



COVID-19 INFECTIOUS DISEASES PRINCIPLES FOR TREATING SALICIES DURING A PANDEMIC

Boltaboev Alisher Murodilovich

Assistant of the Ferghana Medical Institute of Public Health

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ABSTRACT

He found that the predictive danger of a difficult disease in treating COVID-19 is complex, serious illness, and death. Metabolic disorders associated with cardiovascular disease, chronic respiratory diseases and obesity, including the passage of insulin sensitivity, chronic inflammation, lipid and fatty acids, increase the immunological dysregulation of the exchange of metabolism, and the greater tendency of infectious diseases of such patients. Study studies provide the blood of studying the effects of regular taking of drugs prescribed for cardiovascular and other treatment treatments on a patient on the severity and outcomes of COVID-19. Sharing agility with patients walking under the condition of a renewed causative agent of COVID-19.

February 11, 2020 The World Health Organization (WHO) has officially named the virus and the issuing disease of its breed. The International Committee on Virus Taxonomy named the new virus SARS-CoV-2. (English - severe acute respiratory syndrome coronavirus 2 - 2 types of coronavirus that cause severe acute respiratory syndrome). This name is recognized because, according to phylogenetic analysis of the virus genome, this unscrupulous virus is similar to another coronavirus, which is the causative agent in the face of severe acute respiratory syndrome. (SARS) in 2002-2003. [1, 3]. As of today, by two types of SARS-CoV-2: type L (70% of all strains) and type S (30%) [4, 5]. WHO decided to name the new disease COVID-19 (Coronavirus infection - 2019), and the new virus is "the virus that causes COVID-19", as a person may come without using the sars/SARS abbreviation associated with the severe disease. None of this is named after the official name of the virus, which is filed by the International Committee on Virus Taxonomy [1,3].

Let's cite COVID-19, the virus quickly spread from China to all continents (except for Antarctica). As of March 25, 529.6 thousand cases have been confirmed worldwide [6].

With COVID-19 and in people with and with an asymptomatic person, including pneumonia, computer tomography, there are blackouts of the type of ice glass



Changes in chest CT coincide with the picture of viral pneumonia, often they are two-sided, accompanied by shaving the lower lobes of the lungs[2]. Development at different stages

The accuracy of various tests for the new coronavirus and evidence from the diagnostic packaging comparative study are limited to date.

The goal of the study is to study the effects of weight and consequences on the severity and consequences of the disease in regular administration of drugs prescribed to treat cardiovascular and other diseases during the period of covid-19.

Research materials and styles. My observations included 808 patients with COVID-19: 479 (81,8%) patients were treated, and 329 (18,2%) were treated by an ambulance. All patients diagnosed with COVID-19 are diagnosed based on a polymerase chain part (PZR) test, a clinical zonc in 32,4% of cases, and computer tomography of the lungs (CT).

Results of the study. The average age of patients was 58 years old, which was 53,6% of women (the average age is 59 years old) and 46,4% of men (the average age is 57). The big thing is a great < to instill in itself the plight of women in the lead. The distribution of patients for lung damage (according to the KT statement) was as follows: KT 0 - 5.2%, KT 1 - 29.6%, KT 2 - 34.7%, KT 3 - 18.8%, and KT 4 - 11.6%. 79,8% of patients had hamrohes; The most common hamrox disease is hypertension - 55.41%, obesity - 35.54%, heart disease - 20.62%, Category 2 diabetes - 17.52%, chronic heart failure - 16.3%, including chronic heart failure I-II functional class (FS) - 10.6%, chronic heart failure III-IV FS - 5.7%, chronic disease - 7.53%, art e e hypolfibrillation - 6.78%, miocardial infarction - 5.73%, and anemia insults - 4.27%, chronic obstructive lung disease - 4.65%, bronchial asthma - 3.28%, active oncological disease - 2.12%.

In addition to the hamrox disease, 25.28% of the b emors were diagnosed with amyocodence, 33.87% were diagnosed with 23.87% of patients, 20.63% were diagnosed with 4 single diseases, and more. The combination of two diseases is the most widely distributed combination of hypertension and obesity (26.94%), the combination of three diseases is broad - including hypertension, coronary aria disease and chronic heartbeating disorders (12.42%) and a combination of four diseases - hypertension, coronary aria, chronic heart failure and obesity (4.71%) get sick in patients.

Patients with coronary aria disease received statins in 42,78% of cases and patients who did not have a condition with slightly more receivers when having an ambulance (43,81 and 31,91%): $p = 0.03$). Patients with corronary heart disease, hypertension, chronic heart failure received angiotensin-convertising enzyme (AKQ) ingibitors in 37.15% of cases and angiotensin receptor blockers (ARB) in 23.51% of cases. The frequency of admission of renin-angiotensin breed ingibitors was not different in patients with the patients in the ambulance. In total, the incidence of inhibitors of the breed of renin-angiotensin, an individual of patients with AG, heart ischemic disease, chronic heart failure, accounted for 60.66%.

Beta-adrenoblokators (BAB) were accepted by 42.43% of patients with hypertension, coronary aria disease and chronic heart palpitations; patients were frequently diagnosed with BAB in the ambulance (43.20% compared to 35.87%; $p=0.01$). Calcium channel blockers (KKB) were accepted by 19.02% of patients with AG, heart ischemic disease and chronic heart failure; they were less common than in the ambulance (25.08%; $pp<0.001$).



In the presence of patients with coronary artery disease, aspirin (ASA) was taken from 36.94%, ticagrelor, clopidogrel, and prasugrel from 13.98%, the frequency of taking antiplatelet preparation was laid and did not differ in ambulances and patients.

Only 26.06% of patients with AG received oral anticoagulants (OAC), but nothing else would lose eye < patients who were younger in their case regarding the ambulance. In the meantime, 6.63% took warfarin, and ambulance patients took warfarin.

Direct oral anticoagulants - OAC (rivaroxaban, apixaban, dabigatran) - were accepted by 20.11% of patients with acceptance and condition (17.17%), against 66.67%; $p < 0.001$).

34.07% of the patient with Category 2 diabetes received antihyperglycemic therapy through the mouth, while patients who were admitted to the patient received more than in the ambulance (29.70% compared to 69.70%; $p < 0.001$). Note that patients with Category 2 diabetes often received insulin therapy: short-acting insulins - 33.19%, long-term insulin - 22.05% of patients were admitted. In addition, moderate insulin for short-acting insulin was more accepted with patients suffering from carbohydrate (5.05% compared to 36.63%; $p < 0.001$).

Adult patients with bronchitis were admitted to 36.90% of inhaled glucocorticosteroids (GKS); they took frequent inhaled corticosteroids compared to a sick ambulance (44.53% compared to 3.23%); $p < 0.001$. 33.62% of patients with chronic obstructive lung disease received inhaled corticosteroids, and they were only patients of cancer-related enrollment ($p = 0.02$).

Health is self-related, and you prey on yourself, and you prey on yourself, and you prey on yourself, and you prey on yourself, it is well-known to yourself that almost all patients with a light weight and heavy margin were put on the first months of self-determination. According to observations, patients in ambulatory healing facility were more patients in healing who received statins than patients in healing, beta adrenergic blockers, as well as short-acting insulins for category 2 diabetes and bronchitis and chronic lungs for patients with obstructive disease, they took corticosteroids.

Drugs such as renin-angiotensin's work inhibitors for hypertension, coronary artery disease and chronic heart failure, and antiplatelet preparation for heart disease, were taken by patients who were diagnosed with ambulances and symptoms at the same frequency.

The abstract. According to our observations, which include 808 patients, patients with multiple comorbidities with COVID-19 have a predominance on the eye circulation system. In this regard, one in the pre-inflammatory treatment with the patient will have an impact on the production and outcome of COVID-19. It turns out that taking statins in patients with coronary intermediate disease has a beneficial effect on the prognosis for COVID-19, associated with lowering the risk of death.

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