

Prevention of Kidney Diseases in the Elderly

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Annotation. Population aging is one of the most important natural processes in the modern world. With increasing age, the problems associated with the changed social status of an elderly person, his physical and psychological state, adaptation to new relationships with family members and society as a whole, and many other aspects are sharply aggravated. The quintessence of this document is to make the life of the elderly full, providing them with independence, dignity, participation and decent care from all members of society, the opportunity to realize their inner potential. Timely prevention prevents irreversible processes on the part of the kidneys.

Keywords: prevention, exercise, fractional nutrition, salt, screening.

The main task of state structures at all levels responsible for ensuring the social well-being of the population is not only to provide the elderly with the required support and free services guaranteed by law, but also to make the process of transition to old age less painful and problematic, minimizing the negative consequences of the loss of the former "social person". The problem of urology is one of the most important in geriatrics. An increase in the number of elderly and senile people leads to an increase in both the primary morbidity and the general prevalence of oncological diseases, benign prostatic hyperplasia, urolithiasis and nonspecific inflammatory diseases of the kidneys and upper urinary tract. There is an annual increase in persons with diseases of the genitourinary organs by 1.2%. It should be noted that simultaneously with the increase in morbidity, mortality from a number of diseases also increases. With aging, the consumption of oxygen by the kidneys decreases, the number of mitochondria in cells decreases, the total ATP-az activity decreases, which together reflects a reduction in the intensity of energy metabolism in the organ. The physiological level of renal circulation and glomerular filtration is progressively decreasing. The excretory (nitrogen-, water-, electrolyte-releasing) function of the kidneys decreases. At the same time, age-related renal hypofunction, torpid (prolonged latent, prolonged recovery periods) type of organ reactions to irritation are formed. This is facilitated by age—related features of the neurohumoral regulation of the urinary system in old age - a decrease in the specific role of the nervous link, an increase in the importance of the humoral. Renal calyx, pelvis, ureters thicken with age, lose elasticity, increase capacity. Their rhythmic activity is disrupted, reflux increases. The wall of the bladder thickens, thickens, its capacity drops, which causes an increase in the urge to urinate. Age-related changes in the bladder weaken the function of its closure apparatus, contributing to urinary incontinence. This is aggravated by a decrease in the function of the higher nerve centers controlling the urination reflex. With age, the state of the body and health deteriorates. Age-related structural, metabolic, functional, regulatory changes reduce the reliability of the urinary system: they contribute to the growth of pathological lesions of its links in old age, increase the likelihood of their decompensation (especially of the kidneys) under stress.



Glomerulonephritis and pyelonephritis are among the inflammatory diseases of the organs of urination and urinary excretion. The probability of developing diffuse glomerulonephritis in humans after 40 years progressively decreases due to the age-related decline in the reactivity of the immune system. The disease accounts for no more than 2-3% of the total incidence of glomerulonephritis. Nephritogenic strains of 5-hemolytic streptococcus play a leading role in the etiology of the disease. However, in old age, the role of other microorganisms, viruses, and systemic connective tissue diseases increases. A feature of the pathogenesis of glomerulonephritis in an old person is a low degree of activity of the developing immune process, therefore damage to the renal filter is more moderate. The disease in older people is characterized by smoothness of manifestations and atypicality. Prevention of renal pathologies involves the use of a set of measures: prevention of diseases of the urinary system, bedsores, physical therapy, the fight against constipation (dietary recommendations, taking light laxatives of plant origin, slightly alkaline mineral waters). Elderly patients with urinary incontinence require careful care. In cases where it is no longer possible to restore normal urination, it is necessary to constantly use a lining vessel or a urinal. Proper nutrition takes an important place in the care of elderly and senile patients. The food of the elderly should be diverse, easily digestible, biologically valuable, but less energetically saturated compared to the food of young people. It should contain a sufficient amount of proteins, vitamins and salts, especially calcium, potassium and iron, trace elements, as well as a sufficient amount of liquid. Since the intensity of metabolic processes in the body is reduced in elderly patients, it is necessary to reduce the caloric content of food by reducing the content of animal fats and carbohydrates. Products containing coarse fiber must necessarily be included in the diet of the elderly. Salt intake should be limited to 5-8 g per day. Without special indications, it is not necessary to limit fluid intake (less than 1-1.5 liters per day), as this may contribute to increased constipation. With a tendency to constipation, the inclusion in the diet of fruit juices and compotes, apples, beets, other vegetables and fruits that stimulate intestinal peristalsis is shown. In elderly and senile patients, the recovery processes are slower than in young people, which determines a longer period of rehabilitation therapy (rehabilitation). However, with persistent and prolonged treatment, significant success can be achieved in the rehabilitation of patients who have suffered even very serious diseases (myocardial infarction, cerebrovascular accident). The correct organization of care for elderly patients plays an invaluable role in this. In our country, the greatest contribution to the provision of medical care to elderly patients is made by doctors of therapeutic profile — district therapists, general practitioners, doctors of hospital departments, etc. Geriatric doctors are charged with providing organizational and methodological assistance to the elderly and conducting a consultative reception. Treatment and prevention of kidney diseases are an important medical problem. Free treatment, the development of specialized departments in hospitals and clinics, the creation of nephrological centers, extensive medical examination of patients, a large number of sanatoriums for the treatment of neurological patients - all this makes it possible to successfully treat and prevent kidney diseases. However, the success of treatment and prevention largely depends on the patients' compliance with the doctor's recommendations. Hardening, strict compliance with hygienic rules, prevention and thorough treatment of acute respiratory diseases, timely treatment of focal infections serve as a reliable guarantee of the prevention of diseases of the urinary system. The body mass index should be treated carefully. Obesity is not allowed, which aggravates the process. The demographic situation, in which the population of the planet is aging faster than it is getting younger, makes us think about the need to create acceptable living conditions for the elderly, because life after 60 does not end, and age is not a reason to give up a full life. Along with involitional processes, progressive changes and neoplasms occur at all levels of human organization, which make it possible to prevent or overcome destructive (destructive) phenomena in old age and senility. The active longevity of an elderly person is promoted by many factors, the leading psychological among which can be considered the development of him as a socially active person, as a subject of creative activity and a bright personality. And here a huge role is played by a high level of self-organization, conscious self-regulation of one's lifestyle and vital activity.



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