

When the circulation stops, you can try to restore it by "walking" the projectile. If it does not resume within 2-3 minutes, it is necessary to lift the projectile.

Along with the EPH complexes, rotary drilling of large-diameter wells (up to 500 mm) in placers is also carried out using pneumatic drills - IP-4603, CO-134, etc.

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FEATURES OF STUDYING MULTIFACTOR MANAGEMENT OF TYPE 2 DIABETES

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Abstract: The steadily increasing prevalence of the combination with the mild frequency and severity of complications of diabetes mellitus and the fact that it takes a lot of steps to treat this disease and prevent it from turning biological into social. Stage-by-stage multifactorial exercise by type 2 diabetes mellitus according to the standards provides ideal glycemic compensation and reduces plants for treatment.

Keywords: diabetes mellitus, glycemic, multifactorial exercise, glucated hemoglobin

Relevance of the problem: Type 2 diabetes mellitus (DM) is one of the leading medical, social and economic problems of modern healthcare [1.2]. A British prospective study of type 2 diabetes (UKPDS, 1999) demonstrated the need to maintain normoglycemia in patients with type 2 diabetes to reduce the risk of developing microvascular complications, and a 7-year follow-up of patients after completion of the study proved more consistent with the earlier selection of optimal glycemic control to reduce risk of developing myocardial infarction of general mortality in type 2 diabetes [3.4]. The recognition of the fact that achieving the target values of glycemia, arterial pressure (BP), and lipid profile indicators will significantly reduce the progression of the disease, has made the effectiveness of treatment a

priority (D.M. Nathan, 2008) in this regard, a new concept for the treatment of type 2 diabetes has been adopted suggesting a multifactorial approach to therapy, taking into account the individualization of the target criteria for metabolic compensation.

Target: Our study is an assessment of the clinical and economical-effectiveness of phased multifactorial management of type 2 diabetes.

Materials and research methods. The 60 Patients with type 2 diabetes aged 35 to 75 years were examined. Patients with a disease duration of at least 6 months were included in the study. Patients with diabetes complications at the terminal stage of their development, pregnant women, and patients with mental illnesses were looked up from the study. The study lasted for 12 months. Depending on the tactics of therapy, all patients were divided into 2 groups. 22 patients were admitted to the main group of intensive care (IT), which was carried out according to the phased management algorithms for type 2 diabetes, and to the comparison group of standard therapy (CT), supervised according to generally "accepted practice," 38 patients were listed in the above mentioned medical institutions. To assess carbohydrate metabolism, the glucose content in capillary blood and the level of glycated hemoglobin are used. The state of fat metabolism was assessed by measuring various lipid fractions in blood serum: total cholesterol, thyroid hormones, high density lipoproteins, low density lipoproteins. In addition, other biochemical parameters were studied (total protein, creatinine, Urea, ALT, AST). An assessment of renal function was performed: general analysis of microalbuminuria (MAU), daily proteinuria. Of the instrumental methods, according to indications, an ultrasound examination of the abdominal cavity organs, electrocardiography and x-ray studies were carried out. Patients underwent examination by a neurologist, ophthalmologist, cardiologist, doctor in the office of a diabetic foot, and other specialties.

Results and discussion. Evaluation of glycemic control data in the observations showed that the average fasting blood glucose level in the IG group significantly decreased (from 8.0-1.2 mmol to 6.1 ± 1.3 mmol / l. $P < 0.001$). There was also a decrease in HbA_{1c}-from 8.7 ± 1.5 to 7.6 ± 1.1 mmol / L, $p < 0.001$. In the CT group, there was a tendency to a decrease in fasting blood glucose (from 8.2 ± 1.5 mmol L to 7.4 ± 0.8 mmol, $p > 0.05$) and HbA_{1c} (from $8.3 \pm 1.4\%$ to $8.1 \pm 1.1\%$, $p > 0.05$), which did not reach statistical significance.

The initial blood pressure data indicated that there was no satisfactory compensation for hypertension among the patients included in the study: average systolic blood pressure was 142.38-19.67 mm. Hg and 136.21-14.44 mm Hg, dystolic blood pressure $90.03 + 12.62$ mm Hg and 87.84-8.95 mm Hg in the group of IT and ST respectively. During the observation period, a

statistically significant decrease in the mean SBP to 133.21314.1 mm Hg, $p = 0.001$ was observed in the main group; in the ST group, the average SBP decreased to 132.18–13.7 mm Hg, $p = 0.05$. By the end of the observation, the average DBP level decreased to 82.13–7.7 mmHg, $p < 0.05$ - in the main group and to 84.93–8.8 mmHg, $p = 0.05$ -in the group comparisons. When evaluating the lipid profile after 12 months of observation, the IT group showed a significant decrease in the average total cholesterol values from 6.13–1.1 mmol / L to 5.12–1.0 mmol / L, $p < 0.05\%$; and LDL-c 3.77–0.9 to 2.99–0.78 mmol / L, $p = 0.001$. In the CT group, the average content of total cholesterol increased from 5.62–1.2 mmol to 5.94–1.2 mmol / L, $p = 0.05\%$; LDL-C from 3.29–1.0 mmol / L to 3.71–1, 1 mmol, $p > 0.05$

Conclusions: The results of the studies indicate that in the main group of patients there was a statistically significant improvement in glycemia, blood pressure and lipid profile compared with the comparison group. Using algorithms for step-by-step management of diabetes mellitus 2 prevention of complications of type 2 diabetes

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