

## Analysis Of Distribution Of Vitamins, Macro And Micro Elements Deficiency Among Children And Adolescents In Samarkand Region, According To Clinical Symptoms.

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**BSTRACT** 

Today, vitamin deficiency is one of the most common conditions among children. According to the results of the research, not only cases of monohypovitaminosis, but also cases polyhypovitaminosis deficiency are increasing among children. [13,14,15,12,17,18]. At the same time, the increase in the number of diseases caused by vitamin deficiency shows the urgency of this problem and the need for urgent work to solve the problem. The organization of reasonable nutrition means that it is the main and important factor of improving the health status of children, ensuring harmony of mental and physical development [16,8,9,17,18,19,20]. We studied the nutritional status of 831 (414 boys and 417 girls) schoolchildren aged 7 to 17 years in cities and districts of Samarkand region. The results showed that 28.6% of schoolchildren had signs of vitamin deficiency, 9.8% had symptoms of monohypovitaminosis, and 18.8% had symptoms of polyhypovitaminosis.

**Keywords:** 

children and teenagers, vitamins, macro and micro elements.

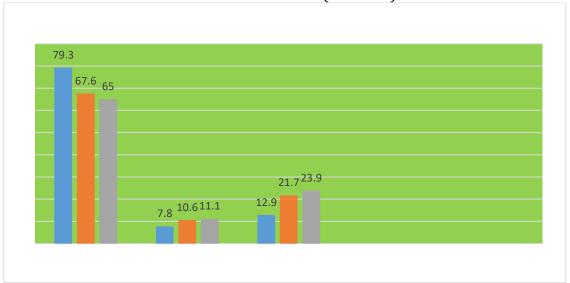
**Relevance of the topic:** Nutrition is an important factor that ensures normal growth and development of children and adolescents, contributes to an active and long life, and increases the body's resistance to adverse environmental factors. As a result of the deficiency excess of macro microelements, the appearance of diseases (anemia. cardiovascular endemic goiter, diseases of the endocrine system, diseases of the gastrointestinal tract, etc.) leads to a decrease in the body's resistance to infectious diseases [17,18,19,20]. According to WHO (2020), 34 of the population of most countries of the world suffers from diseases related to poor nutrition. In this regard, the nutritional factor plays a leading role not only in the development of the above-mentioned diseases, but also in prevention, treatment, maintenance of remission and prevention of bad consequences [13].

Materials and methods: We conducted an examination and questionnaire among 831 (414 boys and 417 girls) schoolchildren aged 7 to 17 years in cities and districts of Samarkand region. In the study, the actual nutritional status of schoolchildren aged 7-17 years and composition of food in the daily menu were analyzed. The nutritional balance was evaluated according to the values of basic nutrients, energy consumption and compared with the recommended energy norms of "Physiological need norms for energy and nutrients for different groups of the population of the Republic of Uzbekistan" (Needs for different age and gender groups of children SanPiN No. 0347-17). We studied the clinical signs of nutritional status disorders and their prevalence in schoolchildren aged 7-17 years.

**Results:** Clinical examination of signs of vitamin deficiency showed that 28.6% of children in the total examination had one or another sign of vitamin deficiency. Clinical signs of monohypovitaminosis were found in 9.8% of children, and polyhypovitaminosis characterized by the simultaneous detection of

symptoms of two or more vitamin deficiencies in one child was found in 18.8% of children.

Symptoms of monohypovitaminosis deficiency are rare in children, but the number of children with both symptoms of monohypovitaminosis and polyhypovitaminosis increased with age (Picture 1).



Picture 1 Prevalence of various vitamin deficiencies among children and adolescents

Symptoms of monohypovitaminosis in 7-10-year-old children - in every 8 out of 100 schoolchildren who participated in the survey, in 11-13-year-old and 14-17-year-old - in every 10 and 11 schoolchildren, respectively. Symptoms of polyhypovitaminosis were detected in every 22 11-13 year olds and every 24 teenagers aged 14-17 years compared to elementary school students (every 13 children).

All this is the result of insufficient intake of vitamins in the daily diet, which we previously found during the study.

Symptoms of vitamin B1 deficiency, including functional disorders of the gastrointestinal tract, were more common in girls, and the prevalence of symptoms p = 0.02) was observed (Picture 33; Application 7, Table No. 1)

Table No. 1 Clinical symptoms and prevalence of nutritional status disorders among children and adolescents aged 7-10, 11-13, 14-17 years, (% in each age group)

Symptoms	7-10 age%	11-13 age	14-17 age
		%	%
Shortness of breath and	0,56	0,8	0,57
tachycardia			
Cracked lips	4,5	7,8	9
Tooth marks on the tongue	1,5	2,4	3,2
Redness of the tip of the	3	6,8	6,9
tongue			
Tired	5,1	8,7	8,5
Low appetite	4,5	9,5	8,2
Fragility and bleeding of	5,2	3,3	6,1
gums			

Seborrheic dermatitis	3.0	5,2	6,4
Heiloz	2.4	2,5	2,4
Angular stomatitis	3.9	5,2	6,6
Glossitis	1.5	2.4	3,2
Paleness of the skin	6,6	6.3	11,7
Dry skin	6,6	6.3	5,6
Hyperkeratosis	3,3	3,4	5,4
Hair dryness and brittleness	3,6	3.7	5,6
Follicular hyperkeratosis	1,2	0,82	1,06
Whiteness and cracking of	1,2	4,3	6,9
the tongue Тилнинг			
оқариши ва ёрилиши			

Among 11-13-year-old schoolchildren, prevalence of clinical symptoms in the form of shortness of breath, tachycardia was observed more than 7-10 and 14-17-year-old schoolchildren (0.56%) compared to (0.8%).

Among all examined, 4.5% of 7-10-year-old schoolchildren, 7.8% of 11-13-year-old schoolchildren and 9.0% of 14-17-year-old schoolchildren (p=0.001) had signs of deficiency of vitamins V1, V2, including chapped lips.

1.5% of 7-10-year-old schoolchildren, 2.4% of 11-13-year-old schoolchildren, and 3.2% of 14-17-year-old schoolchildren had tooth marks on the tongue and swollen gums. 3.0% of elementary school students, 6.8% of middle school students, and 6.9% of high school students were found to have red tip of the tongue during examination. It was found that symptoms of deficiency of vitamins V1 and V2 are more frequent in girls than in boys (p=0.048, p=0.02).

5.1% of schoolchildren aged 7-10, 8.7% of schoolchildren aged 11-13, 8.5% of schoolchildren aged 14-17 (p = 0.01) reported fatigue. At the same time, it was found that girls complained of fatigue 2.7 times more often (p= 0.001).

Decreased appetite was observed more often in schoolchildren aged 11-13 years (9.5%) and 14-17 years (8.2%) compared to schoolchildren aged 7-10 years (4.5%) p=0.001. It was observed that girls complained of decreased appetite more (2.8 times) than boys (p=0.001).

Symptoms of vitamin C deficiency: fragility and bleeding gums were found in 7-10-

year-old schoolchildren (5.2%), 11-13-year-old (3.3%) and 14-17-year-old schoolchildren (6.1%) among those examined (p=0.02).

During the medical examination of children, the combination of several vitamin deficiency symptoms was found. symptoms of deficiency of vitamins V2, RR: seborrheic dermatitis. cheilosis. angular stomatitis, glossitis in 3.0%, 2.4%, 3.9%, 1.5% in primary school students and 5.2%, 2.5%, 5.2 in secondary school students %, was determined at 2.4%. In higher classes, these symptoms were found to be 6.4%, 2.4%, 6.6% and 3.2% more in 3.2% of all examinees. Significant differences in the incidence rate of seborrhoeic dermatitis were found in the age groups of children (p=0.002).

Prevalence of symptoms of vitamin A deficiency: paleness of the skin, dryness, hyperkeratosis, dryness and brittleness of hair in 7-10-year-old schoolchildren 6.6%, 6.6%, 3.6%. 11-13-year-old 3.3% among schoolchildren It was found to be 6.3%, 6.3%, 11.7%, and 5.6%, 5.6% among schoolchildren aged 14-17 (p = 0.001). In the group of girls, gender differences were found in the prevalence of clinical symptoms of vitamin deficiency manifested by dry and brittle hair, their manifestation was 4.9 times more common in girls than in boys (p=0.001).

An excess of keratin, which leads to the development of follicular hyperkeratosis, is associated with a lack of vitamins A, B, C and E.

Clinical signs of vitamin deficiency were noted in 11-13-year-old schoolchildren (0.82%), 7-10-year-old schoolchildren in 1.2% of cases, and 14-17-year-old schoolchildren in

1.06% of cases. Whiteness of the tongue is a sign of low intake of iron in the body with food products. Whiteness and cracking of the tongue was detected in 6.9% of the students of the lower class and 4.3% of the students of the middle class. It was found that these symptoms were less common in primary school children (1.2%) (p=0.001) and this was related to the biological age of the children. This condition was observed to have a significantly higher prevalence among middle and high school age girls (p = 0.001).

**Conclusion:** This study shows the urgency of the problem and emphasizes the need for continuous monitoring of children's nutrition. In addition, an important component of organizing the nutrition of children and adolescents is to increase the literacy of parents in matters of nutrition.

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