



INDICATORS OF QUALITY OF LIFE IN VARIOUS TREATMENTS IN PATIENTS WITH POLLINOSE

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ABSTRACT

Allergic diseases are a serious problem in modern medicine. According to WHO, the prevalence of allergic diseases ranked third among the common diseases. According to epidemiological results, approximately 10 to 30% of the population suffers from allergies, with the number of allergy patients reaching up to 50% after 20 years. Through a number of studies, allergic diseases account for 25 percent of the earth's population and the incidence rate in different countries varies greatly from one another. Sensitivity to respiratory allergens is one of the main factors that contribute to the development of respiratory allergies.

Keywords: pollinose, dermatophagoides pteronyssinus, dermatophagoides farinae, bronchial asthma.

PRIORITY

Pollinosis disease is one of the most pressing problems of modern medicine. Because the disease occurs with the development of seasonal allergic rhinitis, conjunctivitis, sometimes bronchitis and other symptoms. Over the past 15 to 20 years, the number of allergic diseases on earth has steadily increased. Pollinosis disease accounts for a leading share of allergic diseases in the country, which means 30 times more than in





adolescence and 200 times more than rheumatoid arthritis. Only about 50 of the few thousand plant species on earth are different allergens. There are more than 100 types of powders that cause pollinosis. Unfortunately, often the first symptoms of the disease manifest at a young age (8-20 years). The disease is suitable for the time of flowering of plants. On the basis of pathogenesis of pollinosis, rapid allergic reactions lie and cause a lot of discomfort for the patient, which in turn leads to a decrease in the quality of human life. At the moment, there are a lot of studies on ways to treat pollinosis in the world. Currently, the main methods of treatment include Allergen elimination, Pharmacotherapy, Specific Immunotherapy (ASIT)

THE GOAL

The goal is to study the quality of life indicators in different treatment options in patients with Pollinose between the ages of 15 and 40.

Scientific research method and material Anamnease (allergic) accumulation, general clinical and clinical-laboratory, IgE, skin allergic tests, Spirometry.

Result and analyses

Scientific research was conducted at the Republican Specialized Allergology Center. The study was carried out between 2019-2022, in which 60 patients between the ages of 7 and 40 with pollinose disease were studied. In accordance with the tasks assigned, information was collected retrospectively.

Table 1 Quality of life of patients with moderate to severe Pollinose ages 15-40 prior to treatment (JrQLQ was compiled based on a special questionnaire.)

Indicators	Group of patients with moderate pollinose prior to treatment (n = 30)	Patients with Pollinose after treatment (n = 30)
	1	2
Activity	2,19±0,19	2,94±0,56
Alomatlar	2,71±0,16	2,34±0,53
Hissiyotlar	2,96±0,16	2,21±0,72
The environment	2,66±0,26	2,79±0,87



Prior to the treatment, the highest explorer in the group of patients with pollinose, 15-40 years old, showed a significant change to the three scale indicators compiled on the basis of the survey to analyze the correlation of respiratory flow speed with the JRQLQ scale - "activity," "symptoms," "sensations" ($r > 0.7$; $p < 0.001$) (table 23); in the examination summaries: Compulsory breathing volume and JRQLQ in 1 second – for all four scale values, the same total was obtained and the results were calculated ($r > 0.7$; $p < 0.01$).

A lot of information has also been obtained to study the quality of life using a specialized breathing and explorer breathing survey of the regional scientific and specialized allergology center hospital. In both groups, the study of disease symptoms greatly negatively affected the activity of patients and their quality of life. Based on the results of the analysis, patients were assessed on a scale in a special survey developed by Japanese scientists; The higher the score, the greater the impact of environmental factors on the disease. This, in turn, recorded significantly lower rates of symptoms in the group of patients with Pollinose, which develops as a result of clinical symptoms that occur in the body as a result of patients' adverse effects on quality of life. This was indicated in Table 24.

**Quality of life for patients with pollinose
Group of patients aged 15-40 Table 2**

Ko'rsatkichlar, %	Group of patients with moderate-stage pollinose prior to treatment (n = 30)	Group of patients with Pollinose after treatment (n = 30)
	1	2
Alomatlar	71,34±5,5	80.09±5.38 ($p < 0.01$)
Activity	70,27±7,27	82.42±11.7 ($p < 0.01$)
Exposure	68,24±5,48	82.48±8.9 ($pp < 0.01$)
Overall quality of life	68,31±5,39	82.49±7.8 ($pp < 0.01$)

Thus, in summary, the quality of life indicators compared to the increased aspirin bronchial asthma in young patients, a control group of healthy people (a special survey developed by JRQLQ and Yapon scientists of the WHO JRQLQ General Questionnaire), recorded significantly lower results and indicators in patients. As a result, 72% or more of patients feel the need for treatment and inpatient treatment. The rest carry out a variety of treatments from specialists of other directions.



Quality of life indicators in combination with patients between the ages of 15 and 40 who are pollinose and in the control group after treatment. (maxsus so'rovnomma JRQLQ – Japanese rhino-conjunctitis Quality of Life Questionnaire)

Table 3

Indicators	OF (n=20)	Patients before treatment (n = 60)	Davolanishdan so'ng (n = 60)
	1	2	3
Physical activity	14,11±0,25	8.07±0.28 (p<0.001)	2.83±0.03 p<0.002)
Psychological factors	13,6±0,2	10.06±0.34 (p<0.001)	2.06±0.021 (p<0.001)
Independence level	15,61±0,24	8.62±0.31 (p<0.001)	1.92±0.013 (pp<0.002)
Isocial relationships	14,06±0,32	12.85±0.26 (pp<0.001)	1.22±0.022 (p<0.001)
Environment	12,72±0,23	11.99±0.24 (pp<0.001)	1.88±0.028 (p<0.001)
Ruhiy-social sphere	14,48±0,37	13.98±0.39 (p<0.02)	1.05±0.43 (p<0.002)
Overall quality of life	91,58±3,2	65,56±1,37 (p<0,001)	10.96±1.23 (p<0.001)

Patients with Pollinose did not completely complain of symptoms of nose endings, eye rashes, severe physical limitations and frequent night attacks in patients with Pollinosis after receiving treatments This figure had a positive effect on the quality of life of all patients. Indicators that reflect the physical condition of patients with pollinosis, as well as the area of "independence," were relatively low compared to patients compared with the group of patients before treatment. (p<0,002). Patients said that their condition did not allow them to act independently, work, lead an active lifestyle.

Using the WHO JRQLQ general questionnaire, a significant direct link was found in the group of 15-40 year-old Pollinose patients between the study of the association between the maximum speed of explorer respiratory flow and the domain values of quality of life indicators.

Summary

1. In 60 patients with pollinosis, quality of life indicators were studied after various treatments, 72% can be seen after AIDS, and 28% increased quality of life after symptomatic treatment.
2. 48% of patients taken. The disease was mostly found in autumn (23%) and spring (56%).
3. The disease begins with rhino-conyuktival syndrome, and damage develops mainly in the nasal and eye (nasal discharge - 100%, nasal itching -100%). It also occurs



with inflammation of the upper respiratory tract (allergic conjunctivitis-36%, allergic rhinitis-91%).

4. It was observed that 52 83% of patients had a decrease in the amount of IgE, 47 (67%) patients had a decrease in the amount of eosinophiles, and 50% of 30 patients did not have to have allergenic elimination after ASIT.

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