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FEATURES OF PHARMACOTHERAPY IN ELDERLY AND SENILE PATIENTS

Alisher Kamilovich Ochilov *PhD Associate Professor*
Bukhara State Medical Institute,
Bukhara, Uzbekistan.

Resume: *Maintaining relatively good health for people aged 75 and over is a priority for independent and active participation in family and community life. Health promotion and disease prevention measures can prevent or delay the emergence of non-communicable and chronic diseases. In order to provide adequate care to the elderly, it is very important to train competent medical professionals and society, such as training healthcare professionals to help elderly patients, preventing and managing chronic diseases, developing sustainable long-term care strategies, and creating services and environments with favorable conditions for this patient population.*

Keywords: *aging, quality of life, elderly patients, geriatric service.*

Relevance. The impact of population ageing is becoming more and more obvious. Due to the steady increase in the need to allocate resources for the care of the elderly, public health measures are needed to manage their specific diseases. Further understanding of the mortality risk factors of the elderly at different levels of care will enable patients, families, and interdisciplinary groups to better plan therapeutic approaches and allocate available resources more effectively. Elderly and senile patients are one of the most difficult groups in medical practice. The main aggravating factors are: the presence of multiple diseases, the rapid onset of decompensation of the condition, a high incidence of complications, and the need for long-term rehabilitation [1,5,10]. Polymorbidity, decreased performance, physical and mental activity, and a low level of quality of life all accompany the aging process and manifest themselves in one way or another in every elderly person [2,3,9]. The presence of multiple diseases in elderly and senile patients leads to a complex combination of symptoms, hiding

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typical diagnostic signs and worsening of the underlying pathology. The above-mentioned difficulties in making a correct diagnosis against the background of many diseases can cause professional errors. All this requires a more detailed approach to decision-making when making the main diagnosis and prescribing rational therapy with the involvement of the necessary specialists [3,9,12].

The goals of treating patients of different age categories have their own characteristics. The treatment of patients in this category requires a special approach, which is due to the reduced function of the body and the limitation of its physiological adaptive capabilities [1,4]. The goal of treatment should not be to maximize recovery of impaired functions, but to reduce severe symptoms without iatrogenic effects on the body [3,5]. Massive drug therapy of diseases in this cohort of patients often causes more undesirable effects than the disease itself [6]. In the treatment of young patients, it is planned to treat the underlying disease with maximum restoration of impaired functions, and in patients over the age of 70— reduce the severity of symptoms of the disease and compensate for impaired functions. The main guideline should be the preservation and improvement of the quality of life, which is the main strategic objective of geriatrics [5,7,11,14].

Based on the above, the term "quality of life" is becoming increasingly important and is used in the formation of a humanistic social environment, to solve its problems due to the need for human adaptation to living conditions with aging, the appearance and progression of diseases peculiar to this age [8,9]. Quality of life is an integral characteristic that ensures the physical, social and psychological functioning of the patient. The concept of quality of life includes at least four different, interdependent areas: physical (a set of manifestations of health and/or illness); functional (a person's ability to carry out activities that meet their needs, ambitions and social role); emotional; social status (the level of social and family activity, including attitudes towards social support, maintaining daily activity, working capacity, family responsibilities and relationships with family members, sexuality, communication skills with other people) [9, 13]. The concept of quality of life is closely related to the definition of health given by the World Health Organization (WHO): "Health is a state

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of complete physical, social and mental well—being of a person, and not just the absence of disease" [10, 14].

Functional dependence is a common condition that affects almost 12% of people aged 75 and older every year. The functional health model proposed by WHO provides a useful theoretical framework and is a tool that measures functional autonomy. The functional System for measuring autonomy [SMAF] is a comprehensive scale consisting of 29 points [11] in accordance with the WHO classification of disability [12], it measures functionality in 5 areas:

- ADL (nutrition, washing, dressing, hair care, urination and bowel function, toilet use);
- mobility (transfers, walking inside and outside, putting on a prosthesis, moving in a wheelchair, moving up stairs);
- communication (vision, hearing, speech);
- mental functions (memory, orientation, understanding, judgment, behavior);
- IADL (housekeeping, cooking, shopping, laundry, phone use, transportation, medication use, budget).

SMAF is a rating scale that measures actual performance. Testing should be conducted with the help of trained medical professionals who evaluate the person after receiving the information, either by interviewing individuals and trusted individuals or by observing or testing the person.

Functional decline syndrome, in which functional autonomy is reduced or lost, can occur as an acute condition that requires urgent medical attention. The subacute form is a more insidious condition in which the patient requires a comprehensive assessment and rehabilitation program. According to research, a functional decline in the general condition of the elderly occurs every year in almost 12% of those over 75 years of age, a functional decline in the general condition also reduces the quality of life and is responsible for a significant part of the costs of the healthcare system. Approximately one third of those affected regain their lost autonomy, which makes traditional defeatist attitudes to this issue untenable and justifies assessment, treatment and rehabilitation programs that are already available or should be available. A

preventive approach based on screening of people at risk, early interventions according to indications, should prevent or slow down the onset of functional decline or reduce its consequences. Effective strategies for the prevention or rehabilitation of functional decline will help reduce the incidence and severity of disability and shorten the period of dependence. These are absolute prerequisites for controlling social security costs and, most importantly, achieving an independent and healthier old age [12]. Various measures can be taken to prevent, slow down, or compensate for the process of functional decline. Primary prevention is carried out through individual or collective efforts aimed at the patient himself (e.g. nutrition and physical activity) or his material and social resources (e.g. preparation for retirement).

Secondary prevention includes screening of individuals at risk of functional decline to allow earlier intervention before a decline begins. This screening process can be carried out during a doctor's appointment (for example, when an elderly person consults a doctor, visits an emergency room, or receives home care services) or by universal methods in the field of public health (for example, through a questionnaire) [14]. Geriatric assessment and rehabilitation services act as a tertiary link by reducing the effects of functional decline. These geriatric interventions are aimed at correcting disorders, rehabilitating individuals, and mobilizing social and material resources. A special feature of age—related patients is that with most diseases at this age, on the one hand, they cannot fully recover, on the other hand, they desire a full-fledged life, of a sufficiently high quality. To compensate for the violated interference with a longer rehabilitation period. The course of diseases against the background of organic and functional changes in organs and systems that occur during aging, the presence of concomitant pathology with an atypical clinical picture, complicate therapeutic and diagnostic processes. Many authors argue for the need for a special approach to geriatric patients, whose main goal of treatment should be to preserve and improve the quality of life. Conclusion. Maintaining relatively good health among the elderly is a priority for independent and active participation in family and community life. Health promotion and disease prevention measures can prevent or delay the emergence of non-communicable and chronic diseases. These diseases need to be detected and treated at

an early stage to minimize the consequences, and patients with complicated diseases require appropriate long-term care and support services. In order to provide adequate care to the elderly, it is very important to train competent medical professionals and society in areas such as training healthcare professionals to help elderly patients.; prevention and management of chronic diseases, the development of sustainable long-term care strategies, as well as the creation of services and an environment with favorable conditions for this patient population.

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