day in medicine 2018. No. 1 27-30 p.
- 30. Nurbaev F.E. Khamraeva Yu.S., "Pharmacoenomic analysis of the costs of treatment of chronic hepatitis "In" inpatient conditions (Retrospective study)" A New Day in Medicine.2017.No. 4. 38-44 p.
- 31. Nurbaev.F.E. B.Z.Dzhumaev., "Ways to increase the pharmacoeconomical effectiveness of intrahepatic syndrome therapy." A New Day in Medicine.2017.No. 4.38-44 p.