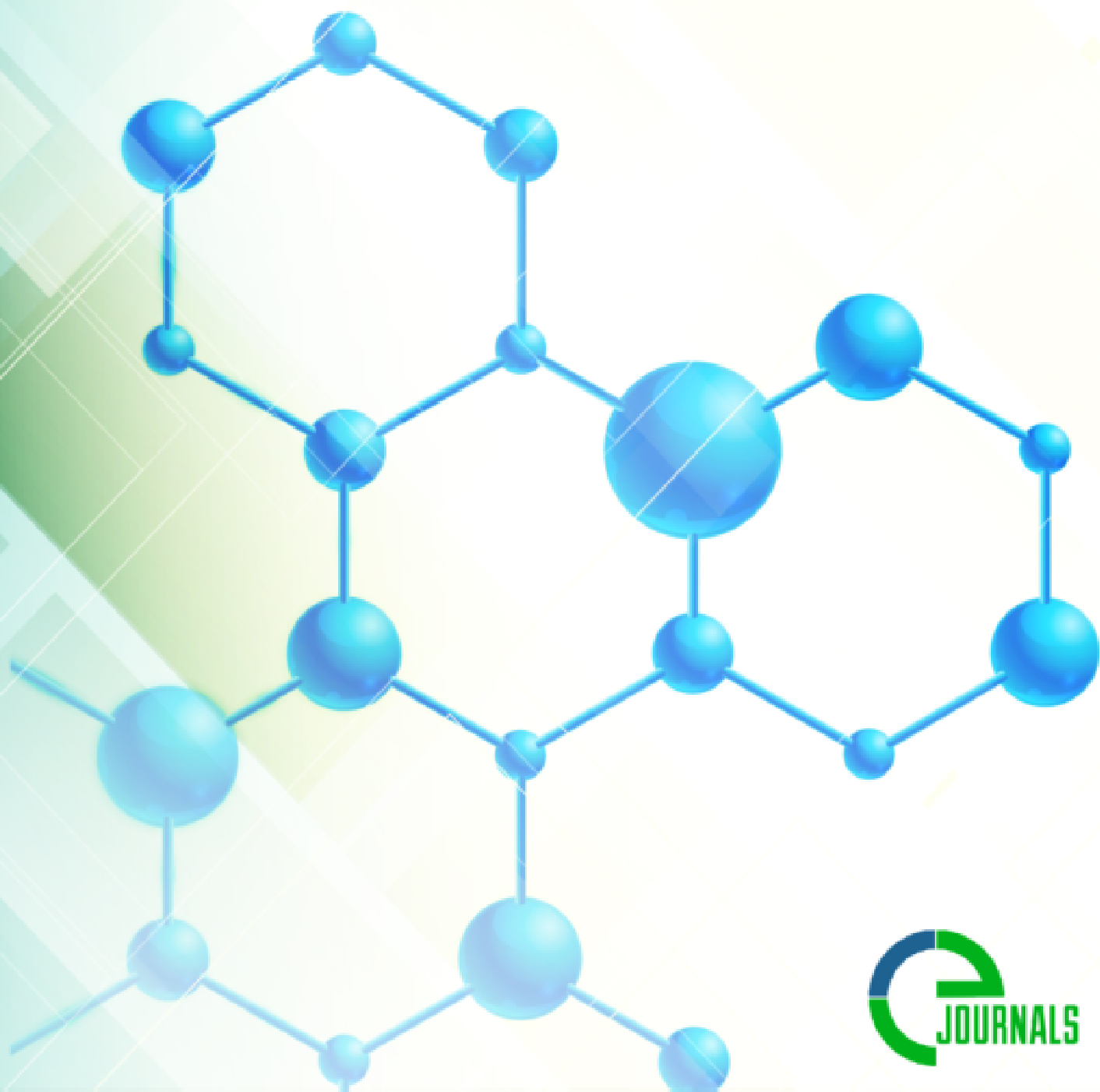


EUROPEAN JOURNAL OF
MOLECULAR MEDICINE



European Journal of Molecular medicine

Volume 4, No.1, February 2024

Internet address: <http://ejournals.id/index.php/EJMM/issue/archive>

E-mail: info@ejournals.id

Published by ejournals PVT LTD

DOI prefix: 10.52325

Issued Bimonthly

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EFFECTIVENESS OF PRIMARY MEDICAL-SANITARY CARE FOR PATIENTS WITH DIABETES AND PARTICIPATION OF NURSES IN THERAPEUTIC EDUCATION OF PATIENTS' SELF-MANAGEMENT**Tokhtaeva D.M**

Tashkent Institute of Pediatric Medicine

Abstract: The article describes the current problems of organizing nursing care for patients with diabetes, gives brief information about the epidemiology of diabetes, and notes the specific features of the reforms being carried out at the ambulatory-polyclinic level. modern conditions, the decisive role of patronage service for the inactive, the activities of nurses in working with patients with diabetes, the goals and tasks of nurses in preventing complications of the disease are emphasized.

Keywords : sugar diabetes, complications , polyclinic, family polyclinic, family nurse.

The purpose of the study. Determining the duties of family nurses in the prevention of complications of diabetes among children and adolescents in ambulatory polyclinic conditions.

Materials and styles. 119 children and teenagers living in Yashnaabad and Mirzo Ulugbek districts of Tashkent city and family medical nurses working in medical centers of Mirzo Ulugbek district and Yashnaabad districts of Tashkent city took part in the study. Care of patients with DM from family medicine nurses, incidence rate among children and adolescents, and healthy eating were determined using questionnaire method.

Relevance. To date, the priority task for the healthcare system of the Republic of Uzbekistan is to improve the quality of medical care, and according to the Ministry of Health of the Republic of Uzbekistan, the effective organization of the work of the nursing service is a reserve for quality improvement. For this purpose, rational placement of personnel, redistribution of functions between middle and junior medical staff, work planning, reduction of non-production costs of working time are among these. [9]. Nurses were first involved in the care of patients with diabetes in 1924. Two years ago, insulin therapy appeared, and the American endocrinologist Elliot Proctor Joslin for the first time "told nurses that lack of training is as dangerous to the body as lack of insulin." She called diabetes "primarily a disease for nurses to care for" and called for active participation of nurses in patient education [2]. According to statistics, there are about 346 million diabetics in the world today. Between 2005 and 2030, the number of deaths from this disease will double. This serious disease requires a great deal of knowledge and skills from medical personnel, mandatory training by medical personnel for self-monitoring of the condition of patients. An effective tool for this is the creation of diabetes schools [4]. The main goal of proper patient care is to improve the quality of life and active longevity, and the main mission of the School is to educate patients with diabetes, its treatment options, proper nutrition and diabetic diets. is to introduce as much as possible. In the Republic of Uzbekistan, medical personnel use standard protocols for the care of patients with acute respiratory distress syndrome. In order to improve the quality of work of nurses working in the system of primary medical and sanitary care, these protocols were compiled by the international consultant of the project "Strengthening the health of women and children" and nursing specialists of the Ministry of Health. The protocols were approved by the order of the Ministry of Health dated 04.23.09 No. 80 in the system of primary medical and sanitary care and were developed based on the volume of medical care.

The role of the nurse in patient care is not only important, but also important, because she is required to strictly follow all the doctor's instructions to patients with diabetes, to have invaluable qualities such as humanity and kindness, courtesy and sensitivity. Each _ the patient for physical activity the following positions account received without healer doctor by individually _ is selected :

- The patient age _
- DM symptoms (the patient what bother doing);
- pathological of the process weight _
- of complications existence or lack of

Sugary of diabetes complications prevention get of diabetes from himself come coming out pathological conditions development prevention is to get Blood in serum glucose the amount correction , diet compliance enough to do physical activity , doctor recommendations perform this disease complication consequences to delay help will give.

Such in case of the nurse role not only important , perhaps is important because from him diabetes with hurt to patients of the doctor all instructions strictly compliance to do , humanitarianism and kindness , courtesy and sensitivity such as priceless of virtues availability is required [7].

Material and styles

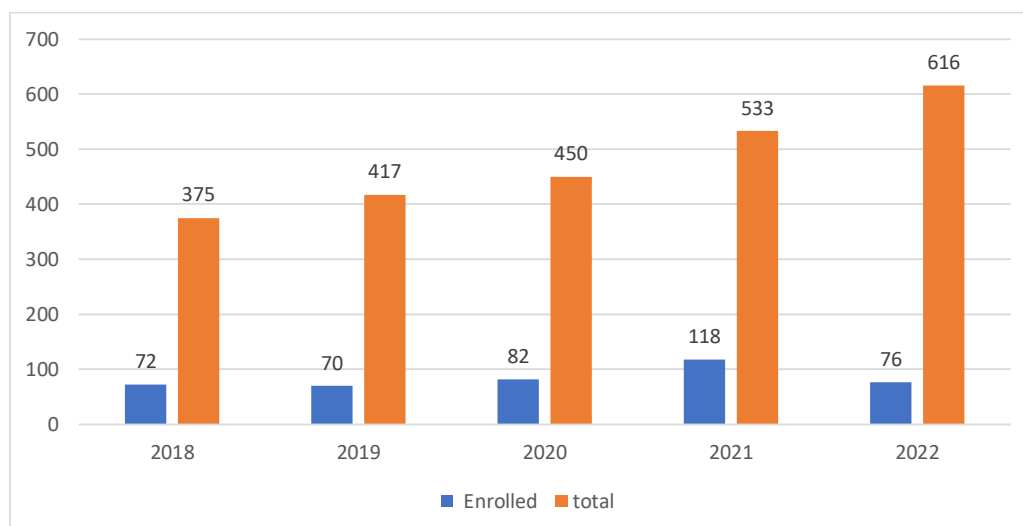
Our scientific research was conducted among children and adolescents infected with QD type 1 living in Mirzo Ulugbek and Yashnaabad districts of Tashkent city and among family nurses working in Mirzo Ulugbek and Yashnaabad districts of Tashkent city. We found out that teenagers eat healthy, follow a daily routine and exercise .

Results and discussion

In order to ensure the leading role of primary medical care in the Republic of Uzbekistan, a wide network of outpatient clinics was created. The tasks of polyclinics include providing a modern material and technical base, providing the primary medical and sanitary care facility with qualified personnel, family medicine, family medicine practice, organization of work with a family nurse. That is, in outpatient clinics, diabetes should be detected in the early stages of the disease's development (prediabetes)[8,1]. Sugary diabetes danger under was of patients dynamic monitoring transfer , complications initial signs determination and patients own to narrow specialists in time to send it is necessary while nurses to work important role is counted . of these issues all of them Uzbekistan Republic President of the city of Tashkent to the population primary medical and sanitary help display efficiency increase for management system more improvement and leader and of experts professional responsibility increase measures about". in the decree note done _ " No. PQ-3039 of June 6, 2017. In the decision, "Tashkent is a city family and there are many in the central district network polyclinics main in his duties shown [5].

However, despite a number of preventive measures, the incidence of DM among children and adolescents and its complications is on the rise. This indicates that disability among children and adolescents is increasing year by year. This, in turn, is related to the lack of methodological support, evidence-based models and programs for therapeutic patient education by family nurses in disease prevention.

Today, diabetes among children and adolescents remains one of the urgent problems. If we look at the statistical data, we can observe the increase in the number of cases of DM among children and adolescents between 2018 and 2022 (5 years). , we can observe that 533 children and adolescents were infected with DM in 2021 and 616 in 2022. In addition, there were 72 new cases in 2018, 70 in 2019, 82 in 2020, 118 in 2021 and 2022 76 newly infected children and adolescents were registered. [6].(picture1).



1.,picture

in the city of Tashkent to the list with the received DM 1type sick children and teens

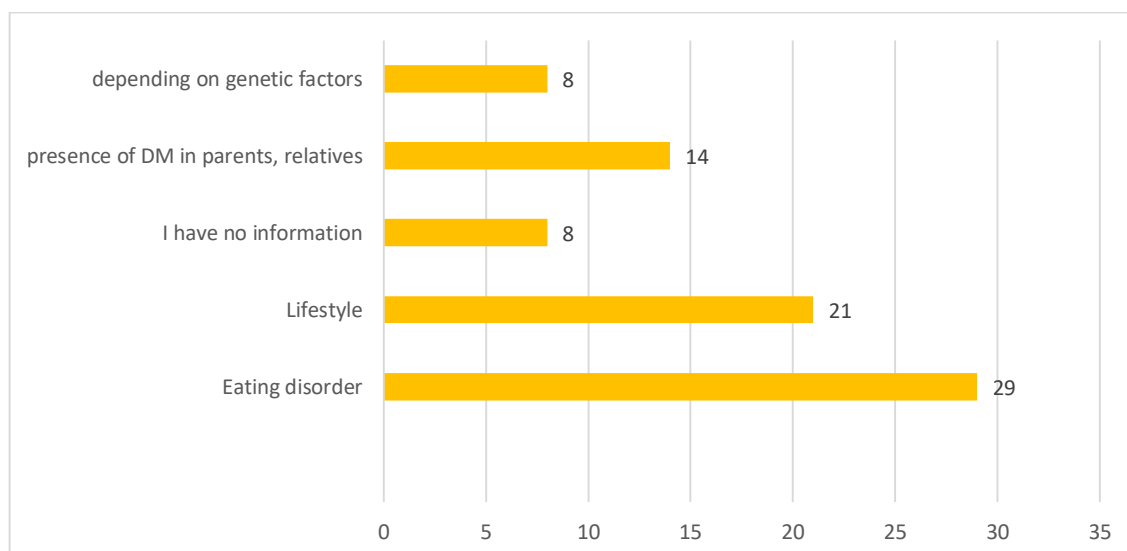
Analyzing the statistics of children and adolescents who were placed under the control of dispensers in Tashkent city and Mirzo Ulugbek, Yashnaabad districts in 2018-2022, in Tashkent city there were 295 children in 2018, 465 children in 2022, 80 adolescents in 2018 and 151 in 2022. 35 children and 4 teenagers were registered in Mirzo Ulugbek district in 2018, and 58 children and 17 teenagers were registered in 2022. In Yashnaabad district, 24 children and 12 adolescents were registered under the control of dispensers in 2018, 44 children and 18 adolescents in 2022. We can show that it has increased by 170, and among teenagers, the number of those placed under dispenser control has increased by 71 from 2018 to 2022. In Mirzo Ulug'bek district, the incidence rate among children increased by 23 in 2018-2022, and among teenagers, the number of those on the list under dispenser control increased by 13, and in Yashnaabad district, the incidence rate among children under dispenser control increased by 20 in 2018. If so, we can see that the number of those receiving dispenser control will increase by 6 among teenagers by 2022.

As can be seen from the table (Table 1), the incidence of type 1 tuberculosis among children and adolescents is increasing year by year. To care for children with tuberculosis and to prevent complications of the disease, specially trained nurses with sufficient knowledge and skills are needed. Professional training includes the knowledge and skills of medical personnel, in particular FN and how to use them in their work, clinical guidelines, protocols and standards of treatment and management of patients in the ambulatory phase. In our study, the FN of Tashkent city Yashnaabad and Mirzo Ulugbek district took part. The working experience of OTX varied from 2 to 30 years, with an average of 13.3 years. Research participants were divided by age as follows: 21 - 30 years old, - 31 - 40 years old, - 41 - 50 years old, 50 years old and older; most of the participants were middle-aged OTX. The average age of FN was 37.3 years (Table 2).

Distribution of nurses by seniority and age
Table 2

Work experience (years)	Nurses number n=80,	%	Young	Nurses number (n=80)	%
2-5 years	21	26%	20-30 years old	19	24%
6-10 years	20	25%	31-40 years old	33	41%
11-20 years	21	26%	41-50 years old	16	20%
20 and from him high	18	23%	50 and from him high	12	15%

Special work developed questionnaire between 80 FN request was held . The questionnaire consists of 27 questions consists of the disease _ risk factors , DM disease diagnosis, DM patients care and with DM hurt the children in maintenance of OTX knowledge level to determine directed . DM disease from FN about to understanding 80 people when we asked if you are the owner 69 (86 %) nurses answered yes gave 11 (14%) nurses answered " no " . gave _ QD children from OTX maintenance to do for to you special preparation , training lessons do you need said 80 to our question from FN All of them answered " must " . gave from OTXs disease cause producer , disease development effect doer risk factors show me it is said 80 people to the question medicine 29 (36%) nurses eating the rule violation disease development reason mark that it will be 21 (26%) are nurses in children disease development life style reason 8 (10 %) nurses while disease development hereditary to factors depends said 14 (18%) are nurses parents in relatives disease there is if to say 8 (10 %) nurses for information have that it is not (2., picture).

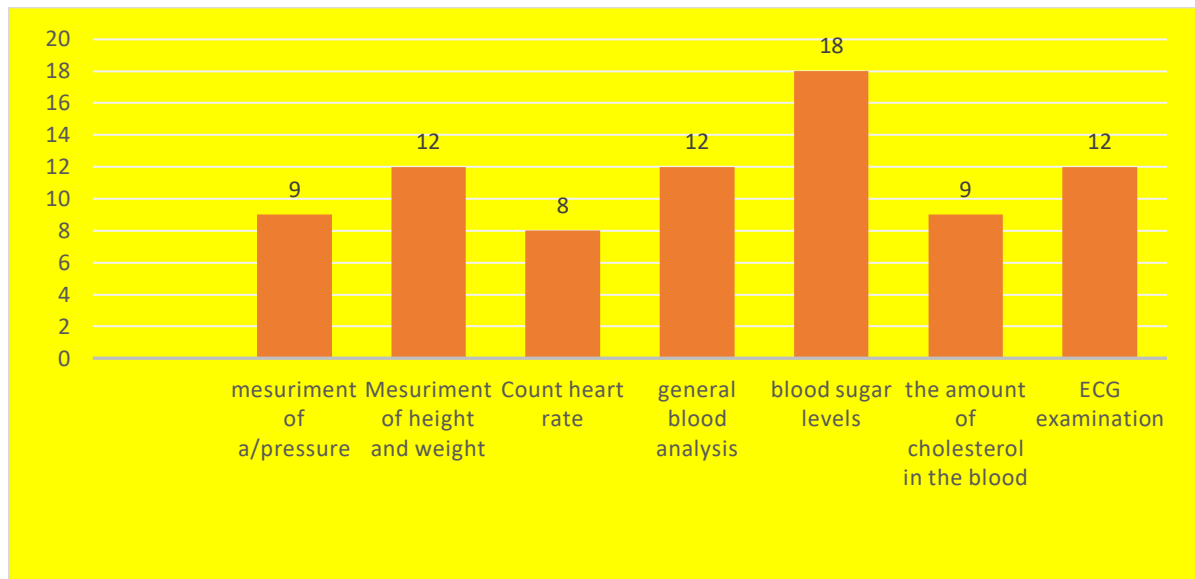


2.,Picture

Disease cause producer , disease development effect _ doer risk factors show me

In the questionnaire participation reached from the nurses the work your time to what more spend will be said 22 (28%) families answered our question nurse the work the time the sick with communication to do to spend stated 58 people _ nursing (72%) work the time different kind of medical documents to conduct to spend stated . From this except DM disease from nurses about to understanding 58 (72%) nurses said " Yes" when we asked if they have it answer giving to understanding owned by 22 (28%) nurses and " No " is a disease about in general concept that there is no stated. From this except nurses in the questionnaire patients disease complications about how informed you can said 15 (19%) families answered our question nurse to the doctor when it comes patients with conversation take to go and conversation during patients with disease and him complications about conversation that it will be held stated 31 (39%) are nurses patronage during patients with chatting disease and his complications about informed that it will determined if so , 10 people and nurse (12%). telephone by doing the sick with conversation take to go stated if it is 24 (30%) nurses answered the questionnaire answer that he did not give let's see can.

with DM hurt the children mandatory check local doctor by done increase with one in line , FN even this about to understanding have that they are evaluation for " You think with DM hurt children how from inspections transitions when we ask " need " , all was asked medicine specialists that is, 80 people family 9 of the nurses (11%) have A/ B measure need , 12 (15%) nurses while patients height , weight measure need , 8 (10%) nurses while heart hit speed count , 12 (15%) nurses common blood analytical inspection transfer need , 18 (23%) nurses in the blood sugar the amount check the answer is necessary gave 9 (11%) are nurses in the blood cholesterol the amount check need emphasized 12 (15%) nurses while ECG examination of the heart necessity (Picture. 3).



3.Picture

With DM sick children how from inspections transitions need (%)

With DM from FN sick children for family nurses maintenance 71 (89%) families when we asked if they should nurse need , 9 (11%) families nurse while with DM sick to the children family his nurse maintenance a must the answer is no they gave. DM to the children and them to their parents disease and complication about to the questions answer to give your knowledge 57 (71%) nurses answered " Yes " when asked if they think they have enough knowledge . the answer is enough gave 16 (20%) nurses said " No " . 7 (9 %) nurses while I don't know the answer returned _ Family with nurses DM sick to patients , children them to their parents disease complications prevention get , patients himself _care for one how much tips will give .Of them the most alot to be given of advice to diet compliance to do 30 people family nurse (37%) to diet compliance to do advice to give stated 18 (23%) families nurse while hygiene and healthy marriage style compliance to do advice I will give said , 15 (19%) families nurse the legs right maintenance to do need emphasized 9 (12%) families nurse advice give that he can't stated there are 7 (9%) nurses this to the question answer did not give (Table 3).

DM children and them to their parents FN disease complications prevention get for giving advice

Table 3

DM children in maintenance and complications prevention in getting how tips you give	Nurses number (n=80)	% (100)
Diet compliance to do	30	37%
Hygiene and healthy _ marriage style compliance to do	18	23%
The legs care	15	19%
Advice give i can't	9	12%
Answer those who did not	7	9%

From this except from FN, DM patients home in 1 month how many times visit you order that 34 (42%) families when we asked nurse xar once a month from patients message get for patronage organize determined 19 (24 %) are nurses 2 times a month from patients message 8 (10 %) nurses while 4 times a year from patients message i can said 19 (24 %) are nurses this to the question answer did not give.In conclusion, we can say that the incidence of DM-1 among children and adolescents is increasing, and the reason for this is determined to be different. That is, children and adolescents do not follow the daily routine, they eat unhealthy food, they often get sick with various infectious diseases at a young age, physical do not perform exercises, etc. The purpose of our research is to ensure that family nurses do not exacerbate the disease among children and adolescents infected with type 1 diabetes, that is, to prevent complications, children and adolescents, their parents, should eat properly and in moderation, follow the daily routine, proper care is to recommend regular monitoring, i.e. not to wear tight shoes, to trim nails properly, to use nourishing creams when the skin is dry, to measure blood sugar before and after meals.

Conclusion.

On the basis of the above analysis, family nurses should conduct regular conversations about diabetes in children, conduct general and targeted examinations for the prevention of complications, provide an understanding of complications, provide continuous information on self-care of patients, and educate the patient himself and his family members. shows that they should conduct activities aimed at developing their skills. In this case, it is very important to educate the family members of a child with diabetes,

as well as the child himself. That's why for sugary diabetes with hurt patients teaching and care system more perfect organize reach for reserves search current and big practical important have Patients therapeutic teaching and care goals reach for nurses attraction to do problems dedicated one how many of work analysis in our country this chronic pathology has been to patients medical help show quality and opportunities increase on the way real step that showed.

Used literature.

1. Bagnetova Ye.A. Hygiene in physical education and sports. Vocabulary course [Text] / Ye.A. Bagnetova. - Rostov-on-Don: Phoenix, 2014. 251 p
2. Kuftareva Yu.V. School of health: the role of nurses in conducting group consultations // Head nurse. 2010. No. 9. pp. 146-153.
3. Lukyanova EM in Pediatrics life quality evaluation . Quality clinical practice _ 2002; 4:34-42 p.
4. On State Support Measures for People with Diabetes (Together with the "Regulation on the Interdepartmental Commission on Diabetes") [Electronic resource]: 01.06 of the Government of the Russian Federation .Decision No. 647 of 1996 (02.02.2019 08/1999) // Internet version for information - legal system "Consultant-Plus"
5. Uzbekistan _ Republic President of the city of Tashkent to the population primary medical and sanitary help show efficiency increase for management system more improvement and leader and of experts professional responsibility increase measures on" Decision No. PQ-3039 . June 6 , 2017
6. RII AEM Statistics Department 2023
7. Svetlichnaya TG Nursing service system and factors contributing to the development of the demand for nursing service // Chief doctor. 2009. No. 2. pp. 18-22
8. <https://worldpopulationreview.com/countryrankings/diabetes-rates-by-country>,
9. Vyalkov AI Financial and economic mechanisms of increasing the efficiency of the health care system. Glavvrach - 2017. - N- 10. - P. 25-33

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