DIFFERENT TYPES OF ILLNESSES COMING FROM ENVIRONMENTAL ISSUES

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Abstract: *This article explores current environment that are sufficient to resist the push of environmental factors towards weight gain. This will require conscious effort on the part of most people to make behavior choices that counteract the environmental pressure.*

Keys words: *diabetes, obesity, disease, Diabetes mellitus.*

Diabetes and its complications are major cause of morbidity and mortality nowadays and contribute substantially to health care costs. Many researchers expect a continued rise in the incidence of diabetes as the population ages, a continued increase in adult obesity rates,and an increase in the population of minority groups that are at high risk for diabetes .In addition, rising childhood obesity rates and increasing diagnosis of type 2 (formerly ,,adultones'' diabetes) among children and young adults have become an increasingly serious health crisis, which will result in more people having and managing diabetes for most of their lives. Diabetes mellitus is a group of chronic metabolic conditions all of which are characterized by elevated blood glucose levels resulting from the body's inability to produce insulin or resistance to insulin action or both this group of conditions can be subdivided into 4 clinically distinct types:

1 type ,which results from autoimmune beta-cell destruction in the pancreas and is characterized by a complete lack of insulin production.

2 type , which develops when there is an abnormal increased resistance to the action of insulin and the body cannot produce enough insulin to overcome the resistance.

3 type gestational diabetes, which is a form of glucose intolerance that affects some women during pregnancy.

4 type a group of other types of diabetes caused by specific genetic defects of beta- cell function or insulin action, diseases of the pancreas or drugs or chemicals. [2; 34]

Although the pathogenesis of diabetes is complex, a number of factors that increase the risk for the disease have been identified.

Risk factor for type 1-diabetes include family history, race (with whites at higher risk than other racial or ethnic group), and certain viral infection during childhood Risk factor for type 2 diabetes are more diverse: some are modifiable, and others are not. Modifiable or lifestyle risk factors include increased body

mass index (BMI), physical inactivity, poor nutrition, hypertension, smoking, and alcohol use, among others.

There is general agreement about the distribution of causes of causes of death in type 2 diabetes. Two thirds of people with diabetes die of heart disease and stroke. The risk for cardiovascular disease mortality is 2 to 4 times higher in people with diabetes than in people who do not have diabetes.

Diabetes can affect many different organ systems in the body and over time, can lead to serious complications. Complications from diabetes can be classified as microvascular complications include nervous system damage, renal system damage and eye damage.

Cardiovascular disease causes up to 65% of all deaths in people with diabetes. Is chemic heart disease and stroke account for the greatest proportion of morbidity associated with diabetes. In addition, as described above, mortality rates due to heart disease are 2 to 4 times higher among people with diabetes compared with those without diabetes. In sum up, a key factor in the development of diabetes complications is glycemic level, both at diagnosis and an ,,upward drift'' in glycemic lever over time.

It is clear that there is a growing epidemic of diabetes in Uzbekistan. Uzbekistan is experiencing a growing burden of diabetes and other NCDs. The most recent International Diabetes Federation (IDF) Diabetes Atlas estimates a diabetes prevalence at 7% of adult population

Detection of diabetes and other NCDs in Uzbekistan often occurs following another health incidence e.g. stroke, loss of vision, amputation etc. Which indicates a low level of capacity towards early diagnosis and detection. There are several potential reasons for this, include low level of knowledge and public awareness. To support the development and implementation of national NCD response in Uzbekistan through a strengthened primary and secondary level care outreach and through integration of NCDs into maternal care / RCH structures.

The WDF support to Uzbekistan is undertaken through a civil society partnership with a local stakeholder, UMID (charity organization for disabled person and people with diabetes), which collaborates closely with the Ministry of Health in all activities, where by the programe components supported are complemented with the Moh at all stages. WDF builds on experiences gained from previous projects carried out in collaboration with UMID and the Ministry of Health During phase 1(WDF B-770) seminars were organized to train GPs and specialized teams in six regions targeting the improvement of primary and secondary prevention and early diagnostics of IGT and diabetes in rural population. [1; 176]

Diabetes screening rooms were established and equipped to become central district polyclinics in the six regions. Questionnaires for risk assessment of diabetes were developed and used by rural populations, and people detected to be at – risk

with IGT or diabetes were referred to the diabetes screening rooms, where a trained team was trained to provide more in-depth consultations and services. Furthermore , six regional endocrine laboratories were equipped with analyzers for glycated haemoglobin , microalbuminuria and lipid measurements to control for diabetes regulation in rural population with DM including early detection of IGT and DM.

Wider outreach activities on diabetes prevention was carried out in rural populations by the development and distribution of materials concerning diabetes and NCDs as through video short films targeting rural people Large-scale coverage through mass-media was also implemented. Finally, regional

stakeholder meetings were held aimed at the development of a diabetes NCD prevention strategy to be adopted into nationwide NCD response.

Obesity. The obesity epidemic shows no signals of adopting. There is an urgent need to push back against the environment forces that we producing gradual weight gain in the population. There is no sign that the rapid increase in obesity seen over the past two decades is abating. The World Health Organization (WHO) has declared overweight as one of the top five in developed nations.

Obesity increase the risk for type 2 diabetes, cardiovascular disease, and some cancers. Particularly disturbing is the 10 – fold increase in incidents of type 2- diabetes among children. Abdomal obesity and insulin resistance are believed to be the main physiological forces resulting in the adverse cardiovascular profile in metabolic syndrome. This is highlighted by abdomal obesity being the only mandatory diagnostic criterion in the IDF (International Diabetes Federation) classification. The IDF classification was drawn up to give a consensus worldwide definition and acknowledged the ethic difference in CVD risk for a given degree of adiposity. [3;78]

Insulin has important physiological effects on the endothelian, increasing NO availability and stimulating vasodilatation and is proposed to act in an anti – atherogenic manner overall. Insulin resistant states are associated with impaired vascular response to insulin and endothelial dysfunction. Obesity is associated with insulin resistance. Insulin resistance is also associated with increase cardiovascular risk, with meta-analyses demonstrating a statistically positive correlation between fasting plasma insulin and the risk of cardiovascular death independent of conventional risk factors.

We must inspire people to make behavior changes within the current environment that are sufficient to resist the push of environmental factors towards weight gain. This will require conscious effort on the part of most people to make behavior choices that counteract the environmental pressure. These behavior changes must be aimed to close the energy gap, which we have estimated to be 100kcal\day, a change that is enough to stop weight gain. We believe this goal can be accomplished with small behavior changes that fit relatively easily into most people`s life – style and are not sufficient to produce

physiological compensation by the body.

Turn to Uzbekistan, in 2016, male obesity prevalence for Uzbekistan was 13,8 %. Between 1997 and 2016 male obesity prevalence of Uzbekistan grew substantially from 6,9 to 13,8% rising at an increasing annual rate that reached a maximum of 4,26% in 2007 and then decreased to 3,76% in 20016.

The results of a study conducted by the Committee on Sanitary – Epidemiological welfare and Public Health (San Epid Committee) together with the World Health Organization, half of the population aged 18-64 is overweight and 20% of them suffer from obesity. Every day, 67% of the population eats an adequate amount (less than 400 grams) of vegetables and fruits, but 46% have elevated blood cholesterol levels. The results showed that the average daily salt consumption of the population is 14,9 grams, which is 3 times more than the recommendation of the World Health Organization (not to exceed 5 grams per day).

According to the department, non – observance of physical activity and nutrition norms and rules, excessive consumption of salt, and fat minerals lead to a number of consequences:

lagging behind in rational growth and mental development in young people;

in adults, it causes the development of a number of diseases that lead to premature death of a person, such as cardiovascular, endocrine, and malignant tumors.

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