



A General Strategy for the Prevention of Obesity

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Abstract: A general strategy for the prevention of overweight and obesity should be started from childhood, that is, breastfeeding for as long as possible, reducing as much as possible the added sugar in complementary products and foods, maintaining physical activity (at least 30 minutes every day - high physical activity), limiting the time of passive daytime rest (watching TV), increasing the consumption of fruits, vegetables and other products with a low glycemic index, confectionery products, candies, fried potatoes - chips, soft drinks and other high calorie it is necessary to reduce the number of products.

Keywords: Overweight, obesity, prevention, metabolic syndrome.

Relevance of the topic. It is no exaggeration to say that excess body weight and obesity are the basis of metabolic syndrome. Due to the high rate of obesity and its prevalence, and the many efforts being made to address its consequences has become one of the most important medical and social problems in the world. Metabolic syndrome (MS) (synonyms: metabolic syndrome X, Reaven syndrome, insulin resistance syndrome) - an increase in the amount of visceral fat, as well as a violation of carbohydrate, lipid, purine metabolism and arterial hypertension, manifested by a decrease in the sensitivity of peripheral tissues in will be insulin and hyperinsulinemia. In 1981, M. Hanefeld and W. Leonardt proposed to designate the combination of various metabolic diseases with the term "metabolic syndrome" (MS). In 1988, Professor G. Reaven in his Banting lecture, summarizing the results of his scientific investigation and the researchers conducted by several authors, showed that insulin resistance, abdominal obesity, arterial blood pressure, atherogenic dyslipidemia, and the manifestations of the morbidity of ischemic heart diseases He proposed to call it "Syndrome X". In 1989, D. Kaplan introduced the term lethal quartet, i.e. "quartet of death". The quartet of death consists of obesity, arterial hypertension, impaired glucose tolerance, and hypertriglyceridemia. H. According to the results of Arnesen's (1992) scientific investigation, if a combination of at least two of the following pathological conditions is observed, we can use the term metabolic syndrome for this condition without hesitation; insulin resistance with hyperinsulinemia and reduced carbohydrate tolerance; decrease in the amount of high-density lipoprotein cholesterol and hypertriglyceridemia, as well as dyslipoproteinemia; tendency to thrombosis and increased level of plasminogen activator inhibitor in blood plasma; increased arterial blood pressure due to increased activity of the sympathetic nervous system; obesity is manifested by increased free fatty acid secretion in the portal vein.

Spread

According to the WHO, the number of patients with insulin resistance, who are at high risk of developing type 2 diabetes, is 40-60 million people in Europe. In industrialized countries, the prevalence of metabolic syndrome in people over 30 years old is 10-20%, in the USA - 34% (44% are people over 50 years old) [1]. In addition, several of our scientists said that metabolic syndrome is a disease of women, mainly in middle-aged people. However, a survey conducted by the American Diabetes Association confirmed that metabolic syndrome is steadily increasing day by day among teenagers and young adults. Thus, according to Washington University scientists, between 1994 and 2000, the incidence of metabolic syndrome among adolescents increased from 4.2% to 6.4%.

Nationwide, there are more than 2 million teenagers and young adults with Reaven syndrome. The population of our country is not excluded from these indicators, that is, we can show separate statistical indicators in relation to age and gender. Metabolic syndrome is one of the most urgent problems of innovative and modern medicine related to an unhealthy lifestyle. The concept of a healthy lifestyle includes a balanced (rational) diet, maintaining a normal body weight, regular and age-appropriate physical activity, healthy sleep, and abstaining from alcohol and smoking.

Dangerous groups

Risk groups for the identification of metabolic syndrome include patients with initial symptoms of the existing disease and its complications.

1. Increased arterial blood pressure
2. Type 2 diabetes (or pre-diabetes).
3. Overweight and obesity.
4. The onset of ischemic heart disease, peripheral vascular disease, cerebrovascular disease associated with atherosclerosis
5. Presence of relatives with ischemic heart disease or diabetes, obesity, hyperlipidemia.
6. Hypodynamia (inactive lifestyle).
7. Polycystic ovarian syndrome.
8. Erectile dysfunction.
9. Disorders of uric acid metabolism (hyperuricemia or gout).
10. Menopause in women.

Obesity is a pathological condition characterized by metabolic disorders and body weight exceeding the personal norm. Obesity is a pathological condition that leads to the development of metabolic syndrome and causes many chronic diseases (diabetes, cardiovascular diseases). Obesity is one of the urgent problems facing medicine today, because the percentage of obese people in our country tends to increase. Obesity is a chronic disease that affects both children and adolescents. It is important to prevent obesity and diseases caused by it in the conditions of a family doctor's clinic. It is important to measure the height and weight of each client and calculate the body mass index according to the formula in the family doctor's clinic, to fight against the risk factors that cause it. The importance of these interventions is that timely interventions can prevent obesity and the resulting disabilities.

Aim

1. Improvement of preventive work on obesity, excess body weight and its prevention in the conditions of the primary sanitary medical unit.
2. Increase the level of skills of medical staff of the primary health care unit to prevent diseases caused by obesity and excess body weight and their complications.
3. Organization of preventive training seminars on overweight and obesity.
4. Improving the medical culture and skills of the population with a TVI score of more than 24.9 on the basis of the distribution of complications.

Materials. This scientific research work was conducted in the 3rd family polyclinic of Bukhara city, Bukhara region. The total population is 34318 people. 167 people were randomly selected from the population aged 40-60. First, height and weight were measured and TVI was determined among the selected population group, then physical activity, diet, harmful habits, genetic predisposition and lifestyle conditions were also studied through a questionnaire. The analysis showed that the prevalence of obesity (overweight) among the studied group of residents of this family doctor's polyclinic was 105 (62.7%). 64 out of 105 (60.8%) are women, 41 (39.2%) are men. Most of those diagnosed with obesity (overweight) were unaware of their condition. Medical staff at the family doctor's polyclinic does not have enough information about the disease.

Scientific innovation of scientific research: Together with the organized team, the work of the "Obesity and its prevention" school was launched in the polyclinic of the family doctor, and the educational training for medical personnel on the prevention of pathological conditions that lead to obesity (overweight) and their complications was organized and training was carried out. Medical personnel were provided with additional information (booklets, brochures, literature). For those who were found to be obese (overweight) as a result of the examination, training was carried out on the risk factors of obesity and its elimination, as well as prevention of diseases caused by the development of obesity and their complications.

Conclusions and recommendations. Complications of the disease in obese patients of the doctors of the family doctor's polyclinic in the primary medical sanitary joints

It is very important to direct preventive measures to be organized based on standards. All food factors that influence the development of excess body weight and obesity in one way or another can be conditionally divided into 4 groups: proven, highly probable, probable and approximate.

Factors determining the development and prevention of overweight and obesity

| Risk reducer | Increases risk |
|--|---|
| Proven | |
| Regular physical activity A high amount of dietary fiber in the diet | Sedentary lifestyle Regular consumption of high-calorie foods (including fast food products). |
| High probability | |
| Optimum formation of eating behavior from childhood Feeding with breast milk | Regular consumption of soft drinks and juices |
| Probably | |
| Low amount of food | The habit of eating large portions Regular meals in the public catering system |
| Estimated | |
| Increase food fineness | Alcohol abuse |

It is necessary to organize training of medical personnel on the problem under the general practice program. These activities should be conducted based on the principles of feedback and mutual assistance. It is necessary to conduct monitoring based on standards and indicators on a certain date of the year. It is advisable to discuss the results of monitoring together with the team members and carry out the work by developing the next tactics.

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