

STUDIES OF CHILDREN WITH OBESITY DEPENDING ON THE PRESENCE OF CONCOMITANT DISEASES

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RELEVANCE

Adherence to regular exercise is an important component in the treatment of obesity, as well as many other chronic diseases – diabetes, asthma, obesity, etc. However, the presence of a chronic disease in a child can significantly limit his physical activity, due to the resulting discomfort and psychological resistance, lack of motivation, and appropriate traditions in the family. Obesity is a highly comorbid pathology, which further modifies the lifestyle of patients, affecting adherence to a healthy lifestyle.

PURPOSE OF THE RESEARCH

To study the effect of combined pathology on the physical activity of obese children.

MATERIALS AND METHODS

82 children aged 7–15 years with constitutional-exogenous obesity of the 1st degree were examined. The main group included 58 children in whom obesity was combined with two or more chronic diseases (bronchial asthma, pathology of the digestive, urinary, nervous system, musculoskeletal systems, and ENT organs). The control group consisted of 24 children who did not have concomitant pathology. The groups were comparable in terms of age and gender composition. Adherence to physical activity was studied by the method of questioning according to the following characteristics: physical inactivity, physical education at school, participation in sports sections, physical activity in free time, as well as physical activity of family members and active joint pastime. Each item was evaluated on a 5-point system, the maximum number of points is 25.

RESULTS

The average score of physical activity in the main group was lower than in the control group (15.2 and 19.0 points; $p < 0.01$). The decrease in physical activity in children of the main group affects all the studied items, but the most pronounced differences were noted in physical education at school (3.0 and 4.4 points), participation in sports sections (2.9 and 3.8 points), and family active time conducting (3.0 and 4.2 points). If the first two points are logically associated with an increased likelihood of limiting physical education and sports in the presence of several diseases, then the low physical activity of family members reflects more complex influences. Of the 58 children in the main group, 16 were exempted from physical education at school due to concomitant diseases, and 28 more had restrictions. Parents of 38 children in this group initiated or supported restrictions on physical education.



CONCLUSIONS

Comorbidity leads to a decrease in adherence of obese children to all forms of physical activity. This negative impact, among other things, reflects the insufficiently adequate attitude of the family and doctors to the role of physical activity in the treatment of chronic diseases. The presence of even mild forms of obesity should aim both the pediatrician and the medical specialist for more active and differentiated recommendations for physical activity, and not its restriction.