

**REHABILITATION OF ELDERLY AND ELDERLY PATIENTS IN THE  
CONDITIONS OF SANATORIUM-RESORT INSTITUTIONS**

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***Resume:*** According to numerous literary sources, it is known that the adaptive capabilities of an aging organism are reduced, and the likelihood of developing various diseases is higher. In this regard, the role of sanogenetic mechanisms, their stimulation and maintenance, is especially important in the case of the development of diseases in elderly and elderly patients.

***Keywords:*** elderly and senile age, rehabilitation, features of rehabilitation measures, diet therapy.

Rehabilitation measures are focused on processes occurring in parallel with damage, which are protective and compensatory in nature and are called sanogenetic. It is in sanatorium conditions that it is possible to implement the principle of complex effects on the body of an elderly person, taking into account the sanogenetic features of a therapeutic disease. The possibility of applying various optimal motor modes makes this stage especially valuable, and it is impossible to adequately replace it in other conditions. The article describes the features of rehabilitation of patients of the "silver age". Currently, the number of elderly and senile people around the world is constantly increasing [2,8]. Every individual over the age of 60 needs not only professional medical treatment, but also preventive gerontological care, which in turn provides rehabilitation for the elderly [4,7]. The main task when working with the elderly, according to the World Health Organization (WHO), declared in the program "Decade of Healthy Aging 2020-2030" is to ensure healthy aging.

The main point is that "healthy aging" does not mean aging without diseases, "healthy aging" can be accompanied by a variety of diseases. Based on this, the



environment surrounding a person becomes particularly important, since with a favorable environment, the functionality of a person who does not feel the difference from a healthy one increases [1,6,9]. Modern gerontological care should be based on assessment, comparison and work with three main components: the status of an elderly person, the environment and the functionality of the elderly and the elderly. Status refers to the state of health, the environment is the external conditions in which an elderly person finds himself. Functionality is understood as the possibility of an active life in the presence of diseases by creating a favorable and comfortable environment. Summarizing all this, from a modern point of view, "healthy aging" is the provision of general functionality [1,5].

The elderly patient becomes the main object of the rehabilitation program, which equally involves a number of specialists (a geriatrician trained in medical rehabilitation, family doctors, clinical psychologists, and psychotherapists). Geriatric rehabilitation should solve the following tasks:

- 1) to raise the level of physical performance of the elderly;
- 2) improve their health score;
- 3) increasing the physical and mental activity of the aging generation;
- 4) slowing down the aging process;
- 5) Disease prevention;
- 6) increase in life expectancy.

Elderly and senile people tend to have not one, but several diseases. In women over 60 years of age, the average number of diagnosed diseases exceeds 5 nosological forms, and in men - four. These diseases are often pathogenetically related and have a common cause – a violation of the central mechanisms of regulation of functions.

Elderly people are characterized by significant deviations from the classical picture of diseases – smoothness of clinical manifestations, areactivity and atypicality. At the same time, the severity of the symptoms of the disease often does not correspond to the severity of the damage to the body. Elderly people often show a tendency to a slow increase in pathological processes, which causes the latent course of diseases, their widespread asymptotism, prolonged nature and chronic course.



In elderly patients, almost all therapeutic physical factors can be used, with the exception of generally accepted contraindications. At the same time, age-related multiform changes and clinical features of the diseases characteristic of such patients necessitate compliance with a number of general principles and features of physical methods of treatment and physioprophylaxis in patients of older age groups. Due to the multiplicity of diseases of the elderly and the close relationship of the skin with the condition of internal organs, it is necessary to identify the underlying and concomitant diseases and use a syndrome-pathogenetic approach to the appointment of therapeutic physical factors. The prescribed factors should be effective not only for the main, but also for concomitant diseases.

Taking into account the underlying disease, especially in patients at risk of developing malnourishment syndrome or sarcopenia syndrome, in all elderly and senile patients, the use of diet therapy is a mandatory section of sanatorium-resort rehabilitation. In relation to elderly and senile people, as well as to people with a high risk of premature aging, the requirements for gerontodietology formed the practical basis for nutrition of older people, approved by WHO in 1988 [3,6,11].

These are the principles:

- 1) the correspondence of the energy value of the diet to the actual energy consumption of the body;
- 2) preventive nutrition orientation;
- 3) compliance of the chemical composition of the diet with age-related changes in metabolism and functions of organs and systems;
- 4) a variety of food packages to ensure a balanced diet of all essential nutrients;
- 5) the use of foods and dishes that are easily digestible in combination with foods that moderately stimulate the secretory and motor functions of the digestive system and normalize the composition of the intestinal microflora.;
- 6) a proper diet with a more even distribution of food into individual meals compared to a young age;





7) individualization of nutrition, taking into account the peculiarities of metabolism and the state of individual organs and systems in specific elderly and elderly people and long-term eating habits.

The theory of adequate nutrition, as the scientific foundation for the promising development of modern dietetics, attaches great importance to the physiological role of obligate intestinal microflora [8,9,10]. Numerous studies have proven the indispensable role of normal intestinal microbiocenosis in the functioning of many life support systems of the body, including the viability of adaptive and compensatory mechanisms and the activity of physiological processes to counteract premature aging [8]. That is why modern gerontodietology sees the need to provide the elderly with a sufficient amount of dietary fiber (cellulose, hemicellulose, pectin, lignin, etc.) as an indispensable condition for maintaining the physiological balance of the intestinal microflora. Dietary fiber is an integral component of the healthy diet of an elderly person, performing a wide range of functional tasks, the most important of which are:

- creation of optimal conditions for intestinal endoecology;
- normalization of the gastrointestinal tract;
- increased mass of the muscle layer of the gastrointestinal tract;
- activation of gastrointestinal motility;
- activation of digestion and absorption in the intestine;
- increased pressure in the cavities of the gastrointestinal tract;
- participation in water-electrolyte metabolism;
- enterosorption.

When using diet therapy, the basic principles of rational nutrition in elderly and senile patients should be observed [4,8,12]:

- patients with body weight deficiency, with malnourishment syndrome or at risk of developing malnourishment syndrome and sarcopenia may need to take nutritional supplements during rehabilitation;

- in order to form an optimal balanced diet for patients of the older age groups, it is necessary to form a proper diet and "correct" eating habits, observing the optimal ratio of proteins, fats and carbohydrates in the daily diet.;



- additional intake of vitamins and mineral elements is recommended: 5-6 meals a day should be followed, patients are recommended to consume 3-5 types of vegetables and 3-4 types of fruits per day (approximately 400 g/day);

The diet should contain no more than 20% protein foods (chicken, fish, meat, legumes, dairy, more often fermented milk products); contraindications (CHF, renal pathology) should be taken into account. The polyethological aging process dictates the need for comprehensive treatment with physical factors. However, due to their reduced adaptation reserves, combinations of no more than two physical factors, mainly general and local, should be used. Age-related changes and features of the course of diseases characteristic of the elderly and senile lead to the need to observe a number of precautions and conditions when using physical treatment methods in complex treatment [7, 9, 12]:

1) in elderly and senile patients, physiotherapy procedures should be carried out using gentle methods, especially at the beginning of the course of treatment, using low-intensity therapeutic physical factors; high-intensity and exercise methods should have absolute indications, and their implementation should be more carefully monitored by a doctor;

2) due to reduced reserve capabilities in the elderly and senile, no more than two therapeutic physical factors should be used, and mainly according to the alternating method;

3) due to the predominance of therapeutic physical factors of stimulating action, when used in geriatric practice, a physiotherapist should show increased oncological alertness, as well as detect minimal manifestations of a balneological reaction.;

4) in geriatric practice, physical factors of more physiological and local action are more often used (direct and pulsed currents, local anesthesia and ultrasonotherapy, ultrasound, chamber baths, etc.); physical factors of general action and with a pronounced thermal effect, as well as ultraviolet irradiation in elderly patients should be used more carefully;



5) after physiotherapy procedures, patients of the older age groups should rest for a longer time – up to 1 – 1.5 hours;

6) in geriatric practice, the following recommendations should be followed in relation to individual therapeutic physical factors and methods: - the dose of medicines during inhalation therapy is reduced by 2-3 times; - in elderly patients, especially when there are adhesions and fibrosis phenomena, UHF therapy should be carried out in short (up to 3-6 procedures) courses; - during galvanization and medicinal electrophoresis, it is necessary to carefully monitor the condition of the skin in the area of exposure, use 1 – 1.5 cm thick electrode pads, and after the procedures lubricate the skin at the electrode fixation sites with baby cream or glycerin diluted with water; - sinusoidal modulated and interference currents are preferred from pulse currents in geriatrics, and from microwaves – decimeter; the use of inductothermia, which often causes an increase in blood clotting and a decrease in myocardial contractility, in elderly patients, in geriatrics should be limited; - electroconotherapy is prescribed at a low pulse current frequency, which is selected strictly individually; - mitigated methods of exposure, electroplating and electrophoresis of mud solutions are preferred from mud treatment procedures; - baths are prescribed for shorter duration and in lower concentrations, more often in the form of half baths and chamber baths, two days in a row with a break for the third; an elderly patient should immerse himself in the bath and rise from it slowly, gradually; patients over 60 years of age should be prescribed sulfide and carbon dioxide baths with caution; it is not recommended to prescribe baths against the background of anticoagulant therapy; - when prescribing massage to elderly patients, preference is given to effects on reflexogenic zones, as well as acupuncture; when conducting massage, avoid rough massage movements, use ointments and creams, and the room temperature should be about 25 °C.; - It is recommended that elderly patients empty their bladder before undergoing prolonged physiotherapy. Kinesotherapy and physical therapy play a leading role in the rehabilitation of elderly and senile patients. At the same time, the amount of physical therapy depends on the nature of the disease and is divided into general and special. The role of kinesotherapy is both to correct specific motor disorders and to reduce the adverse effects of physical inactivity in





general. The mechanism of the therapeutic effect of physical exercises is associated with a variety of complex mental, physiological and mental processes occurring in the body during physical therapy. The effect of kinesotherapy on the psyche is characterized by an increase in mood, distraction of thoughts from the disease, which is also important and has a positive effect on everyday and social readaptation [5, 11]. Exercise tolerance, strength and endurance of muscles decrease significantly with age, however, a decrease in functional capabilities in patients of older age groups is associated not only with the aging process, but also largely with insufficient activity of patients. That is why constant training of the musculoskeletal system is necessary in order to avoid the rapid extinction of the functional capabilities of the musculoskeletal system.

Features of physical therapy in the elderly and senile age [5, 10]:

- the loads should be lower than in middle-aged and young patients;
- exercises of low and medium intensity are used, with a sufficiently wide range of motion, they are performed smoothly;
- pay attention to the development and setting of proper breathing;
- the principle of gradualness is strictly observed, pauses for rest are increased;
- exercises with sharp turns and rotation of the head, elements of straining and holding the breath, tilting the head and tilting the body upside down are excluded;
  - exclude or limit exercises for strength, speed, and agility; at the first signs of fatigue, physical activity is immediately stopped;
  - the selection, volume and method of application of exercises should be such as to make patients feel satisfied and willing to continue their studies.;
  - special physical therapy (directed action) is used in patients with diseases such as osteoarthritis of the joints of the lower extremities, in patients after surgery on the abdominal organs (in order to prevent adhesions).

Modern and high-quality implementation of rehabilitation measures for older age groups will help to avoid socially conditioned hospitalization, unjustifiably long stay in a medical institution, and relocation from ordinary housing to social institutions [5, 6].

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