



## Assessment of the Incidence of Iron Deficiency Anemia Among Women

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Received 2<sup>nd</sup> Jun 2022,  
Accepted 3<sup>rd</sup> July 2022,  
Online 1<sup>st</sup> Aug 2022

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**Annotation:** This paper presents the results of studying the regional causes of iron deficiency anemia (IDA) in women of childbearing age based on a prospective study of anemic patients and a retrospective analysis of 1515 medical records. In the course of the studies, it was found that IDA still occupies a leading position in the spectrum of extragenital diseases in women of childbearing age. Over the past 20 years, there has been an inconspicuous change in the leading causes of the development of an iron deficiency state. Instead of the former leader in the form of frequent births, iatrogenic metrorrhagia and dysmenorrhea, as well as alimentary factors and a shortened interbirth interval, rose to the fore.

**Key words:** risk factors, deficiency anemia among fertilized women.

Iron deficiency anemia (IDA) for a series of years, continues to be not only copper Qing, but also a social problem, mainly due to the scale of its distribution [1,2,5,7]. Thanks to the active use of preventive measures for the mass spread of IDA, it has not yet been possible to reverse its growth in the region. During and series of years in the spectrum of edge highlights the reasons why a large number of genera and episodes of gastrointestinal bleeding, significantly affects the size of the spread of iron deficiency (WDN) in the field [3,4,8,10]. To date, impressive results have been achieved in reducing their role to a minimum. Nevertheless, IDA continues to occupy a leading position in the spectrum of extragenital diseases (EHD) in women of fertile age. Obviously, in this regard, the problem of railroad transportation in a new way and on an even larger scale began to attract the attention of specialists.

The current time of the measures taken has increased so much that every day more and more the idea of transforming IDA from a purely medical into a national problem is being embodied in reality [9,11,17]. The passions around the issue of IDA requires each expert to make its own contribution to the speedy unraveling a key aspects of the causes of so frequent in the region of its distribution among women of childbearing age [13,15].

Taking into account the above circumstances, the present work was undertaken to determine the risk factors for the mass spread of IDA among women of fertile age in the region [12,14,16].

**Materials and methods of research.** Before embarking on the implementation of the tasks assigned to this work, a working group was created consisting of: a gastroenterologist, hematologist, obstetrician-gynecologist and therapist, specifying the responsibilities of each of them. According to the schedule drawn up exercises planned visits to rural family polyclinics (RFP), to assist the local population. The results of a year's teamwork of group members formed the basis of this study. The information bank was enriched by summarizing the results of clinical-anamnestic and laboratory-instrumental studies of patients with IDA and medical records, in the course of their prospective and retrospective studies. Prospective studies carried out during the time of regular visits of members of the working group in RFP regions Bukhara. We also analyzed the information obtained through a retrospective analysis of data from medical records of IDA patients treated over the past 5 years on the basis of the hematology department of the multidisciplinary medical center of the region. In total, more than one and a half (1515) thousand medical documents were analyzed. 863 (57%) of them had mild IDA, 462 (30%) had moderate, and the remaining 205 (13%) and more persons had severe IDA. Of the total number of 1515 medical documents, 1050 (70%) were outpatient records of IDA patients registered with the corresponding RFP. The study involved the medical records of women of childbearing age from 18 to 42 years old.

In all cases, the diagnosis of IDA was documented on the basis of clinical-anamnestic and laboratory-instrumental studies. For some patients, to verify the diagnosis of IDA, especially in RFP conditions, sometimes specific tests were required, such as determining the content of serum iron, iron binding capacity of plasma, etc. In such cases, they used the capabilities of the laboratory service of the regional multidisciplinary center. To exclude gastrointestinal causes of IDD development, they resorted to the help of X-ray and endoscopic examinations. If necessary, we consulted the leading specialists of the region. In some cases, the laboratory indicators of IDA were monitored for a long time.

**The results obtained and their discussion.** In the course of the research, the following results were obtained. The range of regional reasons contributing to the development of WDN turned out to be quite wide. It included a variety of causal factors: from various types of bleeding to alimentary. Even during a cursory analysis of the spectrum of etiological components IDA immediately catches the eye is not noticeable before the dominant factor in the video portion to 5-6, not to mention the 8-10 childbirth. Indeed, this factor was not recorded in any case of the study. Episodes of gastroduodenal bleeding were also extremely rare. Found isolated cases of such episodes were mainly due to NSAID associated gastropathies. Due to the minimal number, they were not included in the general registry of causal factors. But, in contrast to previous years, new leaders have appeared in the structure of the etiological factors of IDA, which are obviously characteristic of the present time. According to the data obtained, metrorrhagia and menorrhagia, often associated with the use of antiplatelet agents in the form of NSAIDs, have come to the fore quite unexpectedly. Before menstruation, most women used them to relieve pain during the process. Together they accounted for 23.6% of the amount of reasons contributing to the development of IDA. Of the total number of 1350 women with IUDs, 24% had metrorrhagia and menorrhagia. Given the genesis of these factors, in another way they can be called only iatrogenic. It should be taken into account in this woman the duration of menstruation lasted up to one week and the volume of lost blood was reached 2 times more than in healthy people.

The role of alimentary factors in the origin of the IDF in the region was extremely impressive. Together, they accounted for 9.1% of the range of identified regional causes of IDA. Among them, the role of excessive intake of milk and tea became indisputable. Many women of fertile age from among the rural population practically did not hide the fact of daily morning consumption of "shirchoy" (simultaneously prepared milk and tea), better known in everyday life as "Kalmyk" tea. It's no secret

that both nutritional ingredients are very popular as a powerful inhibitor that clearly enough prevents the absorption of iron in the intestine. It is clear that this issue will not be solved only by notifying the relevant information. Of course, more large-scale constructive measures with the inclusion of state resources are needed here. Requires the adoption of extensive measures for the production of flour products fortified with iron. To establish a technology for the production of sausages and pates from the liver (liverwort), lungs, spleen, etc animal.

The next in frequency of occurrence was the shortened birth interval, which occurred in about 6.3% of cases of medical records analysis. This fact very often took place in women of fertile age who got married within the last 8-10 years. He met even more often in women with the presence of two same-sex children. During a private conversation with some of them, it became clear that there was a desire to have at least two children of different sexes as quickly as possible, preferably in the initial periods of married life. In this regard, the opinions of the elders, who were directly involved in the creation of the family, were no less influential. The position of women of fertile age regarding the proper (in our opinion, physiological) interval between childbirth turned out to be very alarming. To our great regret, many of them simply had no concept of adherence to at least a four-year interval between childbirth without abortions and miscarriages. Hence, it is necessary to immediately strengthen educational work among women of fertile age, mainly living in rural areas. Based on the experience gained by the members of the working group, it should be emphasized that both verbal and non-verbal methods of education are equally good for this purpose.

Unfortunately, frequent abortions associated with unwanted pregnancies have also often caused the development of IDA. This fact took place in 6.0% of cases of medical records of childbearing women. Most often, it was registered in women with two or three children with different gender characteristics. The current situation around this phenomenon obliges specialists to apply appropriate measures of protection against pregnancies as soon as possible in this particular group of women of fertile age.

Helminthiasis is extremely rare as the only reason (3.1%) for the development of IDA. The invasion of pinworms (*enterobios vermicularis*) and roundworms (*ascoridis lumricoides*) was very often identified. As a rule, they simultaneously met with other factors, most often together with alimentary ones. Therefore, they did not consider it necessary to dwell on them in more detail.

The listed regional reasons for the development of WDN were often met in combination. This option was noted in more than 50% of the analyzed medical records. Most often, metrorrhagias, menorrhagias and alimentary factors, heminthiasis were combined. As a rule, combined variants were identified in women of fertile age with severe forms of IDA.

Thus, among the causes of iron deficiency anemia, iatrogenic metrorrhagias and dysmenorrhea caused by the use of painkillers, as well as alimentary factors and a shortened birth interval, have risen to the fore.

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