

COMORBIDITY IN PATIENTS WITH PEPTIC ULCER DISEASE

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Abstract

The concept of comorbidity is a simultaneous lesion of two or more organs and systems of the body, proposed in 1970 by American physician A.R. Feinstein. Comorbidity affects the clinical course of the underlying disease, prognosis safety and effectiveness of treatment. [5,6] The problem of comorbidity is important for both science and practical health care. Comorbidity is distinguished by syndromal (transsyndromal) or nosologic (transnosologic) principle and somatic categorization. [1,2]

This division is largely preliminary and inaccurate, because diseases can be associated with a single mechanism of pathogenesis, which is sometimes explained by the similarity of their clinical manifestations and complicates the differential diagnosis by nosology. There are several methods of comorbidity assessment, but there is no single universally recognized way of its measurement. [3,4] Therefore, we evaluated comorbidity by the number of systems and nosologies involved in the pathologic process.

Keywords: Comorbidity, transsyndromic, transnosological

Introduction

Purpose of the study: To evaluate the influence of comorbid diseases on the peculiarity of the clinical course of combined peptic ulcer disease of the stomach and duodenum. Identification of comorbidity in patients with 12 peptic ulcer disease depending on sex and age.

Materials and methods of the study: 86 patients with relapsing-stage IBD who received inpatient treatment in TMA 1-clinic were examined. The diagnosis of IBD was established on the basis of complaints, anamnesis, objective examination data and esophagogastroduodenoscopy (EGFDS) results. History taking and physical examination were performed according to the generally accepted methods. Patients with peptic ulcer disease of the 12th peresophagus in the period of exacerbation at the age of 30-59 years. The patients were divided by sex and age according to the WHO classification. There were 44 men and 10 women of young age (up to 44 years), 26 men and 6 women of middle age (45-59 years). All patients were examined, general clinical and biochemical tests and necessary instrumental investigations were performed. The exception was patients with chronic viral hepatitis.

Results of Examination:

The following gastrointestinal diseases were revealed in patients with peptic ulcer disease: gastroduodenitis in 79 patients (92%), steatohepatitis in 45(52%), chronic cholecystitis in 20(23%), chronic pancreatitis in 15(18%).



Transsystemicity was determined by the number of ICD-10 classes involved in one patient, transnosology by the average number of nosologies, and the degree of somatic aggravation by the frequency of certain comorbidities.

Comorbidity in patients with peptic ulcer disease according to gender and age

	men			women		
	Up to 44	45-59	averages	Up to 44	45-59	averages
transsystemicity	2,4±0,32	3,5±0.42	2,6±0.35	2,2±0,3	3,1±0,39	2,4±0,32
transmissibility	2,5±0,42	3,8±0,51	2,8±0,40	2,4±0,32	2,7±0,36	2,5±0,34

In men, transsystemicity by age group ranged from 2.4±0.32 to 3.5±0.42 and averaged 2.6±0.35, trans morbidity from 2.5±0.42 to 3.8±0.51, averaging 2.8±0.40. Somatemic aggravation was mainly associated with gastroduodenitis, chronic pancreatitis and steatohepatitis.

In middle aged and elderly women, transsystemicity ranged from 2.2±0.31 to 3.1±0.39 with an average of 2.8±0.33, trans morbidity was 2.4±0.32 and 2.7±0.36 with an average of 2.5±0.34, respectively. Somatic categorization was associated with gastroduodenitis, chronic cholecystitis, and steatohepatitis.

Diagnosis was difficult due to changes in the main character and localization of the pain syndrome, its connection with food intake, the influence of food on the pain syndrome and the presence of dyspeptic symptoms. Some difference in comorbidity by sex depends on bad habits in the history, and by age on the intake of drugs in connection with the accession of cardiovascular pathology. Comorbidity in patients with gastrointestinal diseases is associated with anatomical proximity of the affected organs, common risk factors, and common pathologic mechanism. [7,8]

The heterogeneity of diseases affects the clinical course, the nature of complications, quality of life limits or complicates the therapeutic and diagnostic process.

Conclusion:

Thus, transsystemicity and trans morbidity in patients with peptic ulcer disease have some gender and age peculiarities. In men these indices are higher than in women, and they tend to increase with age. The lesion of other organs of gastrointestinal tracts certainly affects the tactics of management of patients and the outcome of the disease.

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