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THE LEVEL OF INFORMATION OF FAMILY DOCTORS ON THE ISSUES OF ALLERHOPATHOLOGY IN CHILDREN AND THEIR OPINION ABOUT THE ORGANIZATION OF MEDICAL CARE

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Abstract: The article presents the data of the analysis of the main factors influencing the quality of medical care for children suffering from allergic diseases. The survey of family doctors of polyclinics made it possible to conclude that there are still a number of shortcomings in the organizational issues of identifying, registering, and treating children with allergic diseases, the solution of which will improve the quality of allergic care at the level of primary health care.

Key words: allergic diseases, children, family polyclinics, family doctors, quality of medical care.

Since the middle of the twentieth century, allergies have become a global problem [1,3,7]. One of the pressing issues of public health is improving the quality of medical care, including in primary - outpatient-polyclinic care [4,5]. The correct organization of the work of family polyclinics can significantly reduce the cost of further treatment and rehabilitation measures for allergic diseases (AD) [3,4].

Purpose of the study: identification of organizational problems faced by doctors of outpatient clinics in the Primary health care zone during screening and clinical examination of children with allergies.

Material and research methods: To analyze organizational problems in family polyclinics, an anonymous survey of 60 family doctors of family polyclinics in Tashkent was conducted. The survey was carried out using a specially developed questionnaire. The questionnaire included 3 blocks of questions - demographic data, information about the organization of patient admission and clinical examination of patients with AD and risk groups.

All the family doctors we interviewed were women whose average age corresponded to $42.4 \pm 1,7$ years. Of the total number of respondents, only 13,3% had work experience of less than 10 years, the rest had 10 or more years of work experience, among which 21,7% had more than 30 years of work experience.

Research results: One of the mandatory components of the quality of medical care in medical and polyclinic institutions is its resource provision, which includes the provision of quality personnel, modern material and technical base, working conditions of doctors, their psychological status. One of the most important factors affecting the quality of the work of specialists is a comfortable psychological microclimate, however, only 41.7% of respondents rated it as favorable. The lack of mutual understanding with colleagues drew attention to 25,0% of the respondents. More than a third of the respondents 35,0% do not find a common language and support from the management of the polyclinic. Reduces motivation for full-fledged work and low wages, especially with increased physical and psychological stress. The overwhelming majority of respondents 90,0% were dissatisfied with their wages. Three quarters of family doctors (75,0%) noted a lack of time to communicate with a sick child and his parents. Almost all doctors attributed this to an excessive amount of completed medical documentation (95,0%). It should be noted that at present not all doctors have computers in their workplaces, which, according to doctors, could reduce the work with documents. Almost half of doctors (46,7%), due to their workload at work, cannot devote time to self-training, and more than a third of them, 36,7% complained about the insufficient number of educational programs, including in allergology.

Considering the issues directly affecting the quality of clinical examination of children with allergic pathology (Table 1), it should be noted that 60 respondents gave a total of 254 answers, that is, each GP named more than 4 factors that negatively affect the quality of medical and preventive care for children with AD.

Table 1.

Factors affecting the quality of prophylactic medical examination of children with allergic diseases in the opinion of family doctors of the Tashkent city polyclinics.

Factor	Number of responses	Frequency per 100 respondents (n = 60) (P<0,05)
Late appeal of parents with children for medical assistance	22	36,7±6,2
Low volume of diagnostic tests in the polyclinic	41	68,3±6,0
Difficulties in making a referral of a patient with AD for a consultation at the RSPCAZ	16	26,7±5,7
Difficulty getting a hospital order	16	26,7±5,7
Absence of an allergist at the clinic	54	90,0±3,9
Poor laboratory service	17	28,3±5,8
Lack of information on allergology	22	36,7±6,2
Lack of relationship between institutions responsible for clinical examination of patients with AD	12	20,0±5,2
Insufficient responsibility of parents in the implementation of measures for the prevention and treatment of the child	37	61,7±6,3
Insufficient responsibility of doctors in the implementation of measures for clinical examination of a child with allergic pathology	17	28,3±5,8
Total Answers	254	4,2:1

In the first place in terms of the importance of identifying and high-quality clinical examination of children with AD, the doctors of the polyclinic put the presence of a regional allergist. According to 90.0% of respondents, the absence of an allergist in the central polyclinic negatively affects the detection and further treatment of patients with AD. Insufficient technical and diagnostic base of the polyclinic in 68.3% leads to hyper- or underdiagnosis of AD and forces patients to apply to private institutions, Republican Scientific and Specialized Allergic Center and other institutions of the republican scale, where this diagnosis is carried out on a paid basis, which in turn reduces уровень обращаемости пациентов с начальными или легкими формами AD.

The difficulty (abundance of documents, resolutions and patient's time expenditure) in making referrals for consultation or orders for hospitalization to government agencies contributes to a decrease in the level of referrals to specialized institutions in 26.7% of cases. This leads to the fact that patients directly apply to private or republican institutions with subsequent treatment and observation at them, which often leads to the loss of these patients from the field of view of polyclinics and ultimately hides the true extent of the problem of the prevalence of AD among children on a regional scale and affects the planning of preventive measures. This, in the opinion of every fifth doctor (20,0%), is facilitated by the low level of interconnection between institutions responsible for prophylactic medical examination of patients with AD.

An important element of clinical examination for any disease is the personal responsibility of doctors in the implementation of measures for the prevention, detection, treatment and further observation of the patient, however, 28,3% of doctors admit that this responsibility is currently at a rather low level.

However, the majority of doctors, 61,7%, believe that the insufficient responsibility of the parents of children with AZ and the children themselves leads to low indicators of the quality of clinical examination and deterioration of the patient's condition. This is manifested in a negligent attitude towards the fulfillment of the doctor's prescriptions (irregular visits to the doctor, elements of self-medication, violation of the diet, etc.). Very often, a child's disease is diagnosed in later stages precisely because 36,7% of patients seek help from a doctor late.

To determine the level of awareness of doctors in the prevention, diagnosis and treatment of patients with AD, we asked our respondents the appropriate questions (Table 2).

Table 2.
Awareness level of GPs of family polyclinics in Tashkent city about allergic diseases in children

Answers	Number of correct answers	Frequency of correct answers per 100 respondents (n = 60) (P<0,05)
What is ISAAC	35	58,3±6,4
What is the atopic march	43	71,7±5,8
What is Cross Allergy	28	46,7±6,4
How are skin tests done?	56	93,3±3,2
Where are provocative tests carried out?	31	51,7±6,3
What is an elimination test	35	58,3±6,3
What foods most commonly cause food allergies in children	35	58,3±6,3
What institutions in the city carry out diagnostics and treatment of patients with AD	43	71,7±5,8
Average level of correct answers		63,8±1,8

The survey of GPs showed an average awareness of doctors in the issues of allergic pathology. Only to the question "How are skin tests carried out?" 93,3% of correct answers were received. 71,7% of doctors knew what the atopic march was. Only 46,7% of respondents are familiar with the concept of cross-allergy. The international program for the detection of AD and BA ISAAC, the concept of an elimination test and which foods most often provoke food allergies were answered correctly by 58,3% of the respondents. The average level of awareness of family doctors on all questions about allergic pathology was 63,8. Insufficient awareness of practitioners of family polyclinics in the subject of AD, according to 36,7% of the specialists themselves, is associated with the insufficient number of educational programs and information on allergies in children at their disposal.

The absence of allergists-immunologists in multidisciplinary family polyclinics forces family doctors to send children suspected of allergies for specific diagnostics and treatment to other institutions. Of the total number of patients who applied to territorial polyclinics for AZ, 61,7% were referred to the RSSAC; 20,0% to private diagnostic centers; in hospitals 13,3% and in other scientific and practical centers and clinics of universities 5,0%.

Educational work among the population plays an important role in the prevention and early detection of AD. Formation of a healthy lifestyle is a mandatory function of doctors in primary health care. All respondents agreed that the holding of mass events to promote knowledge among the population on the issues of AD is one of the most effective measures for the prevention of this pathology of childhood. Unfortunately, only 68,3% of doctors held mass events (talks and lectures) on this topic among the

residents of the mahalla. In organizing the proper care and nutrition of children at risk of developing AD or allergy sufferers, the correct preparation of the patient's family members in this matter plays an important role. The most acceptable form of such work is course training at the "School of Allergy", but this form of work exists only at the RSSAC and only 38,3% of the surveyed doctors sent children from the risk group or patients with allergies there.

Conclusions: Thus, the quality of the organization of prevention, diagnosis and further treatment, and observation of children with AD in polyclinics is most influenced by:

- lack of pediatric allergists at the level of the district medical association;
- low interest and awareness of doctors in issues of early detection and clinical examination of children with this pathology;
- deficiencies in the examination of patients at the primary care level as a result of low technical equipment;
- lack of appropriate programs to identify risk factors among pregnant women and parents with infants.
- underestimation by parents of the main risk factors for this pathology, the initial manifestations of the disease, violation of the prescribed treatment regimen and raising a child with AD;
- low medical activity and parental awareness.

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