

SEMIZLIK VA METABOLİK SINDROMDA BIOİMPEDANS ANALIZATORINI O'RGANISH VA NATIJALARNI TAHLIL QILISH

1. Najmutdinova D.K. 2. Xurramiy H.R.

Toshkent tibbiyot akademiyasi, Toshkent, O'zbekiston

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Tadqiqot maqsadi. Semizlik bilan kasallangan bemorlarning tana vazn indexiga baho berish. Bioimpedans analizatori orqali semiz va metabolik sindromi bor bemorlarni tekshirib, ko'rsatkichlar ustida ishlash va solishtirish. Metabolik sindromning belgilari o'zgarishini tahlil qilish. Semizlikka turmush tarzini qay darajada ahamiyatli ekanini o'rganish. Sog'lom ovqatlanish va faol hayot tarzini shu bemorlarda qo'llab natijalarni solishtirish.

Materiallar va usullar. Toshkent Tibbiyot Akademiyasi 2-klinikasi klinikasida qandli diabet II tip bilan og'rigan 30 ta bemor olindi. Ulardan 18 tasi ayol, 12 tasi erkak bo'lib 22 yoshdan 60 yoshgacha, o'rtacha yoshi $43,2 \pm 0,5$ yosh. Bemorlarda davo choralaridan, sog'lom turmush tarziga o'tib kunida 10000 qadam sistemasida faol hayotga o'tgandan so'ng dinamikada tana vazn indexi (TVI), laborator tekshituvlardan qonda glyukoza, lipid spektri, HOMA-IR, glikirlangan gemoglobin tekshirildi.

Tadqiqot natijalari shuni ko'rsatadiki, sog'lom turmush tarziga o'tishidan oldin va sog'lom turmush tarziga o'tgandan keyin bemorlarning hayot sifati sezilarli yaxshilandi. Tana vazn indexi davodan oldin 41 va davodan so'ng 35. Och qoringa glyukoza miqdori operatsiyadan oldin $9,2 \pm 0,2$, operatsiyadan keyin $5,4 \pm 0,3$. Lipid aterogenligi operatsiyadan oldin 3,1, davodan keyin 2,7. Glikirlangan gemoglobin davodan oldin 10,6, davodan keyin 7,1. Davodan oldin 12 ta (60%) bemorda tungi apnoe holati kuzatilgan, davodan keyin 7 ta (35%) bemorda kuzatildi. Sog'lom turmush tarzi va faol hayot tarziga o'tgandan keyin bemorlarda 100% yaxshilanish kuzatildi. Asoratlari yo'q. Natijalar Bioimpedans orqali tekshirilganda teri ostidagi yog', visseral yog' va TVI pasaygan, tanadagi va hujayralararo suv miqdori normaga kelgan, mushak miqdori ko'paygan, moddalar almashinuvidan chiqqan kkal miqdori kamaygan u esa o'z o'rnida bemorning sog'ayishiga va tanada yog' zahirasi kamayishiga olib kelgan.

Xulosa. Kuzatuv va tahlillarga asoslanib turmush tarzini faol hayot bilan almashtirib, to'g'ri ovqatlanish qoidalariga rioya qilgan bemorlarda semizlik darajasi va metabolik sindrom alomatlari kamaydi. Asoratlari va bemorlarning laborator natijalarini solishtirganda davodan keyingi bemorlarning hayot sifati sezilarli darajada yaxshilandi.

References:

1. Fenske W, Alolio B. Clinical review: Current state and future perspectives in the diagnosis of diabetes insipidus: a clinical review. J Clin Endocrinol Metab. 2012 Oct;97(10):3426-37. [PubMed]
2. Grace M, Balachandran V, Preethy. Menon S. Idiopathic central diabetes Insipidus. Indian J Med Sci. 2011 Oct;65(10):452-5. [PubMed]

- 3.Kalra S, Zargar AH, Jain SM, Sethi B, Chowdhury S, Singh AK, Thomas N, Unnikrishnan AG, Thakkar PB, Malve H. Diabetes insipidus: The other diabetes. *Indian J Endocrinol Metab.* 2016 Jan-Feb;20(1):9-21. [PMC free article] [PubMed]
- 4.Kimmel DW, O'Neill BP. Systemic cancer presenting as diabetes insipidus. Clinical and radiographic features of 11 patients with a review of metastatic-induced diabetes insipidus. *Cancer.* 1983 Dec 15;52(12):2355-8. [PubMed]
- 5.Maghnie M, Cosi G, Genovese E, Manca-Bitti ML, Cohen A, Zecca S, Tinelli C, Gallucci M, Bernasconi S, Boscherini B, Severi F, Aricò M. Central diabetes insipidus in children and young adults. *N Engl J Med.* 2000 Oct 05;343(14):998-1007. [PubMed]
- 6.Imura H, Nakao K, Shimatsu A, Ogawa Y, Sando T, Fujisawa I, Yamabe H. Lymphocytic infundibuloneurohypophysitis as a cause of central diabetes insipidus. *N Engl J Med.* 1993 Sep 02;329(10):683-9. [PubMed]
- 7.De Bellis A, Colao A, Di Salle F, Muccitelli VI, Iorio S, Perrino S, Pivonello R, Coronella C, Bizzarro A, Lombardi G, Bellastella A. A longitudinal study of vasopressin cell antibodies, posterior pituitary function, and magnetic resonance imaging evaluations in subclinical autoimmune central diabetes insipidus. *J Clin Endocrinol Metab.* 1999 Sep;84(9):3047-51. [PubMed]
- 8.Pivonello R, De Bellis A, Faggiano A, Di Salle F, Petretta M, Di Somma C, Perrino S, Altucci P, Bizzarro A, Bellastella A, Lombardi G, Colao A. Central diabetes insipidus and autoimmunity: relationship between the occurrence of antibodies to arginine vasopressin-secreting cells and clinical, immunological, and radiological features in a large cohort of patients with central diabetes insipidus of known and unknown etiology. *J Clin Endocrinol Metab.* 2003 Apr;88(4):1629-36. [PubMed]
- 9.Iwama S, Sugimura Y, Kiyota A, Kato T, Enomoto A, Suzuki H, Iwata N, Takeuchi S, Nakashima K, Takagi H, Izumida H, Ochiai H, Fujisawa H, Suga H, Arima H, Shimoyama Y, Takahashi M, Nishioka H, Ishikawa SE, Shimatsu A, Caturegli P, Oiso Y. Rabphilin-3A as a Targeted Autoantigen in Lymphocytic Infundibulo-neurohypophysitis. *J Clin Endocrinol Metab.* 2015 Jul;100(7):E94654. [PMC free article] [PubMed]
- 10.Johnston PC, Chew LS, Hamrahian AH, Kennedy L. Lymphocytic infundibulo-neurohypophysitis: a clinical overview. *Endocrine.* 2015 Dec;50(3):531-6. [PubMed]
- 11.Christensen JH, Rittig S. Familial neurohypophysial diabetes insipidus-an update. *Semin Nephrol.* 2006 May;26(3):209-23. [PubMed]