

The Nature of Changes in the Quality of Life in Long-Livers with Polymorbidity Pathology

Khakimova Zulhumor Karimovna¹, Kamilov Khalijan Makhamadzhonovich²,
Shermatov Abdurazzok Abdumannonovich³

¹Associate Professor, Department of Ophthalmology of the Center for the Development of Professional Qualifications of Medical Workers of the Ministry of Health of the Republic of Uzbekistan, Tashkent, Uzbekistan

²Head of the Department of Ophthalmology, Center for the Development of Professional Qualifications of Medical Workers of the Ministry of Health of the Republic of Uzbekistan, Tashkent, Uzbekistan

³Director of the Fergana Branch of RSNPTSMG, Fergana, Uzbekistan

Abstract The human body, as a perfect mechanism, is designed for long-term viability and life expectancy, which is largely determined by how a person builds it for himself, shortens or prolongs it, how he takes care of his health, because. Health is the main basis of longevity and active creative life. It is known that life expectancy is 50% dependent on the way of life that a person himself forms [1]. A decent level of quality and lifestyle of centenarians is an urgent problem, the solution of which has yet to be realized for many years. Therefore, studies devoted to the study of the quality and lifestyle of the elderly are so important. The human body, as a perfect mechanism, is designed for long-term viability and life expectancy, which is largely determined by how a person builds it for himself, shortens or prolongs it, how he takes care of his health, because. it is health that is the main basis for longevity and active creative life [2]. More than 70% of elderly people and centenarians have 4-5 chronic diseases of the cardiovascular, nervous, digestive, respiratory, endocrine, and osteoarticular systems [10]. (Korkushko O.V., 2000; Lazebnik L.B., 2001; Proschaev K.I. 2011; Shabalin V.N., 1998). A number of general therapeutic diseases such as hypertension, atherosclerosis, cardiovascular, oncological, brain diseases and diabetes mellitus are the prevailing risk factors for the development of eye pathology and blindness in centenarians [11].

Keywords Health, Centenarians, Lifestyle and quality of life, General therapeutic and ophthalmic pathology

1. Introduction

According to the World Health Organization (WHO), in the total population of the planet in 1050, people over 50 years old accounted for 214 million people (50.3%), in 1975 - 350 million people (9%), in 2000 - 590 million (9.8%), and in 2015 1 billion 100 million people. This is more than 15% of the total population of the Earth [14]. For persons of this age, polymorbidity is characteristic, when the main systems of the body of an elderly person are affected in the pathological process. One of the functions that can be affected in a variety of general therapeutic diseases is visual. Modern sociological research confirms that elderly and senile patients with visual impairment face many social, economic and medical problems. In particular, such people are characterized by such problems as impaired communication with other people, both due to impaired visual sensations, and with changes in the psyche that accompany vision loss, difficulty in orientation in space, learning, reduced working capacity and quality of life [2].

Quality of life is the main target function of modern super-industrial industrial systems. Quality of life (English - quality of life, abbr. - QOL; German - Lebensqualität, abbr. LQ) is a category that characterizes the essential circumstances of the life of the population, which determine the degree of dignity and freedom of the personality of each person. To determine tactical actions, clear criteria for assessing the state of the problem to control and improve the quality of life of the population are needed. Of particular importance are studies on the role of medical services in the process of shaping the quality of life, because. human health is the most important component in ensuring the quality of life [12,13].

The purpose of research is to identify the main medical and social problems that lead to a decrease in the quality of life in centenarians with the main therapeutic and ophthalmological pathology.

2. Material and Methods of Research

We analyzed more than 150 literary sources and interviewed about 600 centenarians living in the Fergana Valley of the Republic of Uzbekistan on the problem under study.

3. Results and Its Discussion

As a result of the study, it was found that as the age increases, there are many changes in the activity of all body systems that affect the quality of human life. The working capacity of the body decreases, the psyche changes, the number of chronic diseases increases, and the long-liver has to adapt to life in new conditions. It is generally accepted to qualify this process as aging - the process of biological maturation of the body, which does not always coincide with the calendar. It should be emphasized that these problems associated with a decrease in the quality of life are also associated with a change in biological age in the direction of its predominance over the passport, which worsens the prognosis of the course of the disease. A thorough study of the components of the quality of life and the determination of biological age will identify the most problematic moments in the provision of medical care to patients with centenarians and make it targeted, targeted and more effective.

Among all, we consider the issues of disability, its causes in long-livers that determine the quality of life, with such medical problems as osteoarthritis, hypertension, atrial fibrillation, sleep problems, acute and chronic cerebrovascular accidents and eye pathology. Osteoarthritis (OA) of the knee, which affects most of the large joints, presents with disabling symptoms in approximately 15% of the population over 90 years of age, a quarter of whom develop severe disability. The risk of disability in centenarians due to OA of the knee joints is as great as in cardiovascular pathology, and higher than in any other diseases. According to the WHO report on the social consequences of diseases, osteoarthritis ranks 4th among the causes of disability in women and 8th in men. Physical disability caused by pain and limited functional activity of the joints leads to a decrease in the quality of life and an increased risk of comorbidity and mortality. It represents a serious socioeconomic problem and is one of the main causes of persistent disability [5,6]. A number of general therapeutic diseases, such as hypertension, atherosclerosis, cardiovascular, oncological, brain diseases, and diabetes mellitus, are the prevailing risk factors for the development of eye pathology and blindness in centenarians [11].

Patients with osteoarthritis spend more time and energy on their daily duties, they have less time to rest. They are very dependent on their relatives and loved ones, and they need more money for medical care and health care than people of the same sex and age in the general population. In addition, 3/4 of patients are forced to take analgesics, half - local ointments and creams. Patients with persistent joint pain may gradually develop general weakness, low mood, and sleep that does not bring rest, which in turn increases pain and functional impairment. Atrial fibrillation is also the most common of the stable heart rhythm disturbances. Its prevalence increases as the age of the population increases. So, if at the age of up to 64 years, atrial fibrillation is detected in 0.3-0.4% of persons from the general population, then at 65-75 years of age, the prevalence of atrial fibrillation is

4-5% and in patients older than 75 years it exceeds 12%. Atrial fibrillation is often associated with organic diseases of the myocardium, the main cause of its development are degenerative changes caused by coronary atherosclerosis. In 60-80% of patients with a permanent form of atrial fibrillation, the main disease is arterial hypertension, coronary artery disease, or mitral heart disease. In 10-15% of patients with a permanent form of atrial fibrillation, thyrotoxicosis, cor pulmonale, cardiomyopathy, and alcoholic heart disease are detected. Atrial fibrillation is one of the main causes of ischemic stroke, especially in elderly patients. Its presence indicates an increased risk of arterial thromboembolism [3,9]. These manifestations of the disease affect social adaptation, worsen the quality of life and significantly affect the course and progression of atrial fibrillation. Mortality in the presence of atrial fibrillation is 2 times higher than in the remaining sinus rhythm. Hemodynamic disturbance and thromboembolic complications associated with atrial fibrillation lead to a significant increase in morbidity, mortality and medical costs. Complaints about poor sleep in elderly and senile patients are among the most common in outpatient practice. In their frequency, these complaints are perhaps second only to complaints of memory impairment. The problem of sleep disorders in elderly patients is mainly in the field of view of general practitioners. According to various estimates, 90% of people of different ages experience sleep problems during their lifetime, while insomnia is diagnosed in 12 - 40% of the adult population and reaches 72% in the elderly [7,8]. There is an acute problem with changes in the quality of life among people over 60 with acute and chronic cerebrovascular accidents, since age itself is an unmodified risk factor for vascular accidents. As a result of the study of the organ of vision of centenarians with general therapeutic pathology, 50.9% of the examined patients revealed changes characteristic of hypertension, 27.8% - lens pathology, 8.1% - manifestations of diabetes mellitus, 8.9% - manifestations of atherosclerosis, 76 % - age-related changes. The priority direction of resolving the issue of changing the quality of life in centenarians is: individual control of blood pressure, timely diagnosis of the state of the organ of vision, and the organization of the necessary preventive therapy for all primary care specialists [3,6].

4. Conclusions

Thus, as the age increases, there are many changes in the activity of all body systems that affect the quality of life of centenarians. The efficiency of the body decreases, the psyche changes, the number of chronic diseases increases, and a person has to adapt to life in new conditions. It should be emphasized that these general therapeutic and ophthalmological problems associated with a decrease in the quality of life are also associated with a change in biological age in the direction of its predominance over the passport, which worsens the prognosis of the course of the disease.

A thorough study of general therapeutic and ophthalmic pathology and its components that reduce the quality of life in centenarians will identify the most problematic moments in the provision of medical care, and make it targeted, targeted and more effective. Further scientific and research work with the population of this age group is relevant and seems to be an important medical and social task of modern society, general therapeutic and ophthalmological services, requiring the subsequent development of programs for their prevention, as well as practical recommendations for family doctors and ophthalmologists.

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