



POPULATION AND DEMOGRAPHIC CHARACTERISTICS OF THE SURVEYED

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Introduction. Obstetrics and gynecology in the 21st century are developing successfully, leading to significant advances in reducing maternal and perinatal mortality, as well as pregnancy complications. Among the challenges in clinical obstetrics and gynecology, the transition to preventive medicine stands out due to its particular clinical and practical significance. This is relevant for addressing not only chronic but also acute gynecological problems, such as the implementation of a differentiated approach to early diagnosis, prevention, and emergency care for urgent non-gravid metrorrhagia across women of various ages [8; 13].

The studies by Milman N. et al. (2017), Suchdev P.S. et al. (2017) and Coad J. et al. (2014) also showed and proved that IDA and latent iron deficiency (LID) in women of reproductive age (WRA) are closely associated with iron deficiency states. This scientific fact, that is, the high prevalence of IDA and latent iron deficiency (LID) in women of reproductive age (WRA), should attract special attention, since, firstly, their early diagnosis and prevention are extremely important, and secondly, iron deficiency anemia is the most common hematological complication in IDA. Therefore, their detection and early correction are an important component of IDA [7; 10; 2].

In addition, anemia associated with AMC, according to data obtained by Smith C. et al. (2019), Peace I. M. et al. (2021), Elmore C. et al. (2022), and Kumar A. et al. (2022), may result from concomitant comorbidities, deficiencies of copper, lithium, thiamine, riboflavin, vitamins B12, B9, molybdenum, manganese, protein, vitamins C, calcium, magnesium, cobalt, vitamin K, B6, B5, D, E, omega-6 fatty acids, and chronic inflammation [1; 3; 9; 5; 6].

The prevalence of AMC anemia depends on many factors: socioeconomic conditions, nutrition, bleeding of various localizations, etc.

According to Cameschella C. (2019), Vos T. et al. (2017), and WHO (2011), the main causes of IDA in women of reproductive age are abnormal uterine bleeding (AUB), pregnancy, childbirth (repeated), and lactation. AUB





development is also possible in this same population, as well as in blood donors who have been donating blood continuously for many years, and in patients with chronic kidney disease undergoing hemodialysis [4; 12; 11].

The aim of the study is to develop innovative technologies for early diagnosis, emergency care and prevention of urgent non-gravid metrorrhagia in the Fergana Valley.

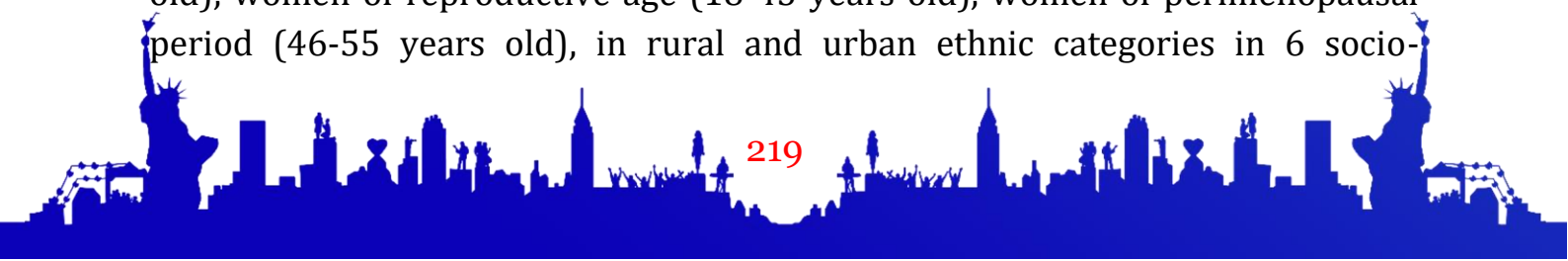
The object of the study was a population of 1400 women with urgent non-gravid metrorrhagia who were treated in hospital at the Andijan branch of the Republican Scientific Center for Emergency Medical Care in the period from 2010 to 2025.

The subject of the study was the questionnaire, biochemical, instrumental, laboratory and clinical-obstetric-gynecological parameters in women with urgent non-gravid metrorrhagia with the assessment of the nature and quantity of bloody discharge, hemodynamic parameters and the state of vital functions, the color of the skin and mucous membranes, the presence of cachexia, ascites, rash, signs of liver damage, the duration and intensity of bleeding, the timing of the last normal menstrual period, the presence of a possible pregnancy, the presence of uterine fibroids, adenomyosis, malignant diseases of the genital organs, organic and functional causes of AMC and/or AMC.

Research methods. A comprehensive methodology was used during the dissertation research, including epidemiological, clinical, obstetric-gynecological, instrumental, biochemical, and statistical methods. This approach, using the PALM-COEIN classification system, the "Algorithm for the Diagnosis of Abnormal Bleeding," and the WHO criteria, ensured a reliable assessment of the epidemiological conditions and situations related to urgent nongravid metrorrhagia.

The study was conducted from 2020 to 2022 in the gynecology and intensive care departments of the Andijan branch of the Republican Scientific Center for Emergency Medical Care (RSC EMC). A retrospective epidemiological analysis of inpatient records from 2010 to 2025 was conducted, followed over 15 years by obstetricians-gynecologists and intensive care specialists in the Andijan emergency medical facility.

The study is prospective, multi-stage, observational in 15 years in four cross-sections - 2010-2014, 2015-2020, 2021-2025 and 2010-2025, stratified on a representative sample of the organized population - adolescent girls (12-17 years old), women of reproductive age (18-45 years old), women of perimenopausal period (46-55 years old), in rural and urban ethnic categories in 6 socio-





professional categories (students, housewives, managers, employees, pensioners, employees) and among individuals with different levels (secondary/secondary-specialized, higher education, medical education) of education (Table 1, Fig. 1, 2 and 2).

The total number of respondents is characterized by the following population and demographic characteristics (Table 1 and Figs. 1, 2):

1) the number of respondents aged 12-17, women aged 18-45 and 46-55 was 71 (5.1%), 951 (67.9%) and 378 (27.0%), respectively;

2) the rural and urban populations were 824 (58.9%) and 576 (41.1%), respectively; 3) the respondents were students - 34 (2.4%), housewives - 1106 (79.0%), managers - 40 (2.9%), workers in the field/specialists - 196 (14.0%), pensioners - 0 (0.0%) and employees - 24 (1.7%); 4) those surveyed with secondary education, higher education and medical education amounted to 1216 people (86.9%), 77 people (5.5%) and 5 people (0.4%), respectively.

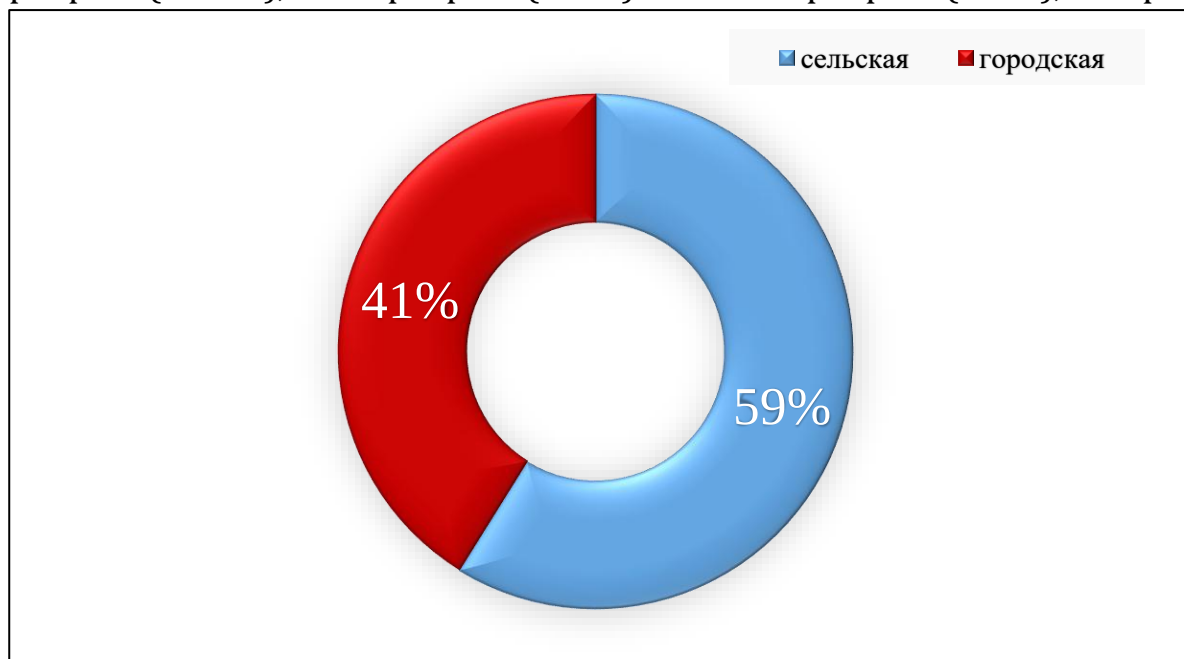
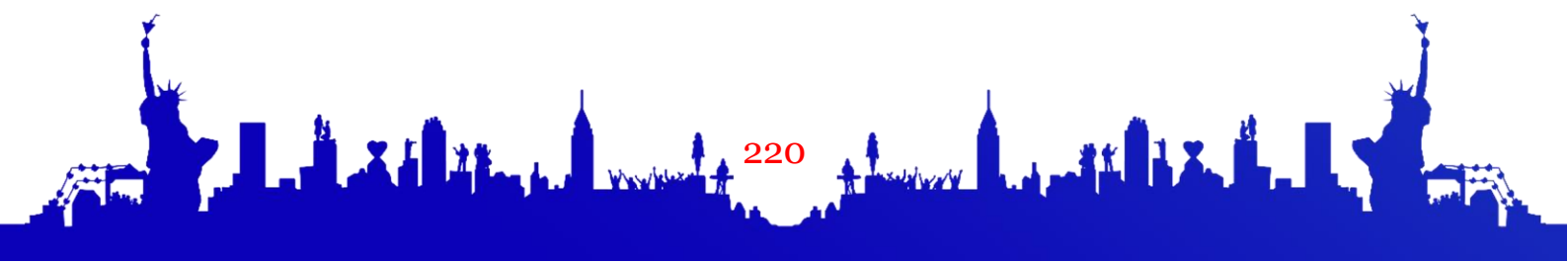


Fig. 1. Ethnic category of those surveyed



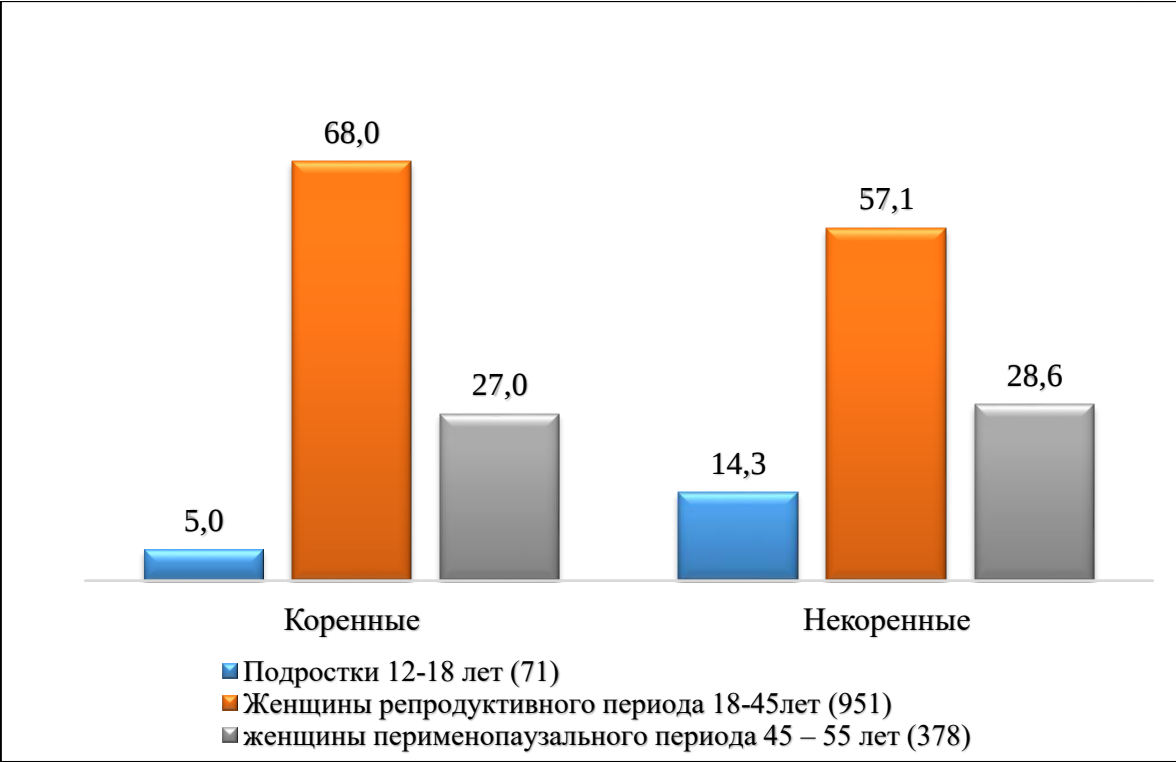
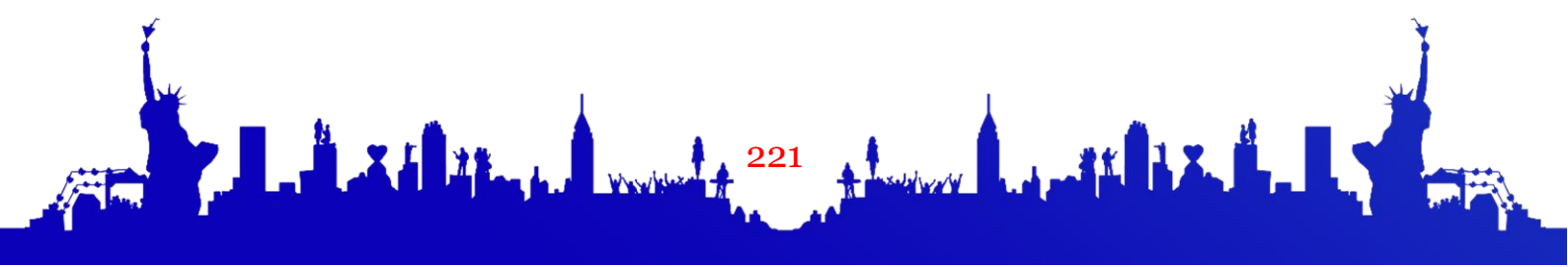
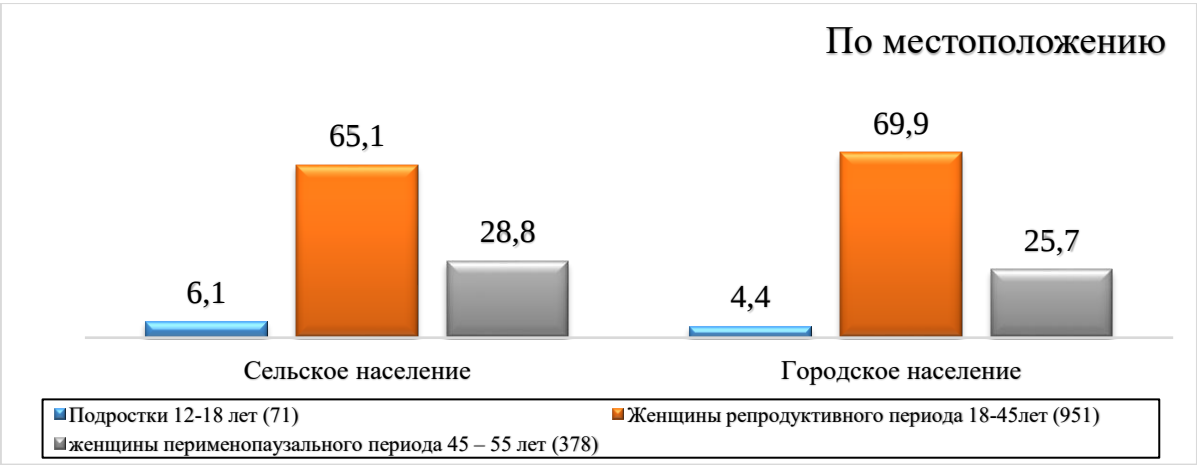


Fig. 2. Demographic characteristics of the surveyed



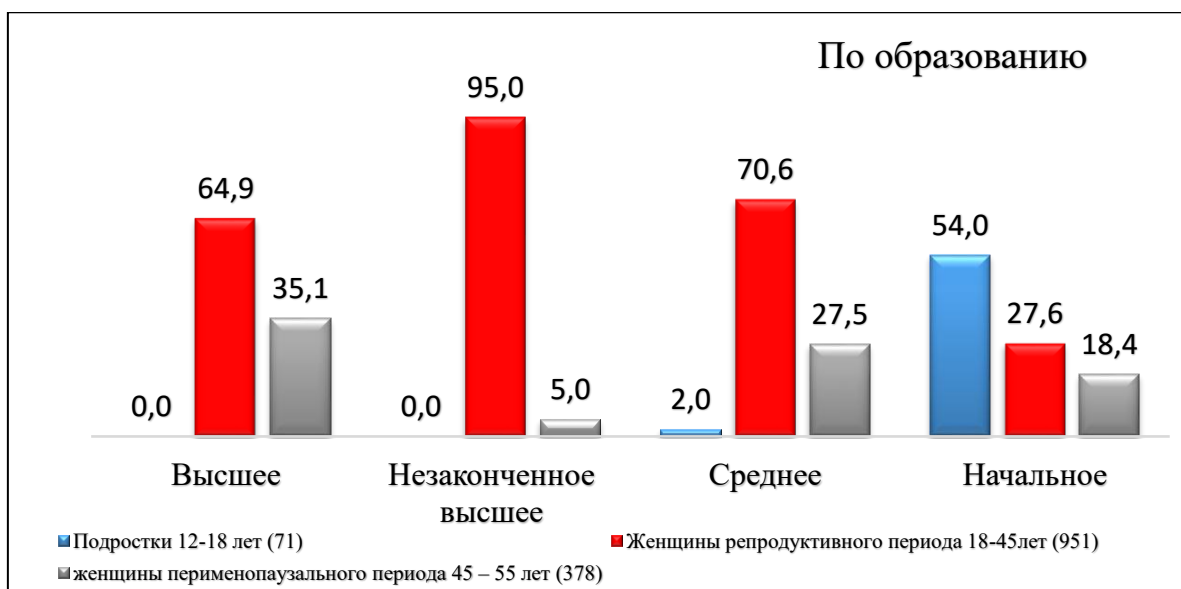
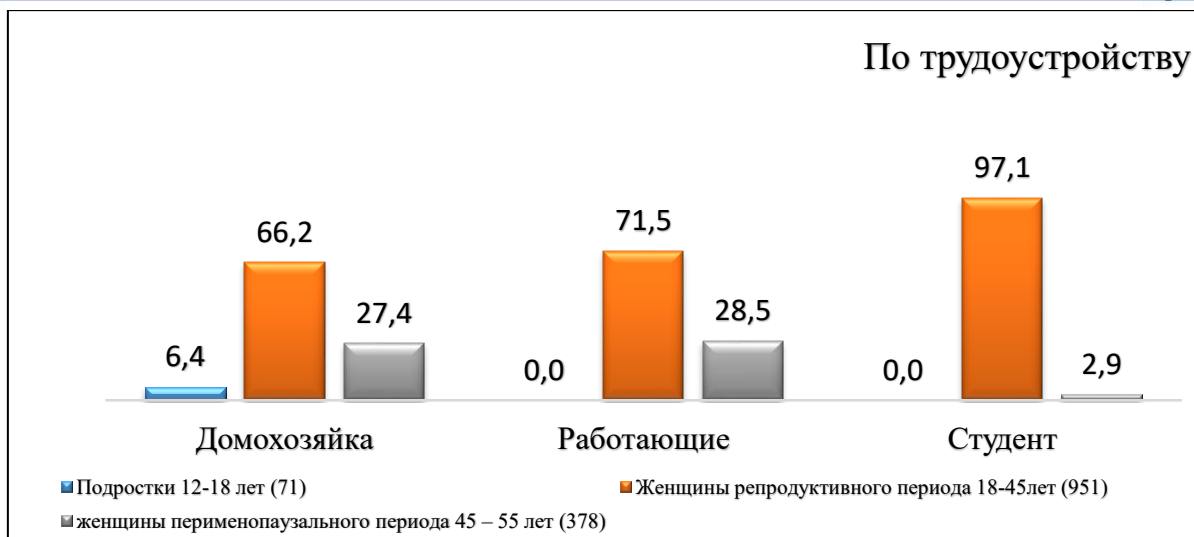
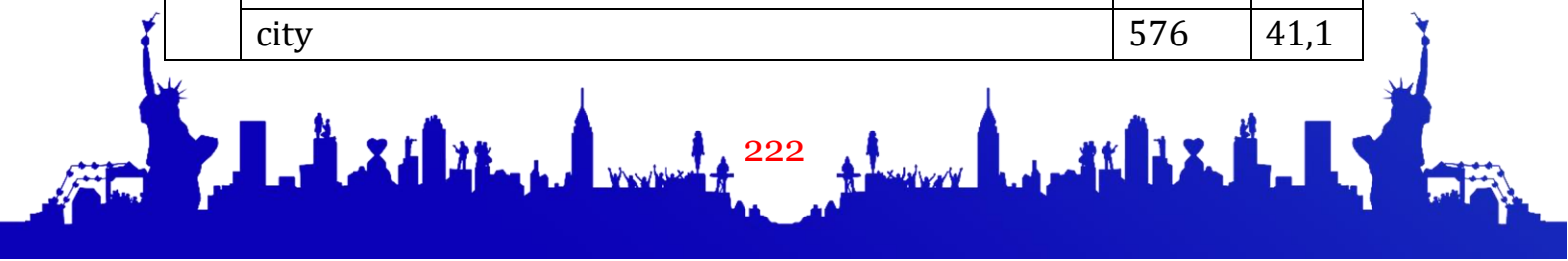


Fig. 3. Socio-professional and educational status of the surveyed

Table 1

Population and demographic characteristics of the surveyed

№	Parameter	Total number of examined	
		n	%
1	Teenage girls (12–17 years old)	71	5,1
2	Women of reproductive age (18–45 years)	951	67,9
3	Perimenopausal women (46–55 years)	378	27,0
4	Ethnic category:		
	rural	824	58,9
	city	576	41,1





5	Social and professional category:		
	- students	34	2,4
	- housewives	1106	79,0
	- leaders	40	2,9
	- workers in the field / specialists	196	14,0
	- pensioners	0	0,0
	- employees	24	1,7
6	Education level:		
	- secondary / secondary specialized	1216	86,9
	- higher education	77	5,5
	- having a medical education	5	0,4

Thus, the specificity of the epidemiological methodological approaches developed and applied in the work created a scientific basis for the subsequent logical analysis of the research results and substantiation of the main contents of the dissertation.

Conclusion

In the overwhelming majority of cases (up to 100%), comorbidities in urgent non-gravid metrorrhagia include coronary diseases, non-coronary cardiovascular diseases, underlying respiratory diseases, urinary tract diseases, anemia, coagulopathic syndromes, endocrine disorders, other chronic non-communicable diseases, urothelial cystitis, urothelial cystitis, and urothelial cystitis. The incidence of comorbid pathologies increases with women's age.

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