

DIAGNOSTIC CRITERIA FOR PATIENTS WITH CHRONIC LIVER DISEASES

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Abstract: The article presents the results of a study of expert assessment of the choice of vital drugs and the adequacy of their daily dose, taking into account the indicators of therapeutic and pharmaco-economic effectiveness of the course of various types of treatment for chronic liver diseases widely used in clinical practice by doctors.

Key words: Chronic liver diseases, liver tests, hepatitis B and C.

Relevance . Chronic liver diseases (CLD) include a wide range of nosologically independent diffuse inflammatory diseases liver of various etiologies. The main etiological factors of hepatitis are infection with hepatotropic viruses, the effect of xenobiotics and, first of all, alcohol and drugs. In some cases, the etiology diseases remains unknown (for example, autoimmune hepatitis) or using modern methods it is not possible to clarify the reasons for their development. In addition, some diseases liver at a certain stage of their development, they have a number of common clinical and morphological signs characteristic of hepatitis, which requires differential diagnostics between them. These include primary biliary cirrhosis liver , sclerosing cholangitis, Wilson–Konovalov disease, hemochromatosis, a number of hereditary diseases , including thesaurismosis (storage diseases), lesions liver during pregnancy, systemic and infectious diseases [9] .

Chronic liver diseases remain one of the most important and global problems due to the widespread and insufficient effectiveness of modern treatment methods [1,2]. It is known that liver damage leads to serious impairment of many body functions, in particular metabolic processes, immune status, detoxification and antimicrobial protect In this regard, the program for the treatment of liver diseases includes two main areas. The first direction is etiotropic in nature and consists of suppressing the pathogen and its elimination from the body. Typically in clinical practice, this approach is used for viral hepatitis with a parenteral mechanism of infection. The second direction is the adequate correction of impaired universal liver functions, which characterizes pathogenetic therapy. It should be noted that, despite the polyetiology of liver damage, the main links in the pathogenesis are similar [5,8] .

This circumstance allows us to use fairly similar pathogenetic therapy. The increase in the incidence of chronic liver diseases is associated with an increase in infection of the population with hepatitis B and C viruses (especially in the last decades of the 20th century), an increase in alcohol consumption, as well as an “epidemic” of obesity observed throughout the world.

Over the past two decades, extensive measures have been taken to prevent infection with hepatitis B and C viruses. First of all, this is mandatory vaccination against hepatitis B for all newborns and adolescents, as well as persons at risk of infection (family members and sexual partners of those infected with hepatitis B virus, medical workers, etc.), testing of donor blood using highly sensitive methods , the use of disposable needles and syringes, effective methods for sterilizing medical instruments. An important point is mandatory testing to identify markers of hepatitis B and C viruses for all patients hospitalized for treatment in hospitals, as well as patients undergoing various surgical operations and endoscopic research methods (gastroscopy, colonoscopy, etc.) in a clinic. [2].

All this made it possible to reduce the incidence of acute hepatitis, but did not eliminate it

completely. The reasons for the persistence of high incidence are the widespread prevalence of drug addiction, the use of non-sterile instruments when performing various non-medical manipulations with damage to the skin (piercing, tattoos, manicure/pedicure), refusal of preventive vaccination against hepatitis B [5,6]. If the incidence of acute viral hepatitis decreases, the number of patients with chronic viral hepatitis and liver cirrhosis is growing incredibly rapidly. This is due to the peak of drug addiction in the 90s, the lack of testing of donor blood for the hepatitis C virus until 1990, since this virus was first identified only in 1989. Since liver cirrhosis develops on average 20-30 years after infection with hepatitis viruses, there is now a peak in detection of infection at the stage of liver cirrhosis.[3,7]

Currently, the arsenal of pharmacological agents used in the complex treatment of diseases of the hepatobiliary system is quite wide, there are more than 1000 items. At the same time. Among them, drugs that have a selective effect on the liver - hepatoprotectors - constitute a relatively small group [8].

Despite the proposed various types of drugs capable of restoring liver dysfunction, the results achieved so far are far from the desired and therefore cannot be called successful. Unfortunately, the initial treatment options for CKD, preferred by many doctors, especially those practicing in primary care, are not always correct [3]

The purpose of this study was a comparative expert assessment of the choice of vital drugs and the adequacy of their daily dose, taking into account the therapeutic and pharmacoeconomic effectiveness of a course of various types of treatment for CKD, widely used in clinical practice by doctors in two neighboring Bukhara and Navoi regions.

Materials and methods of research. The initial point for conducting all types of analyzes (ABC, VEN, DDD) on the quality of the drugs used is the rational organization of the collection of pharmacoepidemiological data. The source of information was the reporting documents of medical institutions of the Bukhara and Navoi health departments (reports on the movement of medicines, prescription sheets and other medical documentation). About 10,000 outpatient and inpatient records of CKD patients who received treatment during 2005-10 in various medical institutions in two neighboring regions were retrospectively analyzed.

The purpose of the ABC analysis method for assessing the rationality of using money means, ABC analysis was the implementation of a systematic approach to managing the quality of pharmacotherapy and increasing cost efficiency. It involves the distribution of drugs according to the cost of annual consumption (the cost of a unit of supply multiplied by annual use), where A is the most expensive drugs, 10-20% of drug names funds on which 70-80% of the budget is spent, B - average level of consumption, C - most drugs with low frequency of use, for which in total no more than 20% of the drug budget is spent.

The essence of the VEN analysis was the distribution of drugs used in a healthcare organization or department during the period of time selected for analysis according to the degree of vital importance, analysis of drugs according to clinical significance, while drugs on the formulary list are divided into three groups:

V (Vital) - vital drugs;

E (Essential) - essential medicines;

N (Non-essential) - non-essential drugs.

Life-saving drugs are drugs that are important for saving life and have a life-threatening withdrawal syndrome that are constantly necessary to maintain life (antibiotics, insulins, steroids.)

Essential drugs are those that are effective in treating less dangerous but serious diseases.

Non-essential drugs are drugs intended to treat minor diseases, drugs of questionable effectiveness and expensive drugs with symptomatic indications.

The essence of the DDD analysis was to establish the daily dose of drugs. DDD methodology, as a component of the ATC/ DDD system, is the main tool recommended by WHO for conducting studies on the use of drugs. For each drug that has an ATC code, the WHO Center for Drug Statistics Methodology sets a DDD (Defined Daily Dose)

Research results. A retrospective ABC analysis showed that the frequency of use of essential drugs - class A in the Bukhara region was 76.8%, together with the normative ones - 80%. The same indicators of the neighboring Navoi region turned out to be very close to those of the Bukhara

region and amounted to 77.1%. The absence of a fundamental difference indicates the same approach of doctors from two neighboring regions in choosing the main groups of medicines.

There was a significant difference in the use of essential (class B) medications. If in the Bukhara region the frequency of use of drugs of the class. In was 17.4% with the normative 15%, then in Navoi it turned out to be higher and looked like 20.3%. The share of class B drugs in the clinical practice of doctors in Bukhara and, especially, Navoi regions was still high. The revealed fact emphasizes the increased interest among practicing physicians in the two regions in class B drugs. The frequency of use of drugs from class C, which could be dispensed with, was approximately equal in severity in the Bukhara and Navoi regions and amounted to 5.8% and 5.3%, respectively, which slightly exceeded the normative (5%) data. No apparent difference in prescribing across the cohort. C emphasizes the equal attitude of doctors from two neighboring regions towards them.

The results of the VEN analysis were as follows. Indicators of the frequency of use of vital drugs (V) in Bukhara and Navoi regions were 22.5% and 36%, respectively, which ideally should look like 70% - 80%. Obviously low indicators indicate a loyal attitude or insufficient attention of practicing doctors to drugs of this kind.

The frequency of use of drugs of high importance, at the same time, not absolute (E) was as follows. Its figures in the Bukhara region were 50%, and in the Navoi region 32%. At the same time, its normal indicators should vary between 15% and 20%. The relatively high interest of specialists in this group of drugs is not always justified, as evidenced by the analysis of short-term and long-term results of treatment of CKD.

The frequency of drug use (N) turned out to be unreasonably high, the importance of which is questionable. As follows from the results obtained, in the Bukhara region they amounted to 27%, in the neighboring Navoi region 18%, although ideally they should not exceed 5%. This fact indicates an unjustified race among specialists from two neighboring regions to unjustifiably expand the range of drugs used.

The results of the DDD (daily dose adequacy) analysis turned out to be very vague. In their practice, doctors of medical and preventive institutions in both regions much more often used the hepatoprotector Essentiale Forte. The frequency of use of this drug in the Bukhara region was 30%, and in Navoi region - 25%, very often with a short - 10-day course of prescription. In most cases (more than 50%) with an inadequately low daily dose. Moreover, it is often prescribed even in cases with high levels of biochemical markers of intrahepatic cholestasis. The recklessness of such a step has long been known, since often after taking Essentiale both clinical and biochemical signs of hepatic cholestasis worsened.

Thus, relying on the preliminary results of this study, we can conclude that in the clinical practice of doctors in the Bukhara and Navoi regions, significant deviations in the choice of types of vital medications are often allowed. There are also miscalculations in establishing the daily dose and timing of the course of use of hepatoprotectors. Unfortunately, such omissions did not pass without a trace and negatively affected the severity of indicators of therapeutic and pharmacoeconomic effectiveness of treatment for patients with CKD.

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