PRESENCE OF AGE-RELATED COMORBID DISEASES IN THE POPULATION OF LONG-LIVING PEOPLE (REPRESENTATION OF AGE AS A RISK FACTOR)

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https://doi.org/10.5281/zenodo.17151047

Relevance and necessity of the topic. The increase in life expectancy led to an increase in the number of gerontological patients with comorbid diseases, with at least 2 diseases simultaneously. Comorbidity is a risk factor leading to decreased function of various organs, the occurrence of cognitive impairments and geriatric syndromes, an increase in disability and premature mortality [1;2]. Comorbid diseases increase with age and sharply increase the risk of polypharmacy, as a result of which a second risk arises, especially for the gerontological population - the pharmacoepidemiological factor. In particular, the proportion of patients of gerontological age who took 10 or more medications per day for 5 years before death increased from 30% to 47% [3].

The aim of the research is to study the prevalence of comorbid diseases and their risk factors in the population of geronts living in different regions of Uzbekistan, to develop effective methods of diagnosis and prevention.

Research materials and methods. According to the design - a simultaneous epidemiological study was organized in 5 regions of Uzbekistan - Andijan, Namangan, Fergana, Jizzakh and Kashkadarya regions in the population over 90 years old (geront population) and over 106 years old (supergeront population). A total of 635 ≥90-106 and older people were examined (258 men and 377 women). 506 - 90-99 years old (218 men and 288 women), 102 - 100-105 years old (33 men and 69 women) and 27 - over 106 years old (7 men and 20 women).

Based on the specifics and requirements of the epidemiological study, planning the examination of the geront-supergeront population, preparing the study, conducting the study, processing the data, analyzing and interpreting the results, studying and evaluating the medical, social, and economic effectiveness of the use of the obtained results and their implementation into practice.

Results and discussions. It can be seen that in the population ≥ 90-106 years old, the registration of 1 chronic non-infectious disease (CHD) is not observed (0.00%), 2 combinations of CHD - 0.5%, 3 combinations of CHD - 5.6%, 4 combinations of CHD - 9.3% and 5 combinations of CHD - 84.6%. In the vast majority of all age groups - 90-99 (84.4%), 100-105 (82.6%) and ≥ 106 years

(95.0%), 5 combinations of CKD are noted, with increasing age the frequency of such combinations increases to -1.2 times or 12.4% (P<0.05).

In the female population (≥90-106 years old), a combination of 1 SNK - 0.0%, 2 SNK - 0.5, 3 SNK - 5.6%, 4 SNK - 9.3%, and 5 SNK is recorded with a relatively high detection rate, reaching up to 84.6%. 5 SNKs - in women aged 90-99 years - 84.4%, in women aged 100-109 years - 82.6% and in women ≥106 years - 95.0%, i.e., with a frequency of increase by 10.6% depending on age (in the appendix, Table 8.3 and Fig. 8.3) (P<0.05).

A similar trend, i.e., an increase in the frequency of combinations of CKD depending on age, is also observed in gerontological men. Thus, for example, the prevalence of a combination of SNK 5 is determined in men aged 90-99 years - 88.1%, in men aged 100-109 years - 90.9%, and in men ≥106 years - 100.0%, or is confirmed by a growth rate of almost 12.0% depending on age (P<0.05). The epidemiological situation in which attention is drawn is that in supergerontic men (population ≥106 years old) in 100.0% of cases, 5 or more CKDs are detected simultaneously.

In men (≥90-106 years old), the detection of 1 SNK is not observed, 2 SNK - 1.2%, 3 combinations of SNK - 2.3%, 4 SNK - 7.8% and 5 SNK are detected with a frequency of 88.8% or a frequency of 44 times. The same increase is observed in the age groups 90-99, 100-109, and ≥ 106.

The presented data can be considered as a complete basis for concluding that the combination of young comorbid diseases and CKD is a strong risk factor in the gerontological population.

From their analysis, it follows that: 1) only 1.6% of 90-100-year-olds do not have comorbid diseases (1.6% of 90-99-year-olds, 2.0% of 100-105-year-olds, and 0.0% of ≥100-year-olds); 2) cardiovascular diseases (CVD) + chronic obstructive pulmonary disease (COPD) ≥ 90-106 years - 97.8% (90-99 years - 98.0%; 100-105 - 96.1%; ≥106 years - 100.0%); 3) CVD+ICD - 98.1% (90-99 years - 98.4%, 100-105 years - 96.1% and ≥106 years - 100.0%; 4) Chronic Renal Atherosclerotic Disease (CRA) + CVD - 98.1% (≥90-106 years), 98.0% (90-99 years), 98.0% (100-105 years) and 100.0% (≥106 years); 5) CVD+ICD+BSATD - 98.3% (≥90-106 years), 98.4% (90-99 years), 97.1% (100-105 years) and 100.0% (≥106 years); 6) urolithiasis (STD) + CVD + IHD + BSAATD + PC (acute diseases) - 98.4% (≥90-106 years old), 98.4% (90-99 years old), 98.0% (100-105 years old) and 100.0% (≥106 years old).

In the gerontological male population ≥90-106 years old, comorbid diseases are not registered in only 1.2% of the examined individuals (in 90-99 years old,

this figure is 1.4%, in 100-105 years old - 0.0%, and in ≥106 years old - also 0.0%). In them, it was confirmed that in the population of women ≥90-106 years old, the combination of "CVD+COPD" is expressed in the frequency of detection - 97.1%, "CVD+OIC" - 97.6%, "BSATK+CVD" - 97.6%, "CVD+OIC+BSATK" - 97.9% and "STK+CVD+OIC+BSATKYA+O'K" - 98.1%.

In only 1.9% of gerontological young people, the presence of CKD is not observed. The combination of SNK - expressed in binary, ternary, and 5-digit forms - is recorded with prevalence frequencies from 94% to 100.0%. In the population of supergerontic women (≥106 years old), the detection of such progressive comorbidity with a frequency of 100.0% attracts special attention as an object of active preventive programs.

Long-lived individuals, 90-106 years old, with fewer than 2 and more than 2 individuals in the population, are registered with the frequency of SNK distribution - 0.89% and 99.2% (P<0.05). Depending on age, these indicators are confirmed at 1.0% and 99.0% (P<0.05) in 90-99-year-olds, at 0.0% and 100.0% (P<0.05) in 100-105-year-olds, and at 0.8% and 99.2% (P<0.05) in ≥106-year-olds, respectively.

The frequency of detection of chronic multi-organ pathologies with various combinations in gerontists is recorded as follows: in 90-106 years of age with the addition of less than 2 MCI and more than 2 MCI - from 0.5% and 99.5% (P<0.05), in 90-99 years of age - from 0.7% and 99.3% (P<0.05), in 100-105 years of age - from 0.0% and 100.0% (P<0.05), in ≥106 years of age - from 0.5% and 99.5% (P<0.05). Less than 2 cases of CKD and more than 2 cases of CKD correspond to gerontological men and are confirmed by the following frequencies in different age groups: in 90-99 years - from 1.4% and 98.6% (P<0.05), in 100-105 years - from 0.0% and 100.0% (P<0.05), in ≥106 years - from 0.0% and 100.0% (P<0.05), in 90-106 years - from 1.2% and 98.8% (P<0.05).

Conclusion. It can be concluded that in the gerontological age population, both in women and men, the age factor is confirmed as a risk factor that sharply increases the incidence of various combinations of chronic multiple organ pathologies. Taking this into account, the improvement and continuous implementation of predictive, preventive, prophylactic, and therapeutic measures based on prognosis is of great importance, undoubtedly reducing "hard epidemiological points."

References:

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