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EPIDEMIOLOGY OF COXARTHROSIS, TODAYEXTERNAL LINKS

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Annotation*: The prevalence and causes of coxarthrosis development are presented in this review. The most of scientists devote their investigations to the epidemiology of osteoarthrosis. The data on morbidity and causes of development of coxarthrosis occur rarely.*

Keywords: *coxartrosis, epidemiology, incidence, prevalence, causes of development.*

Considering the evolution of human development, it is impossible not to notice that nature has laid down two extremely important phenomena of harmonious self-organization-proportion and symmetry-in the structure of the musculoskeletal system. This is nothing more than an expression of the law of balanced proportionality and consistency of human body parts combined into a single whole [5]. The main connecting and coordinating elements in this unified system of harmony of the form and function of the UDF are numerous joints. Any pathological changes in them, especially in the hip joints, are accompanied not only by local functional disorders, but also by violations of the symmetry and biomechanics of the general kinematic chain of ODS. Analyzing the world statistical data on joint diseases, S. P. Mironov et al. [8], Ya. Y. Popelyansky [7] and many other researchers come to the conclusion that more than half of humanity (55 %) represent risk groups caused by widespread diseases of ODS (osteochondrosis, osteoarthritis, osteoarthritis, osteoporosis). a clear trend towards their growth [2,]. In Uzbekistan, DDS diseases account for more than one - third of all outpatient requests for medical care to doctors of various specialties, and this is despite the fact that 70% of those who are ill are treated independently and only 30% reach the doctor [67, 69]. In the first place in the structure of these diseases are degenerative-dystrophic and dysplastic diseases of large joints and spine. At the same time, the level of orthopedic diseases is growing every year and has a negative impact on the health indicators of the population, which consists in an increase in their prevalence, an increase in the proportion of temporary and permanent disability, and the onset of disability. The incidence of diseases of the musculoskeletal system has been steadily increasing in all age groups over the past decade [6]. Diseases of the musculoskeletal system include osteoarthritis OA is the most widespread pathology of synovial joints [16]. Analyzing world statistics, data on joint diseases, many researchers claim that more than half of humanity (55%) represent risk groups caused by widespread diseases of the musculoskeletal system (DMS) with a clear tendency to their growth. The prevalence of OA in the population correlates with age and reaches its maximum in individuals over 45 years of age [19]. Until recently, the medical and social costs imposed on society by joint diseases were underestimated in Russia. The reason for this was, on the one hand, insufficient data on the impact of musculoskeletal pathology on the patient's quality of life, and, on the other hand, the practical lack of comparable data on the prevalence of these diseases in most countries of the world [23]. At the same time, OA leads to significant losses in the economic, social and psychological spheres. Losses associated with diseases of this group have increased in recent years and account for 1-2. 5% of the gross national income of such developed countries as the United States, Canada, GreatBritain, France, and Australia [6]. In 1980, in the United States of America, the costs associated with diseases of the musculoskeletal system amounted to $ 21 billion (1% of the gross national product), in 1988-

$ 54.6 billion [9], and in 1992 – $ 64.8 billion [5]. In 1986, these losses were estimated at $ 8.3 billion in Canada. Canadian dollars. In France, 4 billion francs were spent on medicines, doctor visits, laboratory tests, X-ray examinations, rehabilitation therapy, etc., and about 600 million francs in losses in the production facilitieswhere OA patients are employed [5]. In Norway, an amount equivalent to 8 million pounds sterling is spent annually on nonsteroidal anti-inflammatory drugs (NSAIDs) [49]. In the UK, about 219 million pounds are spent on NSAIDs per year (most of them are spent by patients with OA), which is 5% of total drug costs [45]. In the United States, the epidemiology of osteoarthritis was thoroughly studied in two national programs – the National Health Examination Survey (NHES, 1960-1962) and the First National Health and Nutrition Examination Survey (NHANES-I, 1971-1975). Diagnosis of OA was based on X-ray signs of OA in the joints of the hands and lower extremities (NHES), in the knee and hip joints (NHANES-I). The NHANES-I study also took into account the clinical manifestations of the disease [46]. According to NHES and NHANES-I, a third of people aged 25-74 years have radiological signs of OA of different localization. The frequency of occurrence of various types of OA, including coxarthrosis, depends on age. In persons over 35 years of age, the incidence of coxarthrosis reaches 10.8% and increases to 35.4% among persons over 85 years of age [1]. In adult residents, diseases of the musculoskeletal system account for 4.4% of the primary and 6.5% of the total morbidity in the Russian Federation [22,23]. Coxarthrosis in the general structure of joint pathology ranks second after gonarthrosis in terms of incidence and first in terms of temporary and permanent disability [4]. коксартрозовThe share of disabled people due to coxarthrosis of various origins isfrom 20 to 30% of those who are disabled due to joint diseases [25]. It is known that epidemiological studies allow us to assess the frequency of occurrence of the disease among the population and establish the role of various factors in the occurrence and development of the disease [4].

The significance of the genetic development factor was confirmed by the study of T. Pollard etal. (2012), which was conducted using the control and main groups [3]. It was found that in the presence of a hereditary pathology, the risk of developing hip joint pathology increases significantly. Data from many authors confirm that as the population ages, there is a tendency to increase theболеваемости incidence of coxarthrosis [23]. The age threshold for this disease continues to decrease significantly [25]. OA affects the joints exposed to peak loads – the patellofemoral and tibiofemoral joints of the knee and the upper pole of the femoral head in the hip joint, which gives reason to speak of OA as an evolutionary heritage of humans [45]. The development of coxarthrosis in elderly patients is often associated with a combination of damage to other organs and systems, which complicates the treatment of these patients. The combination of hip joint damage and the cardiovascular system leads to the need for more thorough preparation of patients for various types of surgical interventions, especially for эндопротезированиюjoint replacement surgery. The preoperative training plan includes measures for the correction and treatment of diseases of the cardiovascular system in order to prevent undesirable complications from the cardiovascular system in the postoperative period [1,17]. In patients with dysplastic coxarthrosis, severe disorders of the immune system, lipid peroxidation/antioxidant system, mineral metabolism, central and peripheral hemodynamics are detected, which dictates the need for a comprehensive treatment program for patients with coxarthrosis of III-IV severity before and after total эндопротезированияhip replacement (TETS), aimed at correcting gross disorders of the body (immune system). adaptation system of the body) [13]. Due to the significant increase in the medical and social significance of the problem of OA and osteoporosis (OP), it is necessary to focus on disease prevention. It is important to start prevention as early as possible, contributing to the formation of the maximum

peak of bone mass during the maturation of the skeleton, and in the future, preventing age – dependent bone loss and joint damage by using basic therapy. Due to the significant aging of the population, an increase in the proportion of women over 50 years of age, environmental and social problems, involutional OP and its complications, OA of large joints can lead to an epidemic of these diseases in the state with unforeseen medical and social consequences. Identification of risk groups, use of modern highly informative diagnostic methods, targeted prevention and treatment of these diseases and their complications, as well as systematic use of basic tools will help reduce the number of patients with osteoporotic fractures, stage II-III OA, and improve the quality of life of older patients [25]. Industrial factors that contribute to the development of pathology of the movement organs have a pronounced effect on the incidence of coxarthrosis – prolonged walking, forced position, standing work with weight lifting [36], as well as physical inactivity at work (working in a sitting position) [23]. The influence of household factors related to housing and nutrition is more pronounced than industrial factors [27,36,38]. The combination of the influence of several factors-eating mainly carbohydrate-rich foods (bakery products, potatoes) against the background of a low-activity lifestyle and sedentary work aggravate and accelerate the development of osteoarthritis. G. V. Sidorova, A. P. Barabash, and K. I. Shapiro (1998) single out the influence of family predisposition, low-activity lifestyle, and low family budget. The influence of anthropometric parameters: body weight more than 80 kg, BMI >30 kg / m2, the presence of injuries, mechanical functional overloads was revealed in the study of T. N. Petrachkova (2005), as well as N. V. Sazonova and L. A. Popova in 2009 [23, 26]. N. Paans etal. The importance of weight loss in overweight patients was noted. 32.6% of patients reported improved joint function after weight loss, improved walking performance, and reduced pain [52]. Some authors point коксартрозомout that education, smoking, age of onset, and duration of menopause do not affect the risk of developing coxarthrosis [23]. At the same time, other researchers have confirmed the influence of smoking and alcoholism not so much on the onset and development of the disease, but on the development of complications after surgical treatment – aseptic instability эндопротезовof hip replacements [30]. Due to the increasing aggressiveness of the external environment, many environmental impacts lead to the development of environmentally-related pathology [14]. Eastern Siberia has special natural and climatic conditions: a cold climate, permafrost areas, high seismicity, and difficult terrain. This is combined with a low population density and the focal nature of economic development [31]. The population density in Eastern Siberia is the lowest in Russia and averages 3.0 people/km2 in the Irkutsk region (the maximum in Irkutsk is 300 people/km2, the minimum in Katanga district is 0.06 people/km2), while in the European part of the country it is 300 people/km2. On the territory of the region, localities are located unevenly. Many of them are significantly removed from the regional centers. This is especially important for the northern regions of the region. About half of the oblast's settlements are separated from their regional centers by a distance of 50 to 100 kilometers or more, which greatly complicates the relationship between settlements in conditions of poorly developed road transport and poor road conditions. In such districts as Katangsky, Mamsko-Chuysky, Ustudinsky In fact, there are no roads that are suitable for regular automobile traffic between localities. This leads to a decrease in the quality of medical care. Eastern Siberia is one of the most climatic and ecologically unfavorable regions for human health [14]. Analysis of the annual state reports "On the sanitary and epidemiological situation in the Irkutsk region" and "On the state of the environment and natural environment" shows that in the Irkutsk region there is a higher incidence of diseases of the endocrine, genitourinary, osteoarticular and respiratory systems, which exceed the national indicators by 43.9% and 5%, respectively. Preliminary studies of the Research Institute of Occupational Medicine and Human Ecology-the Angarsk branch of the

Scientific Center for Medical Ecology of the Supreme Scientific Center of the Siberian Branch of the Russian Academy of Medical Sciences suggested that their growth is associated not only with the lack of micro-and macronutrients, but also with the complex impact of harmful substances on the body. In almost all cities of the region, city-forming enterprises are extremely unfavorable in environmental terms [31]. Analyzing the research materials, it can be noted that the Irkutsk region has negative priorities for the problem of the incidence of diseases of the musculoskeletal system (increasing morbidity, increasing disability in this problem, negative dynamics of indicators of partial and complete rehabilitation) [23, 37]. In connection with this medical and geochemical situation, the study of orthopedic morbidity is of undoubted interest.

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