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IMPROVING THE QUALITY CONTROL OF TWO TYPES TYPES OF DIABETES BASED ON PEN PROTOCOLS AMONG THE POPULATION*Rakhimova Kh.M., Yuldashova N.E.
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Cardiovascular diseases, oncological diseases, chronic respiratory diseases of the lungs, diabetes mellitus and other non-communicable diseases are the main causes of morbidity and mortality worldwide [10]. They are also included in the list of leading causes of disability.

According to WHO, there are about 57 million people in the world every year. people die, of which 36 million. (63%) of deaths are related to cardiovascular diseases. Approximately 14 million. a person does not live up to 70 years, that is, he dies prematurely. At the same time, according to WHO forecasts, if effective measures are not taken, the mortality rate from infectious diseases worldwide will grow without deviations and will reach almost 75% in 2030 [9].

The socioeconomic consequences of cardiovascular disease affect the quality of life of the patient, his family, as well as the economy, the health care system and society as a whole. 60% of cases of their development are associated with leading risk factors, such as tobacco smoking, alcohol abuse, insufficient consumption of fruits and vegetables, and a sedentary lifestyle [2,4].

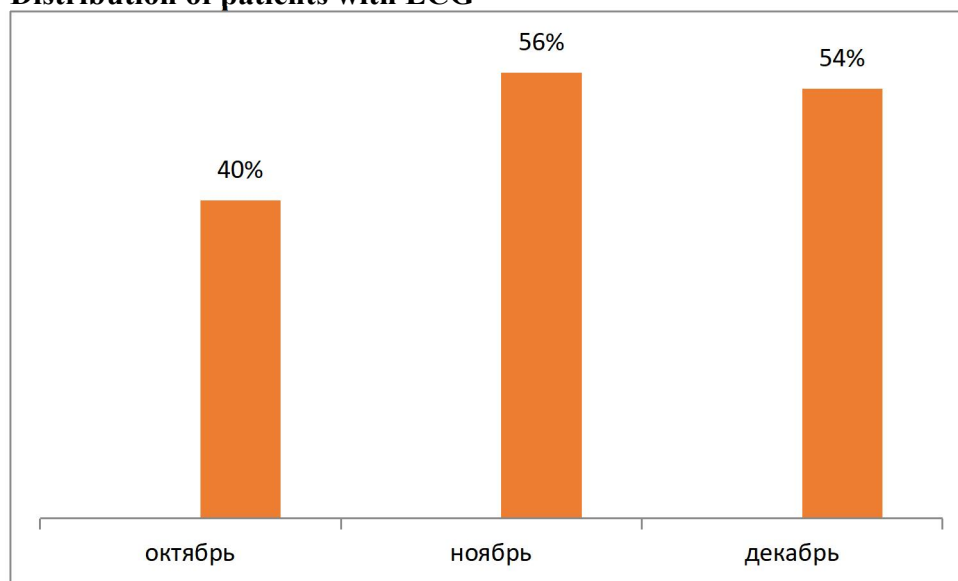
These risk factors lead to the development of conditions such as overweight and obesity, high blood pressure, high blood sugar and cholesterol, which are the causes of their development among the population [6,12]. The results of scientific studies conducted in Uzbekistan have shown that the prevalence of risk factors for the development of non-communicable diseases is constantly growing [5,11]. In the current trend in the prevalence of the above risk factors, there is a high level of premature mortality among the population aged from 2020-2030 to 40-60 years [3,8].

There was no increase in mortality from diabetes, an increase in the number of complications such as myocardial infarction and stroke. The main purpose of using standard drugs is to prevent complications of the same disease, to reduce mortality [1,7].

Purpose: to evaluate the tactics of managing patients with diabetes mellitus based on the introduction of Pen protocols among the population.

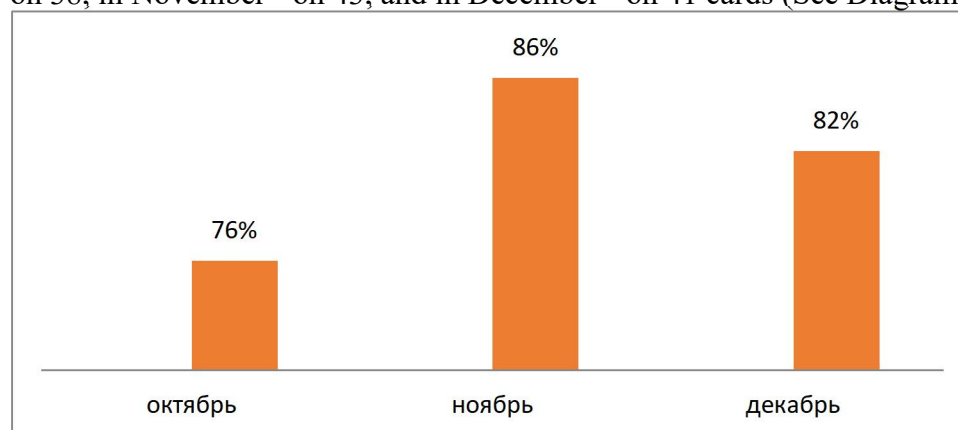
Materials and methods. The inspection was carried out on the territory of the rural medical center (RMC) "Uzbekistan" in the Jomboy district of the Samarkand region among the population aged 40 years and older. In the RMC in 2019, as a result of a medical examination of the population who came to see a doctor, Aniklan patients were admitted. The examination was carried out by 2 doctors and 5 paramedical workers in the Rural medical center (RMC). The work on the examination was carried out retrospectively and cells on tone were used: outpatient card F-025 / U, stat talon-25-g / U, doctor's appointment log, laboratory analysis log

Results. Since October 2019, the implementation of the PEN protocols has begun. According to the plan, within 3 months it is planned to invite more than 50 people over 40 years old to the Rural medical center (RMC) and conduct interrogation and examination, laboratory and instrumental studies according to the clinical protocol. When the results were noticed in January 2020, it turned out that 150 people had been examined in three months, they were sent for a laboratory and instrumental examination, where a consultation was written on outpatient cards. But when checking the reviews, it turned out that there are also disadvantages (see Figure 1).

Distribution of patients with ECG

People who came to the screening on the recommendation of PEN protocols should undergo an ECG appointment, but people who came in October ECG cartridges on phakat 20 tape, those who came in November 28, those who came in December 27. So they either do not have undergone an ECG check or have taken the ECG tapes home with them. Nurses do not control the same process.

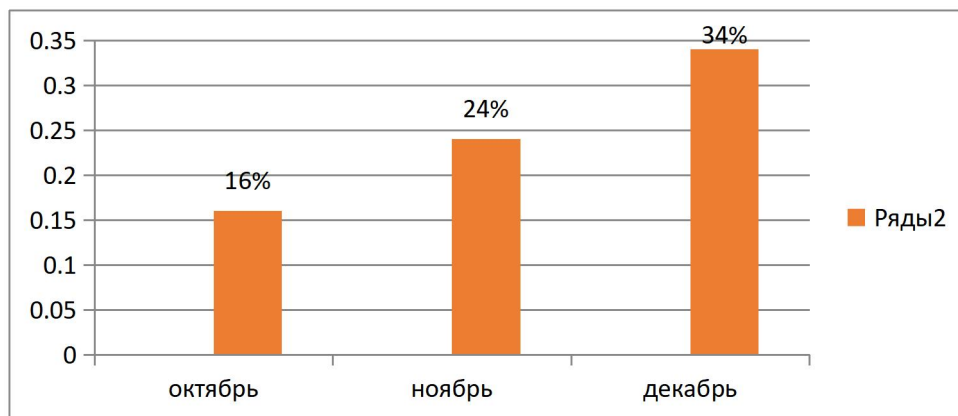
Through the PEN protocol, it is necessary to determine the amount of sugar in the blood in people over 40 years old, there was a recommendation to determine the amount of sugar in outpatient cards, but not on the test table. Sugar taxis from 150 people are found on 122 outpatient cards, in October - on 38, in November - on 43, and in December - on 41 cards (See Diagram 2).

**Distribution of patients with blood sugar levels (%)**

On the recommendation of another protocollar, who determined the amount of cholesterol in the blood in an axol older than 40 years in one of the ksar, this indicator was determined by analyzing very low outpatient records. If there is a chair on the outpatient card on October 8, then on November 12, only on December 17.

(see Diagram 3).

Diagram 3.



Distribution in patients with cholesterol stools in the blood (%)

The next indication is to determine the body mass index by increasing this weight and height. For 3 months, 150 people came to the screening, of which 73 percent were overweight and obese (48.6%). Of these, 12 units revealed 2 types of diabetes mellitus (see Table 1).

Table 1

New patients diagnosed with the second type of diabetes

№	Months	Population	Overweight and obese patients		Patients with the second type of diabetes	
			Quantity	%	Quantity	%
1.	October	50	20	40	3	15
2.	November	50	26	52	4	15,4
3.	December	50	27	54	5	18,5
	Total	150	73	48,6	12	16,4

Discussion:

The introduction of WHO PEN clinical protocols provides for scheduled screening with the invitation of all persons over 40 years old to Rural medical center (RMC)s, the collection of complaints and anamnesis, examination of patients and laboratory and instrumental examinations, which must be fully performed by everyone. At the same time, doctors and nurses must work as a team and constantly monitor patients' visits to the doctor, timely delivery of tests, check the availability of tests in outpatient cards. An audit of the maintenance of outpatient records showed that the screening was carried out according to the plan and in 3 months 150 patients over the age of 40 came to the RMC, the outpatient records contain records of the consultation and recommendations for undergoing laboratory and instrumental examination. It was found that about half of the patients are older than 40 years are overweight or obese and have new cases of the second type of diabetes. These patients were assigned an additional examination and consultation with an endocrinologist to prescribe medication. Some outpatient cards showed a lack of blood tests for cholesterol, sugar and electrocardiograms. It is recommended that medical personnel, especially nurses, review all outpatient records and refer patients for blood tests and ECG.

Thus, routine screening made it possible to quickly identify individuals with risk factors, and among them patients with diabetes mellitus. Timely treatment of them will prevent the development of complications and reduce the percentage of premature mortality.

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