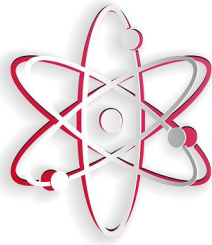


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Umurzakova Dilorom Abdumuminovna

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PREVENTION OF OSTEOCHONDROSIS OF THE SPINE: THE ROLE OF PRIMARY HEALTH CARE IN MANAGING RISK FACTORS

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Abstract. *This study examines the behavioral and socio-hygienic risk factors contributing to spinal osteochondrosis and emphasizes the importance of primary health care in prevention and early treatment. Findings show that most patients delay seeking help, which leads to prolonged recovery and reduced treatment effectiveness. Spinal osteochondrosis is a widespread degenerative condition that significantly contributes to global morbidity. Despite the high prevalence of symptoms, the majority of affected individuals delay seeking medical care, which results in poorer outcomes.*

Keywords. *Spinal osteochondrosis, risk factors, primary health care, back pain, degenerative spine disease, health-seeking behavior, prevention, socio-hygienic factors, musculoskeletal disorders, early intervention.*

Relevance. According to WHO, degenerative-dystrophic spinal diseases (DDSD) occur in 80% of the population and account for up to 90% of all cases of chronic diseases. Screening X-ray studies show that the first signs of spinal osteochondrosis in the form of a decrease in the height of the intervertebral spaces begin to appear at the age of 6 years, and by the age of 12, subchondral osteosclerosis is already forming. After the age of 30, one in five people in the world suffers from OP. In people over 50 years of age, the pathology of the musculoskeletal system occupies a leading place in the structure of general morbidity. At the same time, back pain is observed in 80-100% of people, but only about 40% of patients seek medical help. Osteochondrosis of the spine (OS), a chronic degenerative-dystrophic disease of the musculoskeletal system, remains one of the most common pathologies affecting the adult population globally. According to the World Health Organization (WHO), up to 80% of individuals suffer from some form of degenerative spinal disease during their lifetime, and these conditions are responsible for up to 90% of all chronic musculoskeletal disorders. Early radiographic signs of spinal degeneration can be detected in childhood—starting as early as age 6—with subchondral osteosclerosis forming by age 12, indicating the progressive nature of the pathology.

The high global prevalence of spinal osteochondrosis is closely related to aging, sedentary lifestyles, lack of ergonomic awareness, occupational risks, and poor health-seeking behaviors.

By the age of 30, one in five individuals is already affected, and in people over 50, musculoskeletal disorders rank among the top causes of morbidity and disability. Despite the widespread burden of back pain and associated symptoms, studies reveal that only 40% of those experiencing discomfort seek professional medical care, which contributes to delayed diagnoses and worsened outcomes.

Primary health care (PHC) plays a critical role in the early identification and prevention of OS by managing modifiable risk factors, guiding ergonomic practices, and promoting timely treatment. Understanding the socio-hygienic and behavioral aspects associated with spinal osteochondrosis is crucial for developing preventive strategies that can be integrated into PHC services. This study aims to analyze the prevalence and behavioral patterns related to health care utilization among patients with spinal osteochondrosis, thereby providing a foundation for preventive and educational interventions within the community.

Research objective. To study the socio-hygienic risk factors for the development of OS in patients for the development of preventive measures.

Materials and methods: To study the risk factors for the development of osteochondrosis of the spine, 200 questionnaires of patients diagnosed with OS were studied at the Republican Specialized Scientific and Practical Medical Center of Traumatology and Orthopedics. *Data analysis.* Case-control. Extensive indicators and their errors were computed in order to analyze the data that was obtained. The rates in the case and control groups were compared using the odds ratio. Student's test was used to evaluate the difference between the indicators ($p < 0.05$). Also, the correlation between the indicators was ascertained. The analysis of statistical data was carried out in the Origin.lab 10.0 application software package.

The results and their discussion. The proportion of those who sought medical help with exacerbation of symptoms of osteochondrosis of the spine was $64.8 \pm 2.1\%$. $12.1 \pm 1.5\%$ of patients reported that they usually call a doctor at home, $25.0 \pm 1.9\%$ - to a polyclinic, and the remaining $28.6 \pm 2.0\%$ - to a hospital. To the question "What measures or actions do you take when the symptoms of OS worsen", 52 respondents ($25.6 \pm 2.0\%$) replied that they try to be treated at their discretion. Patients usually wait for the disease to pass and consult a doctor when the pain becomes unbearable ($9.6 \pm 1.3\%$). When analyzing the duration of treatment, it was noted that in this category of patients, the duration of treatment was 1.14 ± 0.06 days longer than in other patients ($p < 0.05$). From this, it can be concluded that untimely treatment of patients for medical help with the development of symptoms of the disease negatively affects the effectiveness of treatment. Despite the presence of osteochondrosis of the spine, patients turned to a neurologist ($34.6 \pm 2.1\%$), to a traumatologist ($31.4 \pm 2.1\%$) only when their condition worsened. Those who regularly visited a neurologist and a traumatologist made up $10.6 \pm 1.4\%$ and $19.0 \pm 1.8\%$, respectively. The rest of the patients are treated irregularly. The results show that patients are irresponsible about their health.

Conclusions. Most of the risk factors affecting the development and progression of spinal osteochondrosis are not treatable - these are socio-economic, personal and behavioral factors.

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