

## **QANDLI DIABETNING 2-TURI: ZAMONAVIY DAVOLASH USULLARI VA TADQIQOTLARI.**

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**Annotatsiya:** Qandli diabetning 2-turi (QD2) global miqyosda eng ko'p uchraydigan metabolik kasalliklardan biri bo'lib, u yurak-qon tomir kasalliklari, buyrak yetishmovchiligi va boshqa jiddiy asoratlarni keltirib chiqarishi mumkin. Ushbu maqolada QD2ni samarali davolashning asosiy tamoyillari yoritilgan. Maqolada, shuningdek, individual yondashuv, zamonaviy klinik tavsiyalar va davolashda profilaktikaning ahamiyati muhokama qilingan. QD2-turini nazorat qilishning kompleks usullari samaradorligi va zamonaviy ilmiy tadqiqotlarga asoslangan tavsiyalar ko'rib chiqilgan.

**Kalit so'zlar:** Qandli diabet, C peptid, Glinidlar, Metformin, DPP-4 ingibitorlari.

**Asosiy qism:** Qandli diabet -insulinning mutloq va nisbiy yetishmovchiligi bilan bog'lik, barcha moddalar almashinuvi buzilishi, surunkali giperglikemiya va glyukozuriya, oqibatda qon tomirlar zararlanishi bilan kechuvchi endokrin patologiya. . Qandli diabet kasalligining kelib chiqishi mexanizmida asosida insulin yetishmovchiligi yotadi.

Dastlab gormon miqdori qonda mo'tadil yoki biroz oshgan, keyinchalik esa kasallik rivojlanishi bilan insulin sekretsiyasi susayishi kuzatiladi. Insulin yetishmovchiligi nisbiy (oshqozon osti beziga bog'liq bo'lмаган) yoki mutloq (oshqozon osti beziga bog'liq) bo'lishi mumkin.

Nisbiy insulin yetishmovchiligi - to'qimalarning insulinga nisbatan rezistentligining pasayishi, to'qimalarda insulinga qarshi antigenlar paydo bo'lishi, hamda insulinning gormonal va nogormonal antagonistik reaksiyasining buzilishi oqibatida kelib chiqadi.

Qandli diabet 2-turda insulin miqdori normada yoki biroz kamaygan asosan insulinga nisbatan hujayralar resistantlikka ega bulgan bo'ladi. Qandli diabet 2-turni aniqlashda qo'llaniladigan tekshirishlar

Tasodify qon shakarini o'lchash .

Qon shakari miqdori milligram shakar bir desilitr (mg/dL) yoki millimol shakar bir litr (mmol/L) qonda o'lchanadi. Oxirgi marta qachon ovqatlanganingizdan qat'i nazar, agar qon shakari darajasi 200 mg/dL (11,1 mmol/L) yoki undan yuqori bo'lsa va diabet belgilari, masalan, tez-tez siyish yoki kuchli chanqoq bo'lsa, bu diabetni anglatishi mumkin. Och qoringa glyukozani o'lchash .



Bu uchun tunda ovqat yemagan holda (12 soat ochlikdan kegin) qondan namuna olinadi. Natijalar quyidagicha talqin qilinadi:

- 100 mg/dL (5,6 mmol/L) dan kam bo'lsa, bu sog'lom deb hisoblanadi.
- 100-125 mg/dL (5,6-6,9 mmol/L) bo'lsa, prediabet tashxisi qo'yiladi.
- 126 mg/dL (7 mmol/L) yoki undan yuqori bo'lsa, ikkita alohida natijasida diabet tashxisi qo'yiladi.

#### C-peptid

1-tur va 2-tur diabetni ajratish uchun. Agar C-peptid darajasi past bo'lsa, bu insulin ishlab chiqarilishi kamligini va 1-tur diabetni ko'rsatishi mumkin. Davolash tamoyillari.

#### 1. Metformin gidroxlorid (Fortamet, Glumetza va boshqalar)

Odatda, 2-tur diabet uchun birinchi bo'lib buyuriladigan doridir. U asosan jigarda glyukoza ishlab chiqarishni kamaytiradi va mushak va yog' hujayralarining insulinga nisbatan sezgirligini yaxshilaydi.

##### ● Yon ta'sirlari:

- B-12 vitamini yetishmovchiligi (ba'zi odamlar qo'shimcha olishi kerak).
- Ko'ngil aynishi.
- Qorin og'rig'i.
- Qorin dam bo'lishi va diareya.

#### 2. Sulfonilmochivena unumlari

Bu dorilar oshqozonosti bezidan insulin ajralishini rag'batlantiradi.

- Misollar: gliburid (DiaBeta, Glynase), glipizid (Glucotrol XL), glimepirid (Amaryl).

##### ● Yon ta'sirlari:

- Past qon shakar (gipoglikemiya).
- Vazn ortishi.

#### 3. Tiazolidindionlar

Bu dorilar hujayralarning insulinga nisbatan sezgirligini oshiradi.

- Misollar: pioglitazon (Actos).

##### ● Yon ta'sirlari:

- Yurak yetishmovchiligi xavfi.
- Pufakchalarning saratoni xavfi (pioglitazon).
- Suyak sinishi xavfi.

##### ● Vazn ortishi.

#### 4. DPP-4 ingibitorlari

Glyukoza darajasini pasaytiradi, ammo ta'siri uncha kuchli emas.

- Misollar: sitagliptin (Januvia), saxagliptin (Onglyza), linagliptin (Tradjenta).

##### ● Yon ta'sirlari:



- Pankreatit xavfi.

- Bo'g'im og'rig'i.

#### 5. GLP-1 retseptor agonistlari

Inyeksiya ko'rinishida qo'llaniladi. Hazm jarayonini sekinlashtiradi va qon shakarni pasaytiradi.

- Misollar: eksenatid (Byetta, Bydureon Bcise), liraglutid (Saxenda, Victoza), semaglutid (Ozempic, Wegovy).

- Yon ta'sirlari:

- Pankreatit xavfi.

- Ko'ngil aynishi, quşish, diareya.

#### 6. SGLT2 ingibitorlari

Ular buyraklardagi glyukozaning qonga qaytishini bloklaydi, shuningdek, glyukozani siydkorqali chiqarib yuboradi.

- Misollar: kanagliflozin (Invokana), dapagliflozin (Farxiga), empagliflozin (Jardiance).

- Yon ta'sirlari:

- Vaginal infeksiyalar.

- Siydkorqali yo'llarining infeksiyalari.

- Past qon bosimi.

- Gangrena xavfi.

- Suyak sinishi xavfi (kanagliflozin).

- Amputatsiya xavfi (kanagliflozin).

Profilaktikasi:

Sog'lom ovqatlanish

Diabet uchun maxsus parhez stol N9. Ammo parhezingizni quyidagilarga asoslash muhim:

- Muntazam taom va sog'lom yegulik vaqtлari.

- Kichikroq porsiyalar.

● Ko'proq tolaga boy oziq-ovqatlar, masalan, mevalar, kraxmalli bo'limgan sabzavotlar va butun donlar.

- Kamroq tozalangan donlar, kraxmalli sabzavotlar va shirinliklar.

- Kam yog'li sut mahsulotlari, yog'siz go'sht va baliqning mo'tadil porsiyalar.

Jismoniy faollik

Vaznni yo'qotish yoki sog'lom vaznni saqlash uchun jismoniy mashqlar muhimdir.

Bu, shuningdek, qon shakarini boshqarishda yordam beradi. Mashq dasturini boshlash yoki o'zgartirishdan oldin sog'liqni saqlash xodimi bilan maslahat qiling.

Vaznni yo'qotish





Vaznni yo'qotish qon shakar darajasini, xolesterinni, triglitseridlarni va qon bosimini yaxshiroq boshqarishga olib keladi. Agar siz ortiqcha vaznga ega bo'sangiz, tana vazningizning atigi 5% ni yo'qotganingizdan so'ng ham yaxshilanishlarni sezishingiz mumkin.

Ammo qancha ko'r vazn yo'qotsangiz, sog'ligingiz uchun shuncha ko'r foyda bo'ladi. Ba'zi hollarda, tana vaznining 15% gacha yo'qotilishi tavsiya etilishi mumkin.

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