



OPTIMIZATION OF CONSERVATIVE THERAPY METHODS IN PATIENTS WITH HYPERACTIVE BLADDER SYNDROME

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Abstract. Recently, the assessment of the role of the functional component in the development of urinary disorders such as stress urinary incontinence combined with urge incontinence in the form of overactive bladder has become especially relevant.

Keywords. Urinary incontinence (UI), stress urinary incontinence, urination disorders, overactive bladder (OAB).

Relevance: Recently, the assessment of the role of the functional component in the development of urinary disorders such as stress urinary incontinence combined with urge incontinence in the form of overactive bladder has become especially relevant. Urodynamic examinations together with detrusor overactivity reveal signs of urinary incontinence [4, 8, 16].

C. Hampel and co-authors, after examining data from 21 epidemiological studies conducted worldwide, found that the prevalence of UI in the group of women aged 30 to 60 years was 21.5%, and in the group of women over 60 years of age it was 44 reported that it was % [3-12].

The International Urinary Incontinence Committee defines this disease as "a forced voiding of urine that is a social or hygienic problem when there are objective manifestations of urinary incontinence" [1,5,8]. To date, there are three main forms of the disease: stress UI, urgent (imperative) UI and mixed type UI.

The lack of information on the pathogenesis of the appearance of UI leaves its mark on the choice of conservative and surgical treatment tactics, the lack of a single algorithm of treatment and diagnosis of such patients, careful determination of the procedure for carrying these patients could also be the main reason for ineffective surgical corrections in the treatment of UI, the lack of a clear procedure for both conservative treatment and surgical treatment.

In recent years, the problem of urogenital diseases has taken a leading place in the symptomatology of age-related diseases, which is associated with their clear negative impact on the quality of life. The frequency of age-related urogenital diseases reaches 30%. Urogenital diseases occur in 10% of patients under the age of 40-50, and up to 50% in the group of patients aged 55-60. By the age of 75, 2/3 will experience urogenital discomfort, and after the age of 75, it is difficult to meet a patient who has not experienced individual symptoms of urogenital disorders [6, 7, 9, 16].

Materials and methods: The study was based on the clinical and laboratory examination of 50 patients with hyperactive bladder syndrome who applied to the urology department of the Samarkand State Medical University in Samarkand and were hospitalized for treatment in 2021-2024. The comparison group included 20 (40%) patients treated with

conventional methods of diagnosis and treatment, and the main group included 30 (60%) patients treated with complex therapy.

The age of the examined patients was from 38 to 65 years. The average age of patients in the comparison group was 48.2 ± 3.4 years, and in the main group it was 49.03 ± 4.12 years. The distribution by gender was dominated by women (73.3% in the main group, 75% in the comparison group). It should be noted that the difference between women and men was significant, that is, men in all studies were aged 55 and over, while women had patients from 38 to 56 years and older.

All patients under observation underwent a thorough study of the somatic, urological, obstetrical and gynecological anamnesis, as well as a careful clinical examination, taking into account the age, the state of the reproductive system. General examination, external and internal urogynecological examination, general clinical analysis of blood and urine were performed. Ultrasound examination of small pelvic organs (uterus and its appendages) was carried out on devices such as "Sone-Scope-30" (Germany), "ALOKA" (Japan), "Interscan" (Japan). The condition of the internal genital organs was studied, the size of the uterus and its ratio with the neighboring organs, the condition of the uterine layers, and the condition of the excesses of the uterus were determined.

Physiotherapy treatments were carried out together with a qualified physiotherapist. For BFB-training, a standard electromyograph from the "Kolibri BeFit PRO" complex was used, the point signal display mode (X - Y - mode) of this myograph was used to obtain an integral myogram.

The data obtained during the study were subjected to statistical processing using the Microsoft Office Excel-2012 software package on a personal computer, including the use of built-in statistical processing functions. The arithmetic average value (M), standard deviation, standard error of the average (m), relative values (frequency, %), statistics of the measurements obtained when comparing the average values of the studied indicator significance was determined by calculating the probability of error (P) in testing the normality of the distribution (according to the kurtosis) with Student's test (t) and equality of common variances (F - Fisher's test). The significance level of changes $P < 0.05$ was considered statistically significant.

Results and discussions: We used 3 types of tests to evaluate and diagnose UI: The Valsalva test was positive in 21 (70%) subjects in the main group and in 11 (55%) subjects in the comparison group; cough test - 23 (76.7%) in the main group and 9 (45%) in the comparison group gave a positive result; diaper test was positive in 18 (60%) and 10 (50%) individuals in the groups, respectively.

The average indicator of UST results in the main and comparison groups was as follows: almost all men (76.9%) had symptoms of chronic prostatitis. The average volume of residual urine was 25.8 ± 6.13 ml. Symptoms of chronic cystitis were detected in 60% of the examined patients in the main group and 55% in the comparison group.

In conclusion, a reasonable combination of clinical, anamnestic and instrumental examination methods allows to assess the anatomical and functional condition of the lower urinary tract in women with urinary incontinence in the perimenopausal period. It allows to choose the right method of conservative or surgical treatment or their combination and evaluate the results.

A total of 12 women with UI in OAB (5 comparison group and 7 main group) were prescribed beta-3-adrenomimetics with M-cholinoblockers during the first period of treatment. As a result, out of a total of 12 women, only 2 (3.33%; 5%) had a therapeutic effect from drug therapy and a positive result was obtained. When BFB was prescribed to 7 patients in the main group, positive dynamics were observed in all of them, and UI symptoms were completely eliminated in 3 patients.

Patients with the stress form of UI were prescribed antidepressants as a conservative treatment and the outcome was evaluated after 1 month. 7 people (35%) in the comparison group and 11 people (36.7%) in the main group had this form of UI. At the same time as conservative treatment, the main group of women was treated with BFB - training physiotherapeutic treatment method. At this stage, the effectiveness of treatment was noted as positive in only 2 women (10%) in the comparison group, and in 8 women (26.7%) in the main group. At this stage, we can see that the effectiveness of complex treatment is several times higher than that of conventional treatment.

The effectiveness of the BFB method has been confirmed by many clinical studies. Based on extensive analysis, our study showed that systematic training of pelvic floor muscles using the BFB method under our control compared to women of the comparison group who did not receive BFB-therapy (5%) in 6 (20%) of the main group) led to treatment in patients with mixed type UI ($P < 0.01$).

Analysis of the dynamics of the results of examinations of women with urinary incontinence before and after treatment by non-invasive special tests showed that after complex treatment, 56.7% of patients did not have spontaneous urination during the tests, 43.3% of the main group patients did not fully recover, but positive results were noted in terms of general disease symptoms and a significant reduction in UI episodes was observed. In 4 patients (20%) of the comparison group, spontaneous urinary excretion was not observed at all, and in the remaining 60%, the number of excretions decreased, but complete recovery was not observed, and in 20% of patients, there was no overall change before and after treatment.

As a result of the tests, all patients had the result of treatment. However, according to the results of the effectiveness, more patients of the main group had complete treatment compared to the comparison group. It is worth noting that during the course of treatment, they noted changes in positive dynamics from severe UI to mild ST, which led to a decrease in the need for surgical treatment and an improvement in the overall quality of life. will bring.

One of the modern and effective methods of treating various forms of urinary incontinence is pelvic floor muscle training using biofeedback (BFB), which is aimed at using the human body's own reserve-compensatory capabilities.

The use of BFB-training exercises to strengthen the pelvic floor muscles to achieve stable compensation or stable remission of UI is effective, and in the main group, this effect was complete remission in 56.7% and improvement in the general condition in 43.3%, and It was reflected as a positive dynamic in the reduction of OAB symptoms.

The above-mentioned methods were not previously used in the practice of treatment of OAB and UI in the conditions of Samarkand. At the same time, these methods are highly effective and non-invasive.

Conclusion. In conclusion, it should be said that currently OAB and UI occurring in it is a very serious social problem, the causes of which have not yet been fully explored, timely treatment and prevention of this pathology is an urgent issue of modern urology.

It is effective to develop tactics of treatment of patients with OAB depending on its type, conservative treatment according to the form of UI and the use of BFB can be promoted as the most effective method of treatment of OAB in patients. According to it, it is advisable to use antidepressants in stressful UI, m-cholinoblockators and beta-3-adrenomimetics, duloxetine in urgent UI and mixed type of UI in OAB.

It is recommended to promote a healthy lifestyle, prevent chronic inflammatory diseases, increase the tone of the pelvic muscles, avoid obesity and conditions that increase the pressure of the pelvic cavity.

References:

1. Адамян Л. В. и др. Лечение пролапса органов малого таза и недержания мочи у женщин: систематический обзор // *Problemy Reproduktsii*. – 2022. – Т. 28. – №. 6.
2. Данилов В. В. и др. Оперативное лечение стрессового недержания мочи и активация рефлекторного механизма тазового дна // *Андрология и генитальная хирургия*. – 2021. – Т. 22. – №. 2. – С. 92-99.
3. Ильина И. Ю., Чикишева А. А., Доброхотова Ю. Э. Особенности течения недержания мочи в разные периоды жизни женщины // *Акушерство и гинекология*. – 2020. – №. 10. – С. 195-202.
4. Гозибеков Ж. И., Курбаниязова А. З., Шопулотов Ш. А. У. Факторы, влияющие на результаты хирургического лечения узлового зоба // *Достижения науки и образования*. – 2020. – №. 7 (61). – С. 43-48.
5. Курбаниязова В. Э., Худоярова Д. Р. Реалии Времени. Реабилитация Женщин С Рубцом На Матке // *Вестник науки и образования*. – 2020. – №. 23-1 (101). – С. 72-78.
6. Тохиров Х. и др. ХИРУРГИЧЕСКИЙ АБОРТ И ЕГО ПОСЛЕДСТВИЯ // *Центральноазиатский журнал образования и инноваций*. – 2023. – Т. 2. – №. 6 Part 4. – С. 21-23.
7. Худоярова Д., Абдуллаева Ш. ФЕТОПЛАЦЕНТАРНАЯ НЕДОСТАТОЧНОСТЬ И ГИПОТОНИЯ У БЕРЕМЕННЫХ (ЛИТЕРАТУРНЫЙ ОБЗОР) // *Eurasian Journal of Medical and Natural Sciences*. – 2023. – Т. 3. – №. 1 Part 2. – С. 121-130.
8. Хасанова Д. ПРОБЛЕМА НЕ ВЫНАШИВАНИЯ БЕРЕМЕННОСТИ // *Eurasian Journal of Medical and Natural Sciences*. – 2023. – Т. 3. – №. 2. – С. 175-179.
9. Шопулотов Ш., Абсаматов Ш., Холдоров И. ГИПЕРАКТИВНОСТЬ ДЕТРУЗОРА: СОВРЕМЕННЫЕ ВОЗМОЖНОСТИ ТЕРАПИИ // *Евразийский журнал медицинских и естественных наук*. – 2022. – Т. 2. – №. 6. – С. 409-411.
10. Шопулотова З. А. и др. ЯВЛЕНИЯ КОМОРБИДНОСТИ У БЕРЕМЕННЫХ С ПИЕЛОНЕФРИТОМ // *Медицинская наука и практика: междисциплинарный диалог*. – 2022. – С. 193-196.
11. Amirzoda T. S., Asliddinovich S. S. НЕДЕРЖАНИЕ МОЧИ И НЕУДЕРЖАНИЕ МОЧИ: КАЧЕСТВО ЖИЗНИ ПАЦИЕНТОВ // *JOURNAL OF BIOMEDICINE AND PRACTICE*. – 2022. – Т. 7. – №. 5.

- 12.Khudoyarova D. R., Shopulotova Z. A., Solieva Z. M. PREVENTION OF COMPLICATIONS IN PREGNANT WOMEN WITH CHRONIC PYELONEPHRITIS //Бюллетень студентов нового Узбекистана. – 2023. – Т. 1. – №. 5. – С. 25-29.
- 13.Shopulotov S., Isroilov O. GIPERAKTIV QOVUQ SINDROMINI DAVOLASH BO'YICHA YANGI IMKONIYATLAR //Бюллетень студентов нового Узбекистана. – 2023. – Т. 1. – №. 6 Part 2. – С. 106-109.
- 14.Shopulotov S. et al. GIPERAKTIV QOVUQ SINDROMINI TASHXISLASHDA ZAMONAVIY YONDASHUVLAR //Молодые ученые. – 2023. – Т. 1. – №. 9. – С. 38-42.
- 15.Z. A., Khudoyarova D. R., Solieva Z. M. PREGNANT WOMEN WITH PYELONEPHRITIS //American Journal of Interdisciplinary Research and Development. – 2023. – Т. 15. – С. 268-271.
- 16.Yakubovich S. I., Abdumuminovna S. Z., Batiobekovna A. N. Analysis of the Effectiveness and Errors of Medical Care //Eurasian Journal of Research, Development and Innovation. – 2023. – Т. 20. – С. 1-4.