

PATIENTS WITH KIDNEY DISEASE NUTRITION NUTRITION ANALYSIS

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Behavioral, biological, hereditary, social, environmental and occupational risk factors, which are considered risk factors for health in the formation and development of the most important socially significant diseases, increase the likelihood of developing diseases, play a major role in their development and leading to negative consequences. Proper nutrition is considered one of the main requirements for strengthening human health and is recognized as a determining factor in the state of health of individual and collective groups. Following a healthy lifestyle, including exercise, proper nutrition, quitting smoking, controlling blood pressure, blood glucose, and protein levels, are important factors that can help reduce the development of kidney disease. For patients with typical kidney disease, the protein in food ration is 0.6 g per 1 kg of body weight per day, and at least 50% of them should be made up of products of high biological value, such as eggs, fish and meat. The main part of the daily strength should be replenished at the expense of carbohydrates (55-60% of the total strength) and fats (30-35% of the total strength). Due to the restriction of protein-rich foods (dairy and semi-finished foods), this diet is usually low in phosphorus (600-800 mg per day), sodium (2-3 g per day) and calcium.

The purpose of the scientific work is to evaluate the nutrients in the ovat ration of patients with kidney disease who live in environmentally unpleasant conditions. For this purpose, the diet of 50 patients with kidney disease (men – 22 people and women – 28 people) living in the Republic of Karakalpakstan was studied. With the help of a questionnaire-questionnaire for data collection, data were collected and the composition of the nutrients in the diet ration of the winter-spring season was analyzed.

When we analyze the nutritional content of food consumed in the analysis of the data obtained as a result of the study, in the winter-spring season, the total protein in the male diet was 48.1 g, and in women-49.8 g. In food ration, animal protein, according to gender, was 22.6 and 24.8 g. While the main sources of animal protein are meat and dairy products, sources of vegetable protein are breads and cereals. The daily diet ration contained fats 56.6 and 53.6 g. The problem of adequate supply of the human body with carbohydrates in terms of quality and quantity deserves special attention. Carbohydrates in the diet ration 278,4 and 264,7 g.ni made up. The ratio of macronutrients (protein, fat, carbohydrate) with nutritional value should be 1:1:4 in the norm, while in reality in patients of the male sex the ratio was 1.0:1.2:5.8; in women it was 1.0:1.1:5.8. It is worth noting that due to cereals, legumes and bakery products,

it has been observed that the amount of fat and carbohydrates in food rations is higher than in protein.

Although patients ate cereals more than normal, an analysis of micronutrients (mineral elements and vitamins) in the daily diet showed that while the calcium content in men was 578.6 and 566.7 g, the phosphorus and magnesium content was found to be 814.9-835.1 and 234.9-236.4 g, respectively. Iron content 7.4 and 8.7, depending on gender g.ni made up. At this point, an assessment should also be made of the ratio of sa:R (1:1.5 or 1:2 in the norm) and sa:Mg (1:0.5 in the norm) in the diet ration, since the ratio with these two elements is of great importance in the absorption of the calcium element by the body. Patients undergoing a scientific study found that the sa:R ratio in food ration was 1:1.4 in men; while women had takshil 1:1.5 in women, the sa:Mg ratio was 1:0.4 in representatives of both sexes.

In the analysis of the daily diet ration of patients with kidney disease, it was found that vitamins A and C are less than normal, it is known that these vitamins have a powerful antioxidant property. Male patients found that vitamin C in food rations was 45.6 g, and in women-36.0 g; vitamin A was observed to be 456.2 and 321.1 MCG, respectively. Vitamin V1 is 0.83 g in men; 0.82 g in women; vitamin V2 is 0.60 and 0.62 g, respectively. The low content of vitamins A, B1, B2, PP and C, identified in the analysis of food ration, is due to the fact that vegetables, fruits and tar fruits are not consumed in sufficient quantities.

Based on the results obtained from the analyzes, patients with kidney disease are characterized by poor nutrition in quality and quantity, insufficient nutritional and biological value of food ration, as well as insufficient strength, an imbalance in proteins and fats.

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