



MEASURES TO PREVENT THE DEVELOPMENT OF DRUG RESISTANCE IN TUBERCULOSIS PATIENTS AT THE OUTPATIENT STAGE OF TREATMENT

G.I.Sultonov

*Assistant of the Department of phthisiatry
Andijan State Medical Institute, Andijan, Uzbekistan*

Anotatsion: By applying these measures, healthcare professionals can significantly reduce the risk of drug resistance in TB patients on an outpatient basis. The key to preventing drug resistance is to follow a treatment regimen, monitor progress, and make adjustments if necessary to treat complications or drug resistance. These actions should be part of a coordinated, patient-centered approach to TB treatment.

Keywords. Human immunodeficiency virus, World Health Organization, medical and labor expert commission, preschool institutions, metered-dose inhaler, children's educational institutions.

Relevance. In 2018, at the WHO Assembly, tuberculosis was recognized as a disease that claims a large number of human lives. One of the important factors of treatment ineffectiveness is the identification of extensive destructive processes with bacterial release, which often leads to the development of drug resistance. Thus, according to N.G. Mystikova (2019), the WHO European Region has the highest incidence rate of tuberculosis with multidrug resistance to rifampicin (MDR/PP-TB) at 14 cases per 100,000 population. Numerous studies by domestic and foreign authors have been devoted to the issue of drug resistance of *Mycobacterium tuberculosis* [1-3,7,8]. In the Republic of Uzbekistan, one of the urgent problems of phthisiology is the increase in cases of drug-resistant tuberculosis [5,6]. The current epidemiological situation of tuberculosis incidence worldwide is characterized by the spread of multidrug-resistant (MDR) and extensively drug-resistant (XDR) tuberculosis pathogens, which reduces the effectiveness of treatment and increases mortality from this infection. The risk groups for the formation of drug-resistant tuberculosis are patients who violate the treatment regimen and interrupt the main course of treatment on their own, or due to allergic or toxic complications; alcohol abusers, narcotic drugs; persons in contact with tuberculosis patients who secrete drug-resistant MBT [4]. In addition to the above factors, it should be noted that the control of chemotherapy is carried out in a polyclinic, where a nurse monitors the intake of drugs. More than once, during the supervision of polyclinics, especially in rural areas, we came across the fact that the nurse dispensed medicines to the patient for 1-2 weeks. Such a gross violation can lead to the patient not taking medications, and often, this patient can become a source of spread of drug-resistant tuberculosis among a healthy population.

The purpose of the study. The aim was to study the frequency of detection of primary drug resistance within one year, according to the Andijan Tuberculosis dispensary.

Materials and methods of research. During 2019, 1,604 patients were admitted to the hospital, of which 1,146 patients tested on the GeneXpertRif device showed sensitivity to first-line drugs, 220 patients showed multidrug resistance, and 63 patients in the reference laboratory showed broad drug resistance.

The results of the study and their discussion. Of the 1,604 patients, 1,266 (78.9%) were patients who had been diagnosed with tuberculosis for the first time and had never previously received TB treatment, 338 (22.1%) patients were registered at an TB dispensary. Of the 220 (13.7%) patients with multiple resistance,

119 were chronically ill for the first time, 101 were chronically ill. An alarming fact is that 54% of patients with multiple drug resistance are patients who became ill for the first time (i.e., patients who had not previously received anti-tuberculosis drugs and who became infected from poorly treated patients). Of this group, 96 had a history of contacts with sick relatives (father, mother, brother, sister, grandfather, grandmother), that is, close family contact. This fact indicates that a violation of controlled outpatient treatment can lead to the development of drug resistance and spread among contact persons. 63 patients showed widespread drug resistance (1 patient was newly ill, had not previously taken drugs, 62 patients were registered, these patients did not tolerate drugs well, and therefore stopped taking drugs on their own, which led to the formation of widespread drug resistance). The students of the scientific circle of the department, together with the teachers, have developed a timer box that allows once a day to dispense drugs for outpatient use. An attempt to re-dispense the drug causes the box to break. This approach will allow you to prevent the delivery of drugs to the patient for several days. And it will ensure daily medication intake under the supervision of a medical officer. Thus, regular monitoring and careful medication intake will help to increase the effectiveness of treatment and prevent the formation of drug resistance.

Conclusion. To prevent the formation of multiple and widespread drug resistance, and to increase the effectiveness of treatment, it is necessary to find ways to improve the quality of controlled outpatient treatment in polyclinics.

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