YOSHGA BOG'LIQ MAKULA DISTROFIYASINING EPIDEMIOLOGIYASI VA XAVF OMILLARI (ADABIYOTLAR SHARHI)

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Annotatsiya. Ushbu tezisda meta-tahlillar, populyatsion va genetik tadqiqotlar hamda yirik randomizatsiyalangan klinik tadqiqotlar ma'lumotlari asosida yoshga bog'liq makula distrofiyasining tarqalishi, ko'rlik tuzilmasidagi o'rni va asosiy xavf omillari tahlil qilingan.

Kalit so'zlar: yoshga bog'liq makula distrofiyasi, epidemiologiya, tarqalish, xavf omillari, chekish, CFH, ARMS2, AREDS.

Dolzarbligi. Yoshga bog'liq makula distrofiyasi (YBMD) keksa yoshdagi aholi orasida markaziy ko'rishning qaytmas yo'qolishining yetakchi sabablaridan biri hisoblanadi [1, 2]. Global kasallik yuki (GBD) tadqiqoti ma'lumotlariga ko'ra, 2020-yilda dunyoda taxminan 1,8 million kishining ko'rligi YBMD bilan bog'liq bo'lgan [3]. Aholining qarishi va umr ko'rish davomiyligining ortishi bilan kasallik yuki muttasil oshib bormoqda, bu esa uning epidemiologiyasi va modifikatsiyalanadigan xavf omillarini o'rganishni dolzarb vazifaga aylantiradi.

Maqsad. Ilmiy adabiyotlar tahlili asosida YBMD ning tarqalishi va xavf omillari haqidagi zamonaviy ma'lumotlarni umumlashtirish.

Material va usullar. PubMed, Google Scholar va Cochrane Library ma'lumotlar bazalarida chop etilgan meta-tahlillar, populyatsion, genetik va randomizatsiyalangan klinik tadqiqotlar "age-related macular degeneration", "AMD prevalence", "AMD risk factors" kalit so'zlari bo'yicha tahlil qilindi.

Natijalar. Wong va hammualliflarining meta-tahliliga ko'ra, 45–85 yoshdagi aholi orasida YBMD ning umumiy tarqalishi 8,69% ni tashkil etgan. YBMD bilan og'riganlar soni 2020-yilda 196 million bo'lgan va 2040-yilga borib 288 millionga yetishi prognoz qilingan. Kasallikning tarqalishi Yevropa kelib chiqishiga ega aholida Osiyo va Afrika aholisiga nisbatan yuqoriroq bo'lgan [4].

Yosh YBMD ning eng kuchli xavf omili hisoblanadi: kasallikning tarqalishi va, ayniqsa, uning kechki shakllari yosh ortishi bilan keskin ko'payadi [1, 2]. Modifikatsiyalanadigan omillar ichida chekish eng isbotlangan xavf omili bo'lib, ko'plab tadqiqotlarni tahlil qilgan sharhda chekish YBMD rivojlanish xavfini izchil ravishda oshirishi va bu bog'liqlik dozaga bog'liq ekanligi ko'rsatilgan [5]. Semizlik, yurak-qon tomir kasalliklari va ratsionning xususiyatlari ham xavf omillari sifatida ko'rib chiqiladi, biroq ular bo'yicha ma'lumotlar kamroq izchil [2].

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Genetik omillar YBMD rivojlanishida katta ahamiyatga ega. 2005-yilda komplement tizimining H omili (CFH) genidagi polimorfizm YBMD bilan kuchli bog'liqligi aniqlangan [6]. Keyinchalik o'tkazilgan keng ko'lamli genom bo'ylab assotsiatsiya tadqiqotida 34 ta lokusda joylashgan 52 ta genetik variant YBMD bilan mustaqil bog'liq ekanligi ko'rsatilgan, ular orasida CFH va ARMS2/HTRA1 lokuslari eng katta ta'sirga ega [7].

Ovqatlanish omillarining ahamiyati AREDS tadqiqotida tasdiqlangan: antioksidantlar va rux saqlovchi preparatlarni qabul qilish YBMD ning kechki shakliga o'tish xavfi yuqori bo'lgan bemorlarda 5 yil davomida bu xavfni taxminan 25% ga kamaytirgan [8]. AREDS2 tadqiqotida esa tarkibdagi beta-karotinni lutein va zeaksantin bilan almashtirish maqsadga muvofiq ekanligi ko'rsatilgan [9].

Xulosa. YBMD dunyo bo'yicha keng tarqalgan va aholining qarishi bilan soni tez o'sib borayotgan kasallik bo'lib, keksa yoshdagi aholida markaziy ko'rish yo'qolishining yetakchi sababi hisoblanadi. Uning asosiy xavf omillari yosh, chekish va genetik moyillik (CFH, ARMS2/HTRA1) hisoblanadi. Chekishdan voz kechish, sog'lom ovqatlanish va xavfi yuqori bemorlarda AREDS formulasidagi qo'shimchalarni qabul qilish kasallik progressiyasining oldini olishda muhim ahamiyatga ega; 50 yoshdan oshgan shaxslarni muntazam oftalmologik ko'rikdan o'tkazish esa YBMD ni erta aniqlash imkonini beradi.

Foydalanilgan adabiyotlar

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