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PREVENTION OF DRUG RESISTANCE DEVELOPMENT IN TUBERCULOSIS PATIENTS

Relevance: In 2018, at the WHO Assembly, tuberculosis was recognized as a disease that claims a large number of human lives. One of the important factors of treatment ineffectiveness is the identification of extensive destructive processes with bacterial release, which often leads to the development of drug resistance. Thus, according to N.G. Mystikova (2019), the WHO European Region has the highest incidence rate of tuberculosis with multidrug resistance to rifampicin (MDR/PP-TB) at 14 cases per 100,000 population. Numerous studies by domestic and foreign authors have been devoted to the issue of drug resistance of Mycobacterium tuberculosis [1-3, 7, 8]. In the Republic of Uzbekistan, one of the urgent problems of phthisiology is the increase in cases of drug-resistant tuberculosis [5,6]. The current epidemiological situation of tuberculosis incidence worldwide is characterized by the spread of multidrug-resistant (MDR) and extensively drug-resistant (XDR) tuberculosis pathogens, which reduces the effectiveness of treatment and increases mortality from this infection.

The risk groups for the formation of drug-resistant tuberculosis are patients who violate the treatment regimen and interrupt the main course of treatment on their own, or due to allergic or toxic complications; alcohol abusers, narcotic drugs; persons in contact with tuberculosis patients who secrete drug-resistant MBT [4]. In addition to the above factors, it should be noted that the control of chemotherapy is carried out in a polyclinic, where a nurse monitors the intake of drugs. More than once, during the supervision of polyclinics, especially in rural areas, we came across the fact that the nurse dispensed medicines to the patient for 1-2 weeks. Such a gross violation can lead to the patient not taking medications, and often, this patient can become a source of spread of drug-resistant tuberculosis among a healthy population.

The purpose of the study. The aim was to study the frequency of primary drug resistance within one year, according to the Andijan Tuberculosis Dispensary.

Research materials and methods: during 2019, 1,604 patients were admitted to the hospital, 1,146 of them had sensitivity to first-line drugs, 220 patients had multidrug resistance, and 63 patients in the reference laboratory had widespread drug resistance (to isoniazid and rifampicin).

The results of the study and their discussion. Out of 1,604 patients, 1,266 (78.9%) were patients who had been diagnosed with tuberculosis for the first time and had never received TB treatment before, 338 (22.1%) patients were registered at an TB dispensary. Of the 220 (13.7%) patients with multiple resistance: 119 were newly ill, and 101 were chronically ill. An alarming fact is that 54% of patients with multiple drug resistance are newly ill patients, 96 of whom had a history of contact with sick relatives (father, mother, brother, sister, grandfather, grandmother) that is, close family contact. This fact indicates that a violation of controlled outpatient treatment can lead to the development of drug resistance and spread among contact persons. 63 patients showed widespread drug resistance (1 patient was newly ill, had not previously taken drugs, 62 patients were registered and as a result of drug intolerance, irregular drug intake led to the formation of widespread drug resistance).

The students of the scientific circle of the department, together with the teachers, have developed a box with a timer that allows once a day to dispense medications for taking medications on an outpatient basis. An attempt to re-dispense the drug causes the box to break. This will prevent the

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drug from being given to the patient for several days. Thus, regular monitoring and careful medication intake will help to increase the effectiveness of treatment and prevent the formation of drug resistance.

Conclusion. In order to prevent the development of multiple, widespread drug resistance and improve the effectiveness of treatment, it is necessary to find ways to improve the quality of controlled treatment in polyclinics.

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