
EPIDEMIOLOGY OF NON-LIPID BEHAVIORAL RISK FACTORS - TOBACCO SMOKING AMONG THE HIV-INFECTED POPULATION OF THE CITY OF ANDIJAN

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Relevance

Prospective epidemiological studies in representative populations have identified factors that influence the development, progression, and premature therapeutic continuum of CNC, termed risk factors. Most risk factors are lifestyle factors that are modifiable (behavioral or modifiable) and are of the greatest interest in epidemiological studies for the prevention of the therapeutic continuum. But there are other risk factors, such as age, gender, and genetic characteristics, that cannot be corrected (non-modifiable). It is enough to take them into account only when assessing and predicting individual, group and population risks of developing diseases and the continuum.

Purpose of the study. Study and evaluate the epidemiological features of the formation of non-lipid risk factors of the therapeutic continuum among the HIV-infected population of the city of Andijan.

Materials and methods. A representative sample of the HIV-infected population of Andijan aged 20 to 69 years in the amount of 507 people was surveyed. The study was conducted jointly with the Andijan Regional Center for the Prevention and Control of AIDS among 263 women and 244 men. The study was carried out within the framework of the Republican scientific program “HIV / AIDS and internal diseases. Epidemiology, risk factors, features of clinical manifestations and prevention of major chronic non-communicable diseases against the background of **HIV infection** ” under the direct participation and consultation of the Republican AIDS Center.



The subjects of the study were the study and evaluation of the epidemiology of risk factors for CHD and their relationship with some antisocial characteristics of the HIV-infected population.

Results. Table 3 presents our data on the age of onset of regular smoking in the study cohort of smokers.

As can be seen from Table 3, 12.9% of individuals began to smoke regularly before the age of 25 years. 54.8% of the surveyed started smoking regularly before the age of 30 ($P < 0.001$), 24.5% - before the age of 35 ($P < 0.01$) and 5.2% - over the age of 35 ($P < 0.001$).

In the age group under 30, 50% of the surveyed began to smoke regularly at the age of 25, 25.3% of those under the age of 29 ($P < 0.05$), in the age group under 35 only 7.9% ($P < 0.001$), and in the age group over 35 years - 0.0%. Characteristically, if in the age group of HIV-infected people under 49 only 45% started smoking at the age of 25, in the age group of people over 49 only 5% ($P < 0.001$).

Table 3 Age of onset of regular smoking in HIV-infected population

Age	N	Age of onset of regular TC				Difference statistics by t -test (P)		
		Under 25 n (%) (1)	25-29 n (%) (2)	30-35 n (%) (3)	Over 35 n (%) (4)	< 0.05	< 0.01	< 0.001
Under 30	33	10 (50)	20 (23.5)	3 (7.9)	-	1-2	2-3	1-3
30-49	117	9 (45)	66 (77.6)	34 (89.5)	8 (100)	2-1 3-1	-	-
Over 49	5	fifteen)	3 (3.5)	1 (2.6)	-	1-2 1-3	-	-
Total	155	20 (12.9)	85 (54.8)	38 (24.5)	8 (5.2)	1-4	3-1 2-3	2-1 2-4 3-4

A similar, but significantly pronounced trend is observed in the age groups of 25-29 and 30-35 years.

Conclusions

These data confirm that in the current population of HIV-infected people, the age of onset of regular smoking for many smokers has decreased significantly. Therefore, active measures and programs for the prevention of TC should be addressed to HIV-infected people under 25 years of age.

