IMPROVING THE TREATMENT OF IRRITABLE BOWEL SYNDROME

Makhmudova Lola Izzatilloyevna
Bukhara State Medical Institute, Bukhara, Uzbekistan

Treatment of patients with irritable bowel syndrome (IBS) requires a comprehensive approach, including pharmacological and non-pharmacological treatment. From the point of view of evidence-based medicine, studies investigating the effectiveness of common interventions (high-fiber diet, regular meals, adequate fluid intake, physical activity) are of low quality and are mainly based on expert opinion based on individual clinical observations [1,2,3].

The purpose of the study consists in improving various forms of treatment methods of irritable bowel syndrome.

Research material and methods. The study was conducted in the department of gastroenterology of the multidisciplinary medical center of Bukhara region, and 157 patients treated in the inpatient setting with IBS were selected. The diagnosis of IBS was made based on IV Rome criteria.

All patients underwent esophagogastroduodenoscopy (FUGINON. FUGI FILM EPX-2500, 2014, Japan; FUGI FILM-EG-530PF, 2014, Japan), colonoscopy (FUGI FILM-EG-530FL, 2014, Japan), stool examination for dysbacteriosis, ultrasound examination of internal organs (Vivid S-60, 2014, Norway), cytokine analysis - IL-1β, IL-4, IL-6, IL-10, α-TNF (Vekor-Best reagents) and fecal calprotectin (De medi tec reagents) were examined .

Research results. According to the selected primary efficacy criteria, the proportion of patients with a 30% or more reduction in VAS (visual analog scale) pain/discomfort from baseline at visits 3 and 5 was assessed. conducted in accordance with existing approaches in studies - a 30% reduction in abdominal pain compared to the initial level is considered clinically significant.

After four weekly therapy, at the third visit, the proportion of patients with VAS pain reduction of 30% or more was comparable in both groups - 62.2% of patients in the Colofort group and 60% of patients in the standard therapy group (xi -square test : $p>0.05$; Farrington-Manning criterion (noninferiority test); $p>0.05$).

At the 5th visit, by the end of the treatment course, a statistically significant advantage of the coloforte drug was revealed in comparison with the standard therapy for this criterion - a 30% or more decrease in the level of pain was shown.

This positive condition was noted in 94.6% of patients in the main group compared to 84% of patients in the comparison group (xi -square test: $p<0.05$; Farrington-Manning test (noninferiority test; $p<0.05$).

Secondary criteria for the effectiveness of therapy with Colofort and standard therapy are a number of parameters that reflect the dynamics of the nature of feces against the background of treatment. This, in turn, was done by evaluating changes in the type of feces and its frequency in patients with IBS-D and IBS-C, which were considered the dominant types of IBS in the study, using the Bristol scale. When analyzing the dynamics of changes in stool type according to the scale of Bristol stool form, results were obtained showing a significant superiority of Colofort. In patients with IBS-D, after 4 weeks of therapy, the normalization of stool pattern was statistically significant, with 90% of IBS-D patients in the standard therapy group having normalized stool pattern.

Conclusion. The use of Kolofort, recommended in IBS, was observed to reduce abdominal pain syndrome by 30% or more compared to standard therapy. When the Kolofort drug and standard therapy were compared according to the Bristol stool form, the effectiveness in the group of patients receiving Colofort was 90%.

References

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