

## HYGIENIC ASPECTS OF ASSESSING THE DEVELOPMENT OF IRON DEFICIENCY ANEMIA IN CHILDREN AND ADOLESCENTS

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### Annotation

According to the WHO, iron deficiency anemia suffers from more than 30% of the world's population, most of whom are women and children. The prevalence of anemia largely depends on the standard of living, nutrition of the population, the quality and availability of medical care. Correct diagnosis, including conducting various laboratory tests, allows you to identify this pathology in time and choose the appropriate treatment method. Anemia is considered a problem of maintaining public health and affects the population of the whole world.

**Keywords:** World Health Organization, disease, nutrition, hygiene, global, anemia.

To assess the global prevalence of anemia, the World Health Organization has created a global database that includes cross-population investigations and interventionist research. Using data collected in recent years, about 1.6 billion people, or almost a quarter of the world's population, suffer from anemia, with the most common being observed among preschool children and women of reproductive age.

Currently, Research is ongoing to identify new molecular changes in enzymes that are associated with iron metabolism, which can potentially lead to iron deficiency anemia in Hol.

Symptoms associated with iron deficiency disease usually begin slowly and are often unmarked in children. But even so, if anemia is severe, severe symptoms such as hangover, heart palpitations, dizziness, tachycardia, hemodynamic stagnation such as fainting, myocardial infarction, heart failure or stroke may occur in the stool.

Currently, the main causes of iron deficiency are insufficient iron intake (insufficient nutrition, vegetarian diet, malnutrition), a decrease in iron absorption in the intestines; violation of vitamin C metabolism dizziness; excessive intake of phosphate, oxalate, calcium, zinc, vitamin E into the body, ingestion of iron-binding substances into the body; poisoning with lead, anthocides; excessive iron consumption (during periods of rapid growth and pregnancy), injuries, surgical procedures, excessive blood loss during menstruation, wound diseases, donation, iron losses associated with sports activities, hormonal disruptions (thyroid dysfunction); gastritis with a decrease in acid-forming activity, dysbacteriosis; various systemic and malignant tumor diseases and vomiting diseases.

In order to prevent eating behavior disorders in athletes, academic rowing, football, synchronized swimming and other athletes involved in various sports, the number of anemia increases without looking at the consumption of various enriched, iodized and iron-enriched, functional foods.

Also, for the period from 2002 to 2013, by analyzing data on claims made in informations in the national database of health information, the costs for satellite diseases and health iron deficiency disease were calculated.

All analyses are based on the iron deficiency disease diagnosis code (D50; D50,0; D50,8 and D50,9), regardless of whether iron deficiency disease is a primary or satellite disease. The trend of prevalence

rates for iron deficiency disease, the annual percentage of prevalence, the changes were estimated by calculation. Health iron deficiency disease costs are calculated directly on the basis of medical expenses (outpatient and hospitalization and pharmaceutical expenses) and directly on the basis of non-medical expenses (road kira narhi). According to recent data, the total prevalence of iron deficiency disease among representatives of both sexes between 2002 and 2013 was about 2.3 times and 7.6%.

Despite the improvement in nutritional status, the annual prevalence of Mar continues to grow in the Xol, which is associated with the precariousness of costs for health and satellite diseases. The main thing is Infants and young children, adult male vak women aged 30-49 are at the highest risk of developing iron deficiency disease.

The authors estimate that national promising and well-organized efforts to improve the treatment and iron status of iron deficiency anemia are necessary.

As a result of iron deficiency in the body, N synthesis is disrupted, and its content in erythrocytes decreases. The number of erythrocytes can also be reduced several times. As long as the amount of erythrocytes and the level of conservation of n do not decrease uniformly, then erythrocyte hypochromia develops, reflecting the reduced color indicator .

Erythroid hyperplasia is diagnosed with predominance of polychromotophilic or oxyphilic normablasts in the bone cuticle. The number of erythroid cells in hemosidrin decreases dramatically. The decrease in iron reserves leads to a violation of oxidation-reduction reactions in tissues, which leads to damage to the skin, mucous membranes, dysfunction of MIT, a decrease in the activity of many enzymes that store iron.

## Referances

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