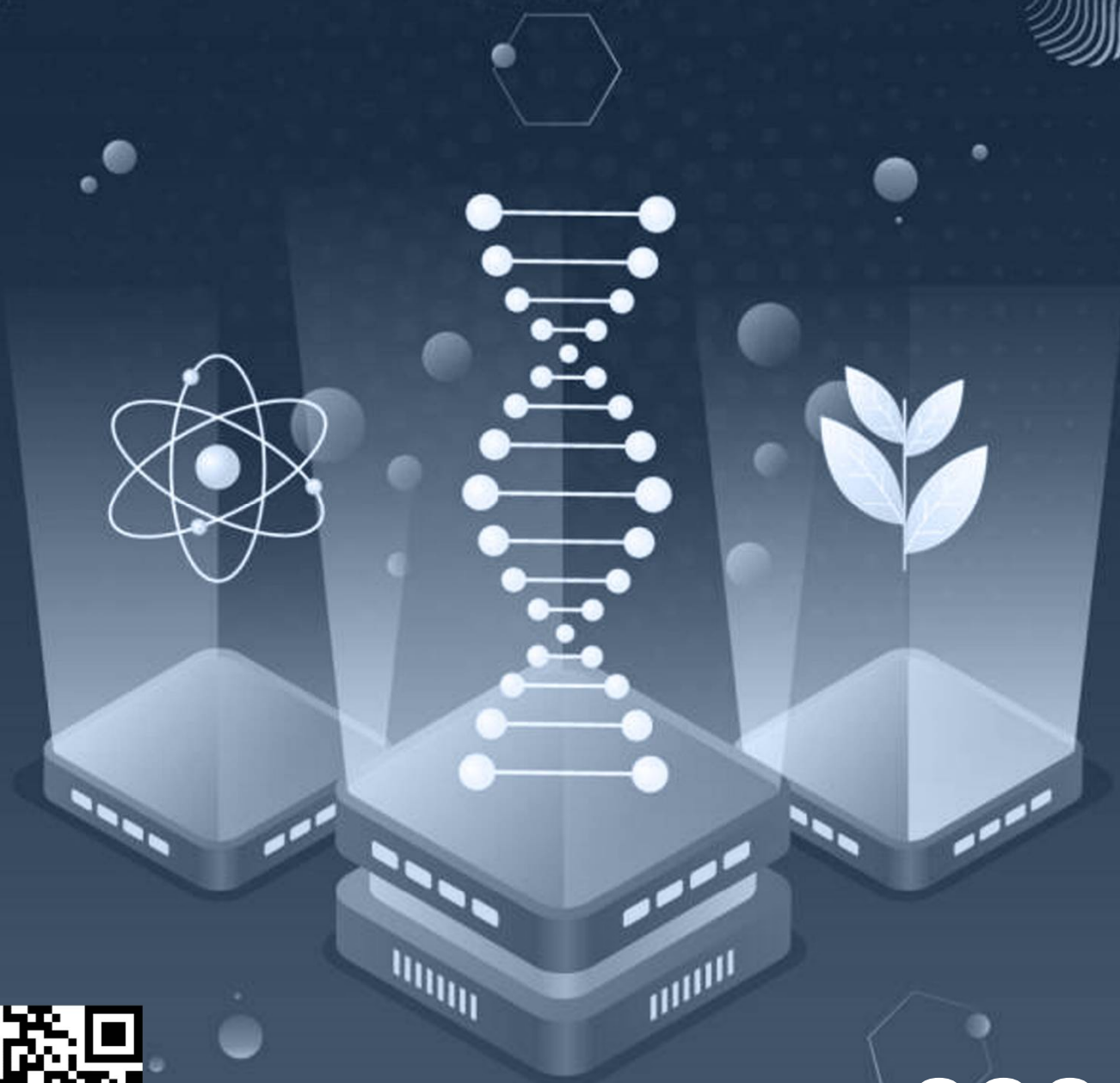


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E-mail.: rabdullaev2007@mail.ru

**Bakhtiyarova Aziza Maqsudbekovna,**

Student of Urganch branch of Tashkent medical academy

E-mail.: aziza.baxtiyarova@icloud.com

## CLINICAL CHARACTERISTICS OF PEPTIC ULCER DISEASE IN ELDERLY RESIDENTS OF THE KHOREZM REGION

 <http://dx.doi.org/10.5281/zenodo.12515691>

### ABSTRACT

The article examines the clinical characteristics of peptic ulcer disease in elderly residents of the Khorezm region. The study includes patients over 60 years of age who have been diagnosed with gastric and duodenal ulcers. The main clinical manifestations of the disease, the frequency of exacerbations, the presence of complications, and the effectiveness of the treatment are analyzed. Special attention is given to the influence of regional factors, such as climatic conditions and dietary habits, on the development and course of the disease. The results of the study can be used to improve diagnostic and therapeutic approaches for treating peptic ulcer disease in elderly patients in this region.

**Key words:** peptic ulcer disease, elderly, Khorezm region, clinical manifestations, exacerbations, complications, treatment.

**Abdullayev Ravshanbek Babajonovich,**

Toshkent tibbiyot akademiyasi Urganch filiali ichki kasalliklar,  
reabilitologiya va xalq tabobati kafedrası professori, t.f.d.

E-mail.: rabdullaev2007@mail.ru

**Baxtiyarova Aziza Maqsudbekovna,**

Toshkent tibbiyot akademiyasi Urganch filiali talabasi

E-mail.: aziza.baxtiyarova@icloud.com

## XORAZM VILOYATIDA YASHOVCHI KEKSALARDA YARA KASALLIGINING O'ZIGA HOS KLINIK KECHISH XUSUSIYATLARI



## ANNOTATSIYA

Maqolada Xorazm viloyatida yashovchi keksalarda yara kasalligining klinik kechish xususiyatlari o'rganildi. Tadqiqotda 60 yoshdan oshgan va oshqozon va o'n ikki barmoqli ichak yarasi tashxisi qo'yilgan bemorlar ishtirok etadi. Kasallikning asosiy klinik ko'rinishlari, xurujlar tez-tezligi, asoratlar mavjudligi va davolash samaradorligi tahlil qilinadi. Mintaqaviy omillar, masalan, iqlim sharoiti va ovqatlanish odatlari, kasallikning rivojlanishi va kechishiga ta'siri alohida e'tibor qaratiladi. Tadqiqot natijalari ushbu hududdagi keksalardagi yara kasalligini davolashda diagnostik va terapevtik yondashuvlarni yaxshilash uchun foydalanilishi mumkin.

**Kalit so'zlar:** yara kasalligi, keksalar, Xorazm viloyati, klinik ko'rinishlar, xurujlar, asoratlar, davolash.

**Абдуллаев Равшанбек Бабажонович,**

Д.м.н., профессор кафедры внутренних болезней,  
реабилитологи, народной медицины Ургенчского филиала

Ташкентской медицинской академии

E-mail.: rabdullaev2007@mail.ru

**Бахтиярова Азиза Максудбековна,**

Студентка Ургенчского филиала

Ташкентской медицинской академии

E-mail.: aziza.baxtiyarova@icloud.com

## ОСОБЕННОСТИ КЛИНИЧЕСКОГО ТЕЧЕНИЯ ЯЗВЕННОЙ БОЛЕЗНИ У ЛИЦ СТАРЧЕСКОГО ВОЗРАСТА ПРОЖИВАЮЩИХ В ХОРЕЗМСКОМ ВИЛОЯТЕ

## АННОТАЦИЯ

В статье рассматриваются особенности клинического течения язвенной болезни у пожилых людей, проживающих в Хорезмской области. В исследовании участвуют пациенты старше 60 лет, у которых диагностирована язвенная болезнь желудка и двенадцатиперстной кишки. Анализируются основные клинические проявления заболевания, частота обострений, наличие осложнений и эффективность проводимого лечения. Отдельное внимание уделяется влиянию региональных факторов, таких как климатические условия и особенности питания, на развитие и течение заболевания. Результаты исследования могут быть использованы для улучшения диагностических и терапевтических подходов в лечении язвенной болезни у пожилых пациентов данной области.

**Ключевые слова:** язвенная болезнь, пожилые люди, Хорезмская область, клинические проявления, обострения, осложнения, лечение.

## INTRODUCTION.

In recent years, along with the increase in the number of elderly people among the population, the incidence of peptic and duodenal ulcers is increasing among people aged 60 and older. Many scientists believe that the pathogenetic mechanisms of ulcer formation in the elderly and elderly - trophic disorders, regional hypoxia, the decrease in the regenerative properties of the mucous membrane of the gastroduodenal zone are more pronounced and ensure a sharp course of the disease. Based on this, the purpose of our scientific work was to study the occurrence of ulcer disease in the elderly and elderly living in Khorezm region. Peptic ulcer disease (PUD) remains a prevalent and challenging health issue, particularly among the elderly population. The physiological changes associated with aging, coupled with comorbid conditions and polypharmacy, heighten the risk and complexity of PUD in older adults. In the Khorezm region, a unique interplay of environmental, dietary, and socioeconomic factors may influence the incidence and clinical characteristics of PUD among its elderly residents. This article aims to comprehensively examine the clinical presentation, risk factors, diagnostic approaches, and treatment outcomes of PUD in this specific demographic.

Understanding the regional prevalence and characteristics of PUD is crucial, as it informs local healthcare strategies and resource allocation. Factors such as *Helicobacter pylori* infection rates, the use of nonsteroidal anti-inflammatory drugs (NSAIDs), and the impact of traditional dietary practices are particularly relevant in the Khorezm region. Furthermore, the study investigates the role of comorbidities such as cardiovascular disease and diabetes, which are prevalent in the elderly and may complicate the management of PUD.

This article also addresses the diagnostic challenges and therapeutic approaches tailored to the elderly population, considering their altered pharmacokinetics and the potential for adverse drug reactions. By analyzing data specific to Khorezm, including hospitalization rates, morbidity, and mortality associated with PUD, this study aims to provide a nuanced understanding of the disease's impact on elderly residents. Ultimately, the goal is to enhance clinical outcomes through improved diagnostic accuracy, personalized treatment plans, and effective prevention strategies, thereby improving the quality of life for elderly individuals in the Khorezm region.

### **MATERIAL AND METHODS.**

This study involved a comprehensive analysis of a large cohort of individuals from the Khorezm region, encompassing both urban and rural areas. Prior to the commencement of the research, a total population of 244,360 people was identified based on data from citizens' assemblies and medical institutions across various cities and districts within the region. Utilizing a cellular typology method, a representative random sample comprising 20% of the entire adult population was selected. This amounted to 48,872 individuals, ensuring a statistically significant sample size for robust analysis.

Out of the 48,872 individuals selected for the study, we successfully examined 76.5%, resulting in a final sample size of 37,387 participants. Among these, 2,991 individuals (8% of the studied population) were diagnosed with gastric and duodenal ulcers. To categorize the patients by age, we followed the Johnson Health Organization's guidelines, which classify the age groups as follows: elderly men (61-74 years), elderly women (56-74 years), senior citizens (both men and women, 75-90 years), and long-lived individuals (91 years and older). Notably, no individuals from the long-lived category were encountered in our observations.

### **RESULTS AND DISCUSSIONS.**

The analysis revealed that all elderly individuals examined had a chronic course of ulcer disease, with the acute phase being practically absent. The duration of the disease was a significant factor; 67.5% of men aged 61-74 had been suffering from the condition for more than five years, and approximately one-third of these men had experienced the disease for over ten years. In contrast, only 5.5% of the elderly population had a disease duration of less than one year, which we categorized as "carious lesions."

Similar patterns were observed among elderly women aged 56-74. When examining the frequency of disease relapses within a single year, 69.5% of patients experienced two recurrences, indicating a high tendency for the disease to flare up periodically. Conversely, 20.5% of patients reported only a single relapse per year, suggesting a more stable progression of the disease. A significant portion of the cohort (88.0%) had undergone multiple treatments, underscoring the recurrent nature of gastric and duodenal ulcers in the elderly population.

Preventive treatment uptake was notably low, with 70.0% of the examined individuals not engaging in any form of preventive measures. This finding is understandable given that elderly men and women suffering from ulcer disease have likely shared similar living conditions and environmental factors over many years, contributing to their condition.

Complications arising from ulcer disease were also thoroughly investigated. Stenosis emerged as the most prevalent complication, affecting 61.4% of the population. Bleeding complications were observed in 20.5% of elderly men. Despite these findings, no significant differences were noted in the prevalence of complications between different demographic groups.

In summary, the study provides a comprehensive overview of the prevalence, duration, and complications associated with gastric and duodenal ulcers in the elderly population of the Khorezm

region. The chronic nature of the disease, high relapse rates, and low preventive treatment uptake highlight the need for targeted healthcare strategies to manage and mitigate the impact of ulcer disease in this demographic.

Comorbidities in the elderly were found in 70.0% of them, including changes in cerebral and peripheral blood vessels in 19%, cardiovascular diseases in 17.5% of patients, other gastroenterological diseases in 22.5%, diseases of the urinary system in 21.7%. 17.6% of nervous system diseases.

If we take into account that 76.5% of examined elderly men and women do not smoke, 83.5% do not smoke cigarettes, and 78.0% do not drink alcohol, the negative impact of these harmful habits is very minimal. However, we believe that the majority of elderly patients neglect their diet (41.0%), as well as the fact that 66.2% of elderly patients do not follow a diet, which negatively affects the course of the disease and causes frequent relapses.

Analyzing the symptoms of patients, it was found that the pain is located in the epigastric area in most cases (63.0%). We did not notice almost any difference in the relationship of pain with nutrition in other studied population groups ( $R > 0.05$ ).

It is noteworthy that the distribution of pain is more common in one place (57.0%), more often in the back (17.5%) and in the left leg (6.0%). The seasonality of pain is expressed by an increase in the number of diseases in spring (64.7%), in summer and winter, this symptom is most common in elderly men - 3.0% and 2.5%, respectively. Such an indicator is also observed in elderly women.

Thus, the pain in both male and female elderly patients with ulcer disease was manifested as pain in the chest, located in the epigastric area and in the right part of the abdomen, often delayed after eating and during hunger. In more than half of the studied patients, pain was observed in one specific place, 93.5% of the elderly showed seasonality, and 44.5% of the examined patients had nerve-related pain. One of the features that attracted our attention is that elderly patients have very weak or general absence of clinical symptoms. This can be seen in the example of Mendel's sign, if in another population group this sign is observed in most cases, it is positive in only 29.0% of elderly patients. In 71.0% it was negative.

The same phenomenon was observed in dyspeptic symptoms. Return. nausea, heartburn appeared in most of the patients after meals (54.9%, 55.0%, 24.0%, respectively). We observed a decrease in appetite in more than half of those examined (53.0%). Symptoms of reflux esophagitis were not found in 75%, dysphagia in 70.5% of patients. If 40% of all examined people had normal bowel function, 19.56% had constipation, 13.0% had diarrhea, 25.0% had alternating constipation and diarrhea, and 38.5% had flatulence. Similar results are observed in elderly female patients. Endoscopic examinations showed that most of the wounds were scarred (54.6%) and incompletely healed (34.2%). Contrary to literature data, large-sized and "giant" wounds were not found in male and female patients living in our region. In 95.0% of patients, the sizes of wounds were 0.5-1.0 cm.

## CONCLUSIONS.

1. Old male and female patients, no convincing fact was observed regarding the duration of the disease, course, number of relapses and complications. We believe that this is the result of the fact that all patients lived in the same etiological, economic-social and climatic-geographic conditions.

2. The ulcer in elderly patients, men and women, the pain was mainly in the epigastric region and the right part of the stomach, and was often manifested as a delayed pain after a meal and during hunger. In more than half of those studied, the pain was clearly observed in one place, seasonality was clearly manifested in 93.5% of the elderly. 44.5% of those examined were observed to be related to the pain. One of the features that attracted our attention was expressed by the very weak or general absence of clinical symptoms in elderly patients. This can be seen on the example of Mendel's sign, if this sign is observed in most cases in other population groups, the difference in elderly patients was positive in 29.0%, and negative in 7.0%.

3. An ulcer elderly patients suffering from dyspeptic disease in men and women, it is interpreted as a characteristic feature of the general absence of small and large-sized ulcers, different from diseases in other regions.

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