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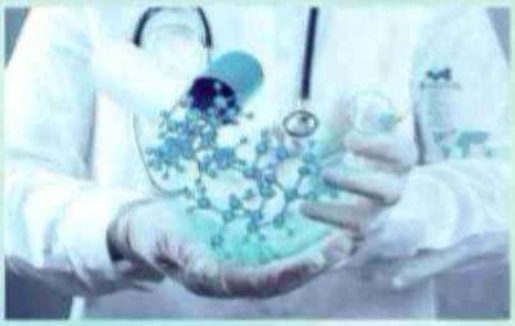

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NEW DAY IN MEDICINE

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COMORBID STATUS IN PATIENTS WITH GASTRIC ULCER AND DUODENAL ULCER

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✓ ***Resume***

The article presents data on the structure and frequency of comorbid diseases in patients with gastric ulcer and duodenal ulcer. The study included 67 patients who were hospitalized. The comorbid status of patients was assessed based on the Charlson index. Comorbid conditions were detected in 97% of patients. In 2/3 of patients, there was a combination of several comorbid diseases. When choosing therapy, it is necessary to take into account the existing comorbidity, the presence of which affects the course of the disease, reduces the effectiveness of the treatment, and increases the frequency of hospitalizations.

Key words: gastric ulcer and duodenal ulcer, comorbidity, concomitant pathology

КОМОРБИДНЫЙ СТАТУС У БОЛЬНЫХ ЯЗВЕННОЙ БОЛЕЗНЬЮ ЖЕЛУДКА И ДВЕНАДЦАТИПЕРСТНОЙ КИШКИ

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✓ ***Резюме***

В статье представлены данные по структуре и частоте коморбидных заболеваний у больных язвенной болезнью желудка и двенадцатиперстной кишки. В исследование включены 67 больных, находившихся на стационарном лечении. Оценка коморбидного статуса пациентов проведена на основании определения индекса Чарлсона. Коморбидные состояния выявлялись у 97 % больных. У 2/3 пациентов имело место сочетание нескольких коморбидных заболеваний. При выборе терапии необходимо учитывать имеющуюся коморбидность, наличие которой влияет на течение заболевания, снижает эффективность проводимого лечения, увеличивает частоту госпитализаций.

Ключевые слова: язвенная болезнь желудка и двенадцатиперстной кишки, коморбидность, сопутствующая патология.

OSHQOZON VA O’N IKKI BARMOQLI ICHAK YARASI BOR BEMORLARDA KOMORBID STATUS

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✓ ***Rezyume***

Maqolada oshqozon yarasi va o'n ikki barmoqli ichak yarasi bo'lgan bemorlarda komorbid kasalliklarning tuzilishi va chastotasi haqida ma'lumotlar keltirilgan. Tadqiqotda statsionar davolanayotgan 67 bemor ishtirok etdi. Bemorlarning komorbid holatini baholash Charlson indeksi asosida amalga oshirildi. Bemorlarning 97 % da komorbid holatlar aniqlangan. Bemorlarning 2/3 qismida bir nechta komorbid kasalliklarning kombinatsiyasi mavjud. Terapiyani tanlashda mavjud bo'lgan komorbidlikni hisobga olish kerak, uning mavjudligi kasallikning kechishiga ta'sir qiladi, davolash samaradorligini pasaytiradi va kasalxonaga yotqizish chastotasini oshiradi.

Kalit so'zlar: oshqozon va o'n ikki barmoqli ichak yarasi, yondosh kasalliklar, komorbidlik

Relevance

The relevance of the problem under consideration is determined by the high frequency and prevalence of peptic ulcer disease (PUD), which continues to this day, its often long course with the possible formation of frequently recurring and difficult-to-heal ulcers, as well as the risk of developing serious complications. Moreover, concomitant comorbid conditions are one of the leading causes of a significant deterioration in the quality of life of patients with this pathology with an increased risk of adverse outcomes, including fatal ones [1–7]. The relevance of this study is due to the negative impact of prognostically significant comorbidity in PU on the quality of life and survival of patients, as well as the lack to date of a comprehensive assessment of the main clinically significant variants of comorbid pathology on the course of the disease, as well as the choice and determination of treatment tactics [8–9].

The aim of the study was to investigate the frequency and structure of comorbid diseases in patients with gastric ulcer (GU) and duodenal ulcer (DU) who were undergoing inpatient treatment.

The aim of the study was to investigate the frequency and structure of comorbid diseases in patients with gastric ulcer (GU) and duodenal ulcer (DU) who were undergoing inpatient treatment.

Materials and methods of the study

The study group included 67 patients with GU and DU. Among them, 14 (21%) were women and 53 (79%) were men. The average age of patients was 54.7±7.9 years. Among the examined patients, 70% of cases were diagnosed with GU and 30% of cases were diagnosed with DU. 75% of patients were infected with Helicobacter (H.) pylori. The average duration of ulcer history was 11.2±5.9 years. At the time of the study, all patients were receiving standard antiulcer therapy. During the study, an analysis of the medical records of patients who were undergoing inpatient treatment at the regional multidisciplinary medical center in Navai was conducted, the selection of which was carried out by random sampling. The medical history of each patient was used to determine age, height, weight, social status, occupational status, duration of ulcer disease, presence of a family history of ulcer disease, concomitant pathology, complete blood count, biochemical blood test results, H. pylori infection, and esophagogastroduodenoscopy data. Based on the results of anthropometric parameters, the body mass index (BMI) was calculated in order to clarify the degree of obesity and its impact on the comorbid status of patients and the effectiveness of treatment for PU. The study determined the Charlson index for quantitative assessment of comorbid status and 10-year survival of patients.

Statistical analysis of the obtained data was performed using the Microsoft Office XP and Excel statistical software package, including calculations of arithmetic means (M), errors of arithmetic means (m), and an assessment of the reliability of differences between groups using Student's t-test (at $p<0.05$, the differences were considered reliable). Correlation dependence was assessed using the r criterion. Calculations were performed on a 1600 MHz "Intel Pentium-IV" CPU.

Results and discussion

The study showed that concomitant pathology was detected in 97% of patients with PU (Fig. 1). The structure of comorbidity in the analyzed group of patients was represented mainly by cardiovascular pathology, which was observed in 85% of patients.

The most frequently recorded diseases were arterial hypertension (in 75% of patients) and ischemic heart disease (in 47%); myocardial dystrophy was less common – in 32% of patients. 38% of patients had normal weight, 27% had pre-obesity, 17% had grade 1 obesity, 12% had grade 2 obesity, and 6%

had grade 3 obesity. Along with cardiovascular pathology, there was a high incidence of gastrointestinal tract (GIT) diseases in patients with ulcerative colitis (PU) – in 79% of patients. The most frequently recorded diseases were chronic cholecystitis – 32%, chronic gastritis – 27%, steatohepatitis – 18% and chronic pancreatitis – 20%. Chronic inflammatory diseases of the urinary tract were diagnosed in 37% of patients with ulcerative colitis.

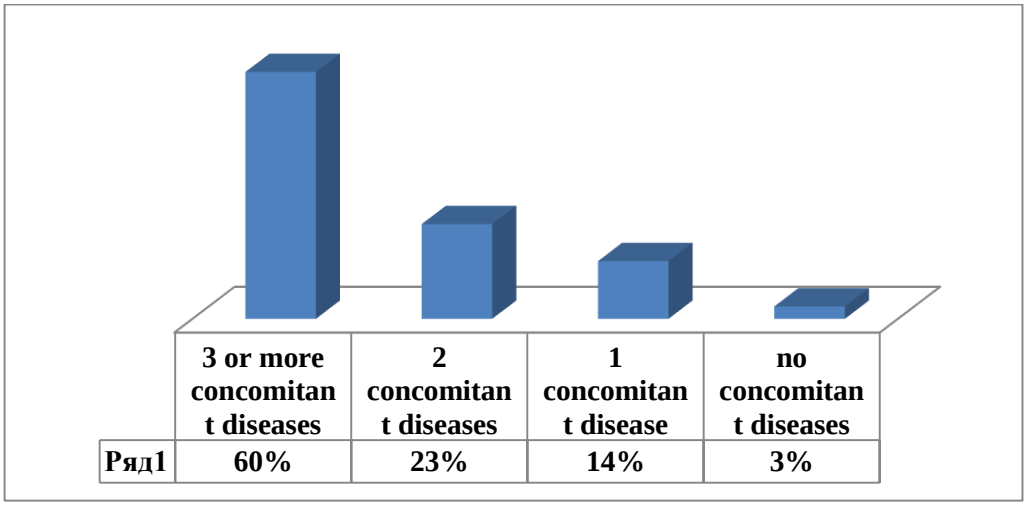

Fig. 1. Concomitant diseases in patients with ulcerative colitis

Among joint diseases, osteoarthritis was detected in 27% of patients with ulcerative colitis, mainly in patients over 45 years of age. Osteochondrosis of the spine was diagnosed in 16% of patients. Endocrine pathology was detected in 22% of patients (Fig. 2): 18% had type 2 diabetes mellitus, 7% had thyroid pathology. Respiratory pathology was observed relatively rarely and was represented by bronchial asthma in 3% of cases, and chronic obstructive pulmonary disease in 10%.

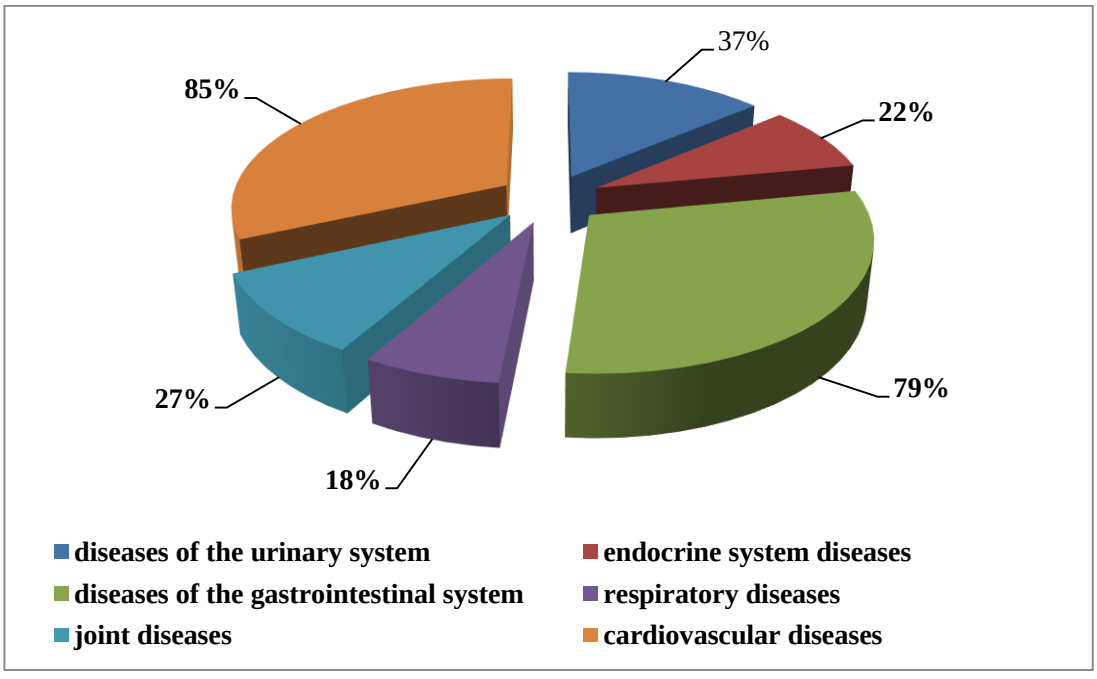

Fig. 2. Comorbidity structure in patients with peptic ulcer disease

Malignant neoplasms were diagnosed in 2% of patients and had different localizations. When assessing the Charlson index, 10-year survival rates over 90% (index values from 0 to 2 points) were noted in 28% of patients, from 53 to 77% (index values 3–4) – in 52% and less than 21% (≥5 points) – in 20%. Conducting a correlation analysis showed that the Charlson comorbidity index has a direct positive correlation with age, duration of the history of ulcer disease and body mass index (Table 1).

Table 1

Correlation dependence of the CHARLSON index in patients with PU

Indicators	Index CHARLSON
Age	0,7
Duration of history of PU	0,6
Body mass index	0,7

Conclusion

Thus, the conducted study revealed a high prevalence of comorbid diseases in patients with PU. It is important to note that 2/3 of patients have a combination of several comorbid diseases. This creates additional difficulties in selecting therapy, is often the cause of polypharmacy and increases the risk of adverse reactions. In clinical practice, in patients with PU, it is necessary to take into account the existing comorbidity, the presence of which affects the course of the disease, reduces the effectiveness of the therapy, and increases the frequency of hospitalizations. Evaluation of comorbidity is an important component of clinical prognosis in order to take timely measures to correct treatment and prevent disease progression.

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