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IMPROVEMENT OF REHABILITATION AND REHABILITATION CRITERIA FOR PATIENTS WITH TYPE 2 DIABETES

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Annotation
Among the most urgent problems of modern healthcare in the group of therapeutic ones, the problem of diagnostics, therapeutic tactics and medical prognosis in polymorbid pathology is distinguished. The "complexity category" increases many times if a somatic disease is combined with a systemic multiple organdisease, such as diabetes mellitus. With comorbid pathology, the course and prognosis of the disease changes qualitatively, the diagnostic value of standard evaluation criteria decreases, and special management tactics for such patients are required. The manifestations of comorbid pathology in DM change, are distorted by the clinical picture of complications, which creates certain difficulties in diagnosis. At the same time, comorbid pathology should not be underestimated. There is no doubt that diseases of internal organs affect the course and prognosis of DM. Experience shows that not always the treatment of somatic diseases that provides a good effect in patients without DM can achieve similar results in patients with DM. All these issues require a systematic approach and further study. It is possible to change the existing situation by creating an adequate system for providing medical and diagnostic care based on a systematic analysis with the identification of risk factors that affect the occurrence and course of comorbid pathology, i.e., go to the issues of forecasting.(Klimentieva G. I. Kournikova I. A. et al.., 2012)

Keywords: diabetes mellitus, rehabilitation, rehabilitation treatment, adaptive potential, rehabilitation prognosis

Introduction

The tasks set by the rehabilitation direction in healthcare significantly expand the scope of the traditional therapeutic approach, combine preventive and curative-restorative medicine with the activities of social security agencies. Medical

rehabilitation includes treatment aimed at increasing functional reserves, compensation or restoration of impaired functions, secondary prevention of diseases and their complications, and the return of limited legal capacity against the background of partial health failure. Medical rehabilitation (MR) in diabetology provides for dispensary observation, systematic treatment with constant monitoring of carbohydrate and lipid metabolism (inpatient and outpatient rehabilitation treatment); early detection of angiopathies; sanatorium-resort treatment; training of patients in a rational lifestyle. (Balabolkin M.I., Klebanova E. M. et al.,2005)

Objective of the study: to assess the clinical significanceof indicatorsующих that characterize the state ofresearch of adaptive mechanisms and rehabilitation potential in patients with diabetes mellitus in the process of rehabilitationtreatment.

Research Material and Methods

The study included 139 patients with diabetes mellitus who were examined on the basis ofБухарского областного эндокринологического диспансера From 2019 to 2022 of the Bukhara regional Endocrinological Dispensary г. Больных с диагнозом СД 1-го , 67 patients (38 men and 29 women) aged 25 to 45 years (mean age 33±4.6 years) were diagnosed with type 1 diabetes (DM1), 72 patients with type 2 diabetes (DM2) were diagnosed with type 1 diabetes (18 males and 54 females) aged 45 to 60 years (mean age 54±6.7 years). The statute of limitations of the SD did not exceed 10 years. The first group of observation included patients (T1DM-44 people, T2DM-49 people), whose rehabilitation program provided for the transfer of patients from the hospital to a specialized department of the sanatorium (the course of treatment was 24 days). In the comparison group (DM1-23 people, DM2-23 people), patients were observed on an outpatient basis and the complex of rehabilitation measures recommended at discharge was performed at home. The physical activity regime for patients with DM was determined differentially: 1) training (for young and middle-aged people with good compensation);
2) a tonic (sparing-training) regime (for middle-aged and elderly people with sufficient compensation for diabetes); 3) a sparing regime with significant restriction of physical activity (with insufficient compensation for diabetes and the presence of high-risk cardiovascular diseases). Patients of the specialized department were fed according to a specially designed menu, taking into account the caloric content, the balance of nutrients, and the number of bread units. Each patient was examined: at the stageof stationary treatment, at the endof the stage of sanatorium-resorttreatment, and 3 monthsafter its completion. The survey programalso included

an assessmentof the adaptive capabilities of the organism – the adaptive potential (AP) - a reserve of functionalresources that are constantly spenton maintaining balance between the organism and the environment. TheAP determination is based on the level of functioningof the circulatory system – the index of functional changes (IFI). This is a comprehensive integral показа- indicatorthat provides a systematicapproach to quantifying the level of health. The values of IFI were determined in points and correspondedto a certain adaptive potential. AP I – satisfactory adaptation, AP II-strainof adaptation mechanisms, AP III –unsatisfactory adaptation, and AP IV – failure of adaptation.

Results and Discussion

At the initial examination in the hospital, satisfactory adaptation (AP I) was observed in 16.7% (11 people) of patients with T1DM and in 1.4% (1 person) of patients with T2DM. Stress of adaptation mechanisms (AP II) was observed in 37.3% (25 people) and 31.9% (23 people), respectively. In T1DM patients, decompensation was accompanied by unsatisfactory adaptation (AP III) in 29.9% (20) patients, and T2DM-in 36.1% (26) patients. Diabetes control was significantly better in patients receiving insulin therapy. In patients with T1DM, adaptation failure (AP IV) was 2 times less common (16.4% (11 people) than in patients with T2DM-30.6% (22 people), and IFI values above 0 were observed in 31% of patients (21 people), "satisfactory" RP was noted in 46% (31 people)., which indicated that the rehabilitation capabilities of the body were sufficiently preserved. More than half of DM2 patients (66.7%; 48 people).

The patients were re-examined after a course of rehabilitation therapy. In the observation group , there was a significant improvement in adaptation indicators in patients with DM1. In 43.2% (19 people) of patients with AP I, in 56.8% (25 people) – AP II. <1 was determined in all patients. In the group of patients Type 2 diabetes after the rehabilitation program increased the number of patients with satisfactory adaptation to 10.2% (5 people), with strained adaptation mechanisms – to 53.1% (26 people). The number of patients with adaptation failure decreased from 30.6 to 4.1% (p=0.0001). I stayed low

Rehabilitation potential in 4 patients (8.2%) and, accordingly, an unfavorable rehabilitation prognosis. In the course of rehabilitation therapy, the number of patients with strained adaptation mechanisms changed slightly – from 36.1 to 32.6%, but most of the patients in the observation group DM2 with AP III consisted of those whose adaptive potential increased by 1 value

Conclusions

In order to improve the quality of medical care for patients with diabetes mellitus, improve compensation and rehabilitation prognosis, a stage of rehabilitation treatment in a sanatorium is necessary. Adaptive potential is a good criterion for monitoring the effectiveness of rehabilitation programs in the treatment of patients with diabetes mellitus. The effectivenessof therapy can be considered good if AP (adaptation potential) is lowered by one adaptation potential from the initial level.

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