INCREASING CHRONIC VISION PATHOLOGY (LITERATURE REVIEW)

Akramova Lazokat Nozimbekovna
Andijan branch of Kokand University
1st year student of medical faculty
https://doi.org/10.5281/zenodo.14249186

The growing burden of chronic diseases is one of the biggest challenges of health systems worldwide in the 21st century. [1, 4, 8]. However, the greatest global concern is the rapid increase in the number of children and adolescents with chronic diseases. The increase in the prevalence of chronic diseases in children implies a subsequent increase in the prevalence rates of the corresponding diseases in adults [2, 3, 7, 8, 9, 10].

Myopia in childhood and adolescence, which is the most common cause of visual impairment, is a serious problem worldwide [1, 5, 6,]. Progressive myopia reduces the professional adaptation of adolescents, reduces the quality of life. Degenerative myopia is considered one of the main causes of disability due to pathology of the visual organ [3, 4, 6, 7].

The social significance of some so-called school diseases, which includes myopia, was determined in the last century. E. V. Adamyuk believed that myopia is a companion of civilization. In the civilized world, the number of myopes is increasing as schoolchildren move from class to class and in accordance with the requirements imposed by the school on the eyes of students.

The social aspect of this problem also follows from the fact that the conditions of society, the nature of people's predominant activities, the processes of civilization and urbanization largely determine the function of human vision. The specific weight of visual information received from a short distance is constantly increasing. And the importance of this for the development of myopia is evident from the data of some authors: the children of Indians and nomads of America, whose state of vision has always been an object of surprise for scientists, after several years of study in schools became as myopic as the children of other peoples who had earlier joined the education [2, 4, 5, 10, 11].

Consequently, the decrease in visual acuity as a result of the developed myopia can significantly limit the professional suitability of secondary school graduates. This can be judged by the example of the List of medical contraindications to industrial training and work of adolescents in some professions. It should be taken into account that the concept of “without

correction" implies the impossibility to work in glasses in a given specialty. There are many other specialties that require high visual acuity and do not allow the possibility of working with glasses

Progressive myopia, as noted by many researchers [1, 2, 6, 9, 10], in the overwhelming number of cases leads to disability and often - to blindness.

Conclusion: Thus, the above materials characterize myopia as a social evil that significantly limits the professional suitability of young people and requires the development of rules for employment of myopes in professions adequate to their visual capabilities and with the least number of factors that could contribute to visual impairment and progression of myopia

LITERATURE:

1. Avetisov E.S. Myopia. - Moscow: Medicine. - 1999. - 288 c.
2. Avetisov E.S., Rosenblum Y.Z., Tarutta E.P., Prevention of myopia // Vestnik Ophthalmologii. - 1989. - №6. - C. 3-6.
3. Ananin V.F. Accomodation and myopia. Moscow: Izd-vo PFUR and Biomed-Inform, 1998. - 136 c.
4. Aubakirova A.J., Kenzhebaeva K.S., Iskakbaeva J.S., Botabekova T.K. Clinical and statistical characteristics of myopia in schoolchildren in Almaty and features of its treatment //Ophthalmology Journal. -2011. -№ 4. -C.8-10.
5. Goss D.A. Clinical accommodation and heterophoria findings preceding juvenile onset of myopia //Optom -Vis. -Sci., 2011. Vol. 68. -N2.-P.10-16.
6. Hotchkiss M.L., Fine S.L. Patologidie myopia and chorioidal neo-vascularisation // Amer. J. Ophthalmol.- 2011. Vol.91. - N2. - P.177-183.
7. Hyams S.W., Neumann E., Friedman L. Myopia-aphakia. Vitreous and peripheral retina // Brit.J. Ophthalmol. 2015. Vol.59. - P.483-485.
8. Iensen H. Myopia in teenagers. An eight-year follow-up studi on myopia progression and risk-factors. // Acta Ophthalmol.Scand. 2015, 73(5), p.389-393.
9. Karlin D.B., Curtin M.D. Axial length measurements and peripheral changes in myopia eye // Retina congress. Boston. - 2002. - P. 629-642.
10. Lindner K. The etiology of myopia. // Bull. Ophthalmol.Soc. Egypt 2003.-Vol.46. N2.- P.520-534.
11. Manas L. Visial analyses //3 Ed. -Chicago: the professional press. 1995.-78 p.