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### COMPLEX OF ILLNESSES AND MEDICAL EXAMINATIONS FOR CHILDREN AND ADOLESCENTS

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### Abstract

The following primary record-reporting documents were taken as sources of study of children's diseases: card-questionnaires of children and adolescents who are engaged in chess and checkers, children's medical card (form No. 026/x) and developmental history (form No. 112/x) were considered the subject of the study. The obtained data were recorded in a specially developed "Card for the study of diseases of children involved in chess".

### Keywords

мedical examination, prevention, illness

The records of the results of the medical examination conducted by a team of doctors (pediatrician, neurologist, otolaryngologist, ophthalmologist) of polyclinics affiliated with children's and adolescent institutions in the districts were collected and studied, and children were divided into health groups based on the results of the observed disease indicators among children and adolescents. To analyze the results of the examinations, methods of comprehensive assessment of the health status of children were used, distinguishing the main classes and nosological forms of diseases in accordance with the International Classification of Diseases (ICD-10).

According to the age classification of children, all children were divided into 4 age groups: 7-9 years old, 10-12 years old, 13-15 years old, 16-18 years old children. 312 children (31.8%) were 7-9 years old, 315 (32.1%) were 10-12 years old, 181 (18.5%) were 13-15 years old, 172 (17.6%) were 16- formed by 18-year-old children (see Table 1).

The difference in childhood morbidity is due not only to regional differences, but also to the methods of collecting and calculating materials for identifying and registering diseases, as well as to the equipment of medical and preventive institutions, their complete staffing, the professionalism of doctors, the availability of medical services, and other factors.

Table 1



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| Distribution of children involved in the study by age and gender groups |        |      |       |  |
|---|--------|------|-------|--|
| Age   | Gender |      | Total |  |
|   | Boy    | girl |       |  |
| 7 – 9   | 172    | 140  | 312   |  |
| 10-12   | 207    | 108  | 315   |  |
| 13-15   | 108    | 73   | 181   |  |
| 16-18   | 85     | 87   | 172   |  |
| total   | 572    | 408  | 980   |  |

The overall incidence rate of children is 589.8 for 7-9 years; 564.3 for 10-12 years for 1000 children of this age group; 13-15 years old 406.1; 16-18 years old was 377.5. As the children got older, the incidence rates among them decreased (see Figure 1).



# Figure 1 Prevalence of common diseases by age (per 1000 children and adolescents)

Many researchers have studied the incidence of childhood diseases by gender in their scientific works, and they noted a higher incidence in boys than in girls. Our results also showed a slightly higher incidence in boys than in girls. However, the difference between them is not statistically significant (P>0.005), including the incidence of boys at 7-9 years old - 357.1‰ in boys, 232.6‰ in girls; at 10-12 years old - 313.3‰ in girls - 280.6‰; at 13-15 years old - 265.3 and 141.0‰, respectively, and at 16-18 years old - 209.1 and 178.5‰ (see Table 2).

## Table 2

Children disease (this age 1000 people in the group to the child relatively)



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|           | Incidence (‰) |          | Р            | General |
|-----------|---------------|----------|--------------|---------|
| Young     | 1             | girl/boy | (Probabili   | illness |
|           | boy           |          | ty of error) | (‰)     |
| 7 - 9     | 357.1         | 232.6    | >0.05        | 589.8   |
| 10-12     | 313.3         | 280.6    | >0.05        | 564.3   |
| 13-15     | 265.3         | 141.0    | >0.05        | 406.1   |
| 16-18     | 209.1         | 178.5    | >0.05        | 377.5   |
| Firefight | 286.2         | 208.2    | >0.05        | 484 4   |
| er        | 200.2         | 200.2    | - 0.00       | 101.1   |

In the structure of diseases of children attending chess clubs, respiratory diseases are the leading cause (19.8%), followed by diseases of the digestive system (18.8%), blood and hematopoietic system diseases (17.3%), followed by some infectious diseases (13.4%), diseases of the eye and its adnexa (8.8%), ear and mastoid tumors (7.5%), and skin and subcutaneous tissue diseases (4.7%). In all age groups of children, the incidence rate decreased with age. (See Figure 3.2)

Respiratory diseases per 1000 children in this age group were 129.6 at 7-9 years old; 117.3 at 10-12 years old; 61.22 at 13-15 years old; 76.5 at 16-18 years old, and among the diseases of this system, acute respiratory diseases were the most common in all age groups of children. The share of acute respiratory diseases in the respiratory system was 81.7%, and children also suffered from rhinitis, laryngitis , bronchitis, tracheitis, and in very rare cases, pharyngitis.

The rate of diseases of the digestive organs is 110.2 ‰ at the age of 7-9; 107.1‰ at 10-12 years old; 81.6‰ at the age of 13-15; It was 66.3‰ at the age of 16-18. It happened mainly due to stomatitis, dental caries. The reason why caries is so common among school-aged children.

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