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ТИББИЁТДА ЯНГИ КУН НОВЫЙ ДЕНЬ В МЕДИЦИНЕ NEW DAY IN MEDICINE

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IMPROVING THE SYSTEM FOR ORGANIZING THE CLINICAL CARE OF PATIENTS WITH PHACOGENIC GLAUCOMA

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✓ Resume

The proportion of early-stage phacogenic glaucoma at the time of registration for clinical care in 2022 was 47.5% (by 2023, it decreased to 11.3%); the proportion of advanced glaucoma was 38.4% (by 2024, it decreased to 19.4%). Our retrospective analysis of the main indicators of prevalence, morbidity, and disability in glaucoma patients over a long period of time (3 years) and a comparative analysis of this indicator over this period showed that: the prevalence of phacogenic glaucoma in the Samarkand region increased from 4.7 in 1995 to 1.5 in 2010. to 6.2 in 2022 per 1,000 adult population (or 0.6 per 10,000 adult population). When comparing this indicator over this period of time, the increase in prevalence is even more clearly visible (from 2.6 in 2023 to 6.2 in 2025 per 1,000 adult population). When comparing the incidence rate of primary open-angle glaucoma in the Samarkand region over this period of time, two stages are clearly visible: the first stage, when a steady increase in the indicator was noted (from 0.9 in 2022 to 1.3 in 2023), which was explained by a well-established system of active patient detection, which was in place at that time in the region; the second stage (from 2024 to the present) is characterized by stabilization and some decrease in the incidence of phacogenic glaucoma.

Key words: medical examination, prevalence rate, phacogenic glaucoma, blindness, disability.

СОВЕРШЕНСТВОВАНИЯ СИСТЕМЫ ОРГАНИЗАЦИИ ДИСПАНСЕРИЗАЦИИ ПАЦИЕНТОВ С ФАКОГЕННОЙ ГЛАУКОМОЙ

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✓ Резюме

Доля фактогенной глаукомы при начальной стадии при постановке на диспансерный учет в 2022 году составляла 47,5% (к 2023 году она снизилась до 11,3%); доля развитой стадии глаукомы - 38,4% (к 2024 году она снизилась до 19,4%) Проведенный нами ретроспективный анализ основных показателей частоты распространения, заболеваемости и инвалидности больных глаукомой за длительный период времени (3 года) и сравнительный анализ этого показателя за этот период показал, что: показатель распространенности фактогенной глаукомы в Самаркандской области возрос с 4,7, в 1995г. до 6,2 в 2022 на 1000 взрослого населения (или 0,6 на 10000 взрослого населения). При сравнении этого показателя за этот период времени еще отчетливее виден рост распространенности (с 2,6 в 2023 году, до 6,2 в 2025 на 1000 взрослого населения). При сравнении показателя заболеваемости первичной открытоугольной глаукомой в Самаркандской области более чем за этот период времени четко прослеживается два этапа: первый этап, когда отмечался неуклонный рост показателя (от 0,9 в 2022 до 1,3 в 2023 г.), что объяснялось хорошо отлаженной системой активного выявления больных, имеющей место в тот период времени в области; второй этап (с 2024 г. по настоящее время) характеризуется стабилизацией и некоторым снижением уровня заболеваемости фактогенной глаукомы.

Ключевые слова: диспансеризация, показатель распространенности, фактогенная глаукома, слепота, инвалидность.

FAKOGEN GLAUKOMA BILAN OG'RIGAN BEMORLARGA KLINIK YORDAM KO'RSATISHNI TASHKIL ETISH TIZIMINI TAKOMILLASHTIRISH

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✓ **Rezyume**

2022-yilda klinik yordamga ro'yxatdan o'tish paytida fakogen glaukomaning erta bosqichdagi ulushi 47,5% ni tashkil etdi (2023-yilga kelib 11,3% gacha kamaydi); rivojlangan glaukomaning ulushi 38,4% ni tashkil etdi (2024-yilga kelib 19,4% gacha kamaydi). Glaukoma bilan og'rigan bemorlarda uzoq vaqt davomida (3 yil) tarqalish, kasallanish va nogironlikning asosiy ko'rsatkichlarini retrospektiv tahlil qilish va ushbu davrda ushbu ko'rsatkichning qiyosiy tahlili shuni ko'rsatdiki: Samarqand viloyatida fakogen glaukomaning tarqalishi 1995-yildagi 4,7 dan 2010-yilda 1,5 gacha, 2022-yilda esa 1000 kattalar aholisiga 6,2 gacha (yoki 10 000 kattalar aholisiga 0,6 gacha) oshdi. Ushbu ko'rsatkichni ushbu davrda taqqoslaganda, tarqalishning o'sishi yanada aniqroq ko'rinadi (2023-yilda 2,6 dan 2025-yilda 1000 kattalar aholisiga 6,2 gacha). Samarqand viloyatida ushbu davrda birlamchi ochiq burchakli glaukomaning kasallanish darajasini taqqoslaganda, ikki bosqich aniq ko'rinadi: birinchi bosqich, bu ko'rsatkichning barqaror o'sishi qayd etilgan (2022-yilda 0,9 dan 2023-yilda 1,3 gacha), bu o'sha paytda mintaqada mavjud bo'lgan faol bemorlarni aniqlashning yaxshi yo'lga qo'yilgan tizimi bilan izohlanadi; ikkinchi bosqich (2024-yildan hozirgi kungacha) fakogen glaukomaning barqarorlashishi va kasallanish darajasining biroz pasayishi bilan tavsiflanadi.

Kalit so'zlar: tibbiy ko'rik, tarqalish darajasi, fakogen glaukoma, ko'rlik, nogironlik.

Relevance

Glaucoma is one of the most important medical and social problems in modern ophthalmology. Despite significant advances in diagnosis and treatment, it remains a leading cause of irreversible vision loss worldwide. In the 1990s, the global population of glaucoma patients was approximately 20 million. Currently, this number has risen to 105 million, and according to WHO projections, this number may increase further by 2030. Among the various forms of glaucoma, phacogenic glaucoma predominates in 72-80% of cases. The rising incidence of glaucoma, observed in a number of countries, is also characteristic of Uzbekistan: glaucoma has become the leading cause of blindness and primary disability among other ocular pathologies. As of early 2003, approximately 800,000 patients with phacogenic glaucoma were registered in the country, with an equal number of patients suffering from this disease but unaware of it. Success in the fight against blindness and low vision due to glaucoma is directly dependent on early detection and timely treatment. However, glaucoma preventative measures are currently ineffective or nonexistent. Given the steady increase in the incidence of phacogenic glaucoma, its widespread prevalence worldwide, the progressive deterioration of visual function leading to loss of productivity and disability, and the significant financial costs of treatment for both patients and the state, it has been argued that phacogenic glaucoma can be classified as a socially significant disease. There are studies in both Russian and international literature devoted to the effectiveness of modern pharmacotherapy for glaucoma. However, studies examining the long-term safety and efficacy of traditional and modern treatments, as well as the pharmacoeconomics of various topical antihypertensive regimens in patients with glaucoma, taking into account social status and quality of life, are rare. Based on the above, the problem of combating phacogenic glaucoma can be considered relevant and multifaceted. In addition to the introduction of new diagnostic methods and adequate treatment, it also requires improving the system for organizing early detection and follow-up of glaucoma patients, taking into account current epidemiological and socioeconomic conditions. This will facilitate control of the incidence rate and the quality of medical care.

Objective of the study: To study the follow-up of patients in the Samarkand region.

Materials and methods

Two periods are distinguished in the dynamics of glaucoma incidence in the Samarkand region from 2022 to 2025. The first period is characterized by a steady increase in incidence, which is explained by a well-established system of active patient identification that was in place during this period. The second is characterized by a low and stable incidence rate, indicating the unresolved problem of glaucoma in the region and a lack of active patient identification. The proportion of severe glaucoma cases, diagnosed in the advanced and terminal stages, is growing. The proportion of phacogenic glaucoma in the early stages at the time of dispensary registration in 2022 was 47.5% (by 2023, it had decreased to 11.3%); the proportion of advanced glaucoma was 38.4% (by 2024, it had decreased to 19.4%). On the other hand, the proportion of advanced glaucoma increased from 8.4% to 29.7%, while the proportion of terminal glaucoma increased from 5.5% to 39.6% compared to 2025. This indicates the insufficient effectiveness of treatment measures for this category of patients, as well as the late referral of patients for medical and social assessment for rehabilitation measures and active social assistance. Over the past decade, the Samarkand region has seen an increase in the share of phacogenic glaucoma in the structure of causes of primary disability due to eye diseases: phacogenic glaucoma ranks first, followed by degenerative retinal diseases, lens diseases in third, and complicated myopia in fourth. Despite a significant increase in the number of visually impaired and blind patients with advanced and terminal glaucoma, disability indicators have proven insufficient for assessing the true prevalence of the disease as a whole. In phacogenic glaucoma, traditional antihypertensive therapy with beta-blockers is justified, and in case of decompensated intraocular pressure, the use of prostaglandin drugs, which significantly reduces treatment costs. Adverse events with travoprost in patients with phacogenic glaucoma included mild conjunctival hyperemia in 11.2% of cases and moderate conjunctival hyperemia in 2.4% of cases. Severe conjunctival hyperemia with moderate eyelid edema was observed in 3.2% of cases, leading to drug discontinuation. Increased eyelash growth, which This was observed in 9.6% of patients, and iris color changes (in 5.6%) did not cause a negative reaction in patients and did not lead to drug discontinuation. Given the current lack of a universal drug for the treatment of glaucoma, in cases of decompensated intraocular pressure (IOP), it is advisable to use various combinations of antihypertensive drugs that act on different components of intraocular pressure regulation. This approach allows for the most effective maintenance of the drug's hypotensive effect and, overall, a reduction in the annual cost of drug treatment. The cost of the drug significantly impacts the quality of life of glaucoma patients in socially vulnerable rural populations, whereas for urban patients, the need for treatment and the number of daily instillations of drops are more important. The conducted comprehensive assessment of prevalence, incidence, and study of the quality of life of patients with glaucoma allowed to develop proposals for improving the system of dispensary observation of patients with glaucoma, as a result of which a regional glaucoma cabinet was established, the activities of which will improve the quality of medical care for this category of patients. Proposals for improving the system of organizing dispensary examination of patients with phacogenic glaucoma at the level of a constituent entity of Uzbekistan. When developing comprehensive measures for prevention, early diagnosis and dispensary examination of patients with glaucoma and persons with disabilities due to this disease, it is necessary to take into account the data of the main epidemiological indicators of glaucoma, the need for social protection of persons with disabilities. In order to improve the efficiency of the dispensary system, taking into account the incidence of glaucoma, it is necessary to: increase the role of the active component of dispensary examination; improve health education among the population using available media; increase the level of knowledge on the prevention and treatment of glaucoma among district ophthalmologists; To improve the early diagnosis of glaucoma, it is advisable to identify patients at risk for glaucoma; promptly identify patients requiring surgical treatment; restore the system of pre-hospital monitoring rooms in outpatient clinics; reinstate glaucoma days; implement a system of epidemiological monitoring of glaucoma; and organize glaucoma patient registries at the level of the constituent entities of Uzbekistan.

Results and discussion

Our retrospective analysis of the main indicators of the prevalence, incidence, and disability of glaucoma patients over a long period of time (3 years) and a comparative analysis of this indicator for this period showed that: the prevalence rate of phacogenic glaucoma in the Samarkand region increased

from 4.7 in 1995 to 6.2 in 2022 per 1,000 adults (or 0.6 per 10,000 adults). When comparing this indicator over this period of time, the increase in prevalence is even more clearly visible (from 2.6 in 2023 to 6.2 in 2025 per 1,000 adult population). When comparing the incidence rate of primary open-angle glaucoma in the Samarkand region over this period of time, two stages are clearly visible: the first stage, when a steady increase in the indicator was noted (from 0.9 in 2022 to 1.3 in 2023), which was explained by a well-established system of active patient detection, which was in place in the region at that time; the second stage (from 2024 to the present) is characterized by stabilization and some decrease in the incidence of phacogenic glaucoma. This, however, does not mean that the problem of glaucoma in the region has been solved. On the contrary, such dynamics of incidence may be a consequence of the lack of active detection of patients with phacogenic glaucoma. Furthermore, over the past twelve years, a sharp increase in the incidence of advanced and terminal glaucoma has been observed. A comparative analysis of disease severity during active and passive follow-up revealed a significant predominance of early-stage disease during the active follow-up period for glaucoma patients, while advanced glaucoma was detected during the passive follow-up period. A direct correlation between glaucoma incidence and patient age has been confirmed. When examining the problem from an age perspective, it was found that phacogenic glaucoma is slightly more common in women (55%). Studies of the clinical aspects of secondary glaucoma revealed a predominance of phacogenic glaucoma over the entire eleven-year observation period. According to primary medical records, the most common comorbidities in glaucoma patients are cardiovascular disease (81%), central nervous system disease (21%), and diabetes mellitus (12%). Surgical treatment is performed in the late stages of the disease, with intraocular pressure compensation and glaucoma stabilization occurring after surgery in 80-85% of cases (within 6 months). Maintenance therapy courses are conducted. occur in less than 1/4 of glaucoma patients. A retrospective analysis of long-term use of traditional beta-blocker therapy in patients with phacogenic glaucoma showed that in identified phacogenic glaucoma, the duration of IOP compensation with monotherapy with non-selective beta-blockers was determined by the initial level of increased ophthalmotonus (below or above 28 mm Hg) and averaged about 3.75 years (from 1.5 to 6 years). With the addition of prostaglandin F2 alpha to long-term mono-beta-blocker therapy, an additional hypotensive effect (from 28%) from the initial level) was noted and its maintenance by 3-4 years of treatment (up to 20-15%). The lower the initial IOP level, the longer the duration of the effect with beta-blocker monotherapy (on average up to 5-7 years). In the subgroup with an initially high level of intraocular pressure, the duration of IOP compensation did not exceed 2 years. The conducted analysis of clinical data shows that the duration of intraocular pressure normalization depends on the initial level of IOP. The administration of beta-blockers is justified, and only if the process does not stabilize is it necessary to switch to prostaglandins or use drugs of this group as additional therapy, which will significantly reduce the cost of treatment. Taking into account the obtained data, it can be concluded that the reasons for the increase in morbidity and disability from phacogenic glaucoma in the Samarkand region, as well as in the country as a whole, are: Population aging (i.e., negative population growth observed in recent decades in the country as a whole and in the Samarkand region, in particular); poor development of gerontological services, the state of which is closely related to the incidence of glaucoma; deterioration of the environmental situation, as well as concomitant somatic pathology. The unfavorable situation in the Samarkand region regarding this issue is, in our opinion, explained by: a shortage of ophthalmologists in some districts; insufficient qualifications of primary care physicians, often due to the need to combine several specialties; weak preventive and dispensary focus of district clinics; and a lack of essential diagnostic tools in some medical institutions. Furthermore, the situation is affected by: a lack of timely and high-quality monitoring by ophthalmologists of intraocular pressure, visual function, and the optic nerve; the use of outdated conservative methods of antihypertensive treatment (prescribing pilocarpine up to 6 times a day); and the absence of regular treatment courses that include drugs with a neuroprotective effect, administered taking into account the main risk factors. It's also important to note the importance of social factors, such as the low standard of living of patients, which prevents them from accessing the full range of necessary treatments; the remoteness of many rural patients from specialized medical facilities; and low patient awareness of the nature of their disease and the need for self-monitoring, which results in a lack of motivation for treatment due to a lack of objective data. Given the long asymptomatic course of the disease and the maintenance of relatively high visual acuity, which typically declines in the late stages of the disease, patients underestimate the

dangers posed by glaucoma. Long-term, sometimes multi-year, use of eye drops tires patients, leading to voluntary discontinuation of treatment. They fail to see any real positive effect, as glaucoma, primarily a disease of old age, can be accompanied by a gradual decline in visual acuity and associated ocular pathologies typical of this age, such as the progression of cataracts and macular degeneration. Furthermore, prolonged use of eye drops sometimes causes side effects in patients, both local and systemic. Finally, the most common problems faced by the elderly include joint-related pathologies, the development of presbyopia, and the loneliness of many patients, i.e., the lack of assistance when administering eye drops.

Conclusions

From the above, it follows that difficulties associated with organizing specialized ophthalmological care for the population, the lack of systematic preventive examinations, and insufficient public health education in the region's districts have negatively impacted the early detection and follow-up of glaucoma patients in recent years. This necessitates taking serious measures to streamline the work of this crucial link in qualified glaucoma care in the Samarkand region. Another important factor is the lack of a federal glaucoma program that would address a number of organizational issues to improve medical care for patients with this condition. The current situation with glaucoma incidence in Samarkand This clearly points to the need to create a treatment system that takes into account not only accumulated experience but also modern approaches to this problem. A comprehensive assessment of the prevalence and incidence of glaucoma, as well as a study of the quality of life of patients with glaucoma, has identified solutions that can be used to improve the quality of medical care for this category of patients and, in particular, to enhance the blindness prevention system. Close cooperation is needed among all institutions involved in glaucoma detection to optimize antiglaucoma services based on uniform diagnostic and treatment standards. This also includes improving public health awareness, enhancing educational efforts with extensive media involvement, and improving the "School for Glaucoma Patients" program and restoring glaucoma days in outpatient clinics. Thus, the materials presented in this paper reveal the challenges of developing a system for organizing, identifying, treating, and monitoring glaucoma patients in Samarkand. Thanks to regulatory documents and methodological materials adopted in the Samarkand region in recent years, procedures for the early detection, management, and follow-up of glaucoma patients are being streamlined.

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