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TO STUDY THE INCIDENCE OF BRONCHIAL ASTHMA IN FAMILY GENETIC AND EPIDEMIOLOGICAL STUDIES

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ABSTRACT:

This article presents an analysis of the literature on the frequency of spread of bronchial asthma, genealogical characteristics among Uzbek families of the population. Despite the large amount of work, the significance of genetic factors in the course of the disease, bronchial asthma, accumulated in the family among the Uzbek population, has not yet been sufficiently studied. It can be said that the occurrence of hereditary factors and environmental conditions in this type of disease, bronchial asthma among the population of families belonging to the population, creates the basis for the development of plans for the prevention and prognosis of the disease of bronchial asthma.

KEY WORDS: family bronchial asthma, Uzbek population, genealogical characteristic.

INTRODUCTION:

As a result of genetic and epidemiological studies conducted in a number of families around the world, it is noted that bronchial asthma (BA) is very common among family members. The risk of developing the disease in children is three times higher than in a healthy family if one of the parents is diagnosed with BA, and the risk of infection in children is six times higher if both parents are diagnosed with BA [2, 3].

In the literature, it was emphasized that the prevalence of BA is 10-25% among individuals in the family [1,2,5].

A.M. Ubaydullaev, M. A. Yakimova for the first time in the Uzbek population, a genetic study conducted in a family of patients with BA studied the prevalence and hereditary predisposition of this disease in Uzbek families. In an inbred marriage, a severe course of AD in an infected family and an early onset of the disease were detected [4,5]. Based on the above, it should be noted that it is important to determine the course of the BA disease in the family, to assess its hereditary transmission, and the laws by which the disease occurs and is observed in the family.

OBJECTIVE:

To study the incidence of bronchial asthma in the Uzbek population, as a result of genetic and epidemiological studies conducted in the family.

OBJECT AND SUBJECT OF RESEARCH:

To complete this task, genetic testing was performed in 49 families with a genetic predisposition to AD by genealogical methods, genealogy, and genealogical analysis.

The main task of the genealogical method is to study the distribution of genetic traits in family members. This is achieved by creating a tree based on the occurrence of a particular disease,

which answers questions about the features of transmission from generation to generation. Genetic analysis of the family tree is used for medical and genetic counseling, that is, to solve questions about hereditary diseases in the family, the risk of patients being born in the family.

Using the genealogical method, genetic information specific to AD in the family was collected by parents, sometimes by interviewing grandparents. The distribution of AD disease and its symptoms in relatives or descendants of the patient, as well as their transmission from generation to generation, the degree of their Association with proband, and individual questionnaires for each person were determined. From the collection of clinical and genealogical information about patients, their families and descendants, the genealogy of the younger generation was formed. A written explanation of the information was given. In the genealogy structure, the order for each generation was represented by Roman numerals, and from top to bottom it sang to the left of the tree. The order of each generation was written from left to right, from bottom to top, in Arabic numerals. Through genealogy, the relationship of each member of the generation to the diseased proband was demonstrated. The representation of generations and representatives of each generation in this direction, on the one hand, provides information about the degree of kinship of probands, on the other hand, the genetic predisposition to the disease and its transmission routes, as well as the role of kinship. An example is to demonstrate the pedigree drawn up for the family of the patient Utasheva Marxam.

RESULT:

Genealogical analysis was performed using genealogical data and genealogy. The frequency of AD in their families depends on the order in which THE patients were born in this family, and this condition has also been identified. Observations showed that the first child in a family consisted of 31.65% (25) of sick people, the second child in a family of sick people-24.05% (19), the third child in a family of sick people-16.45% (13), the third child in a family of sick people-11.39% (9), the fifth child in a family of sick people-5.06% (4), the sixth was registered.

The study found that in 43 of 49 families with AD, their parents were diagnosed with AD as a result of genealogical studies conducted to determine the predisposition to AD in affected families. Of these, 15 (30.61%) only in fathers, 24 (48.98%) only in mothers, and 4 (8.16%) in native relatives (inbreeding) of infected parents were registered with BA (table.5). in 3 families, her parents were healthy, but her father's brother and sister were ill with BA, and in 3 families, her parents were healthy, but her mother's brother and sisters were ill with BA.

To study the cause of AD in the family, 49 probands and their 346 relatives were examined. In our study, the accumulation of BA in the family was 23.7% (82 out of 346 sick relatives). This indicates that the incidence of AD in families of the Uzbek population is 2-4 times higher than in the General population (5-10%).

During the study, the incidence of AD in the affected family was registered in 74 (933%) patients in the first generation of the family, in 8 (9.7%) patients in the second generation. Familial BA disease was observed in 8.53% (7) of cases, while in patients born from inbred Nichols. In such patients, the course of the disease is manifested by increased susceptibility to dressings, to medical procedures that are accompanied by severe degrees.

In the study family, the incidence of AD was registered in 74 (90.3%) patients in the

first-generation family and in 8 (9.7%) patients in the second-generation family. Familial BA disease was observed in 8.53% (7) of cases in patients born from inbred marriages. In these patients, the course of the disease was severe and difficult to treat.

Thus, the study of the pathogenesis of AD in the family allows us to assess the susceptibility to the disease as a result of the study, the ways of its transmission, the occurrence of the disease in families and its relapses. It can be said that the occurrence of hereditary factors and environmental conditions in this type of AD disease among the population of families belonging to the population creates the basis for the development of plans for the prevention and prediction of AD disease.

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