

**WAYS TO IMPROVE THE SCREENING CONTROL SYSTEM OVER THE RISK OF  
MAJOR NON-INFECTIOUS DISEASES (RESULTS OF AN EPIDEMIOLOGICAL  
STUDY)**

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**Abstract:** In the steadily developing scene of worldwide wellbeing, the test of really dealing with the gamble of major non-irresistible illnesses has turned into a squeezing worry for policymakers, medical services experts, and the overall population the same. Non-irresistible sicknesses, like cardiovascular issues, disease, and persistent respiratory circumstances, have arisen as driving reasons for dismalness and mortality around the world, representing a huge weight on medical services frameworks and the general prosperity of populaces. To resolve this basic issue, a far reaching and multi-layered way to deal with fortifying the screening control framework is fundamental. In this article, we will provide information about controlling system over the risk of non-infectious diseases.

**Keywords:** Epidemiology, system, medical support, high-end technologies, preventions, mortality.

**Introduction:** The surveillance system of disease in any community is divine intervention to sieve out that community's health status or disease patterns. Diseases are dynamic, they spread and disappear affected by several factors from time to time. Thus, the surveillance system is also always changing - to adapt to these dynamic diseases. In facing new diseases or diseases which status are still uncertain to the threat to public health, the surveillance systems often need to improvise and alter the methodologies to capture these diseases. So too in improving public health, preventive medicine is deemed the best way to curb diseases which it costs less, suffering and resources are saved. In the context of new diseases, the screening method should be improved.

Screening is defined as the presumptive identification of unrecognized disease or defect by the application of tests, examinations or other procedures which can be applied rapidly. But the essence of screening is to promote to people whom have a disease risk to a program to better their health and to lower the risk of disease. In the perspective of major non-infectious diseases such as diabetes, chronic heart diseases and hypertension on certain population groups, the aim is to identify the group, further find out if the diseases are already present, to take action to manage the diseases and finally to create public awareness of that particular group on the presence of the disease and its prognosis. The end should be high morbidity disease prevents occurrence of the disease to the group and a successful campaign or so-called high-risk strategy.

**Background of the Study**

Yet another method seeking event rates of certain diseases, angling from above hepatitis method to assess various cancers, method is not only limited to cause adverse recruitment and inclusion of said status persons as disease events are difficult to assess in various disease categories.

Another scenario is that cancer patients are often recruited into drug safety studies for a new anti-cancer therapy, which is also contraindicated for hepatitis patients due to mixed results. These studies are most of the times held in outpatient departments with no hospital admission,

and it is hard to believe that those hepatitis patients would not be included in said studies. Omission of any such hepatitis-negative cancer patients taking part in treatment/observations for change in disease status will make them ineligible subjects for cancer studies, which is a known "event" related methodology. So, we should say that there needs to be an assessment of hepatitis status in cancer patients before recruitment into observations/treatment studies, and there is no track record of hepatitis assessment and/or hepatitis-specific cancer patients' recruitment for our exemplified studies. This same scenario is true for many patients with autoimmune diseases, mainly those associated with liver and biliary tract.

Cancers are one of the major diseases for which recruitment into treatment studies in Pakistan and other health resource-restricted countries is a difficult task. Assessing cancer status, the most common approach is to see if the patient is positive for viral hepatitis, which will rule him/her out for any cancer treatment studies. This may be the correct way of not recruiting hepatitis patients into anti-cancer treatment studies due to the strong affiliation of hepatitis and liver cancers, but this rules out a lot of patients who are not hepatitis carriers and their hepatitis status is known to all due to the strong affinity of hepatitis and its treatment in our parts of the world. This may lead to documentary inclusion of hepatitis patients into anti-cancer studies on the plea of mistaken hepatitis status of the patient.

This research work was undertaken due to lack of consensus and non-uniformity regarding the assessment of major non-infectious diseases in recruited populations. Reasons for non-uniform assessment of their status are varied in many populations; the set of rules using validated tools for screening control are not strictly followed. Tools for the assessment of existence of diseases are not readily obtainable, clear and known to all concerned. Health care providers assume different approaches of taking said status into account while recruiting persons into treatment studies for different diseases.

#### **Purpose of the Study**

Governments throughout the world are concerned about the adverse impacts of major non-infectious diseases. Major non-infectious diseases often not only reduce the quality of life of those afflicted and their families, but also impair worker productivity and reduce the robustness of national economies. Because of the concern regarding these adverse impacts, efforts to control the prevalence of major non-infectious diseases have become an increasingly important component of public health policy. One strategy for controlling the prevalence of major non-infectious diseases is to reduce the number of new cases by attempting to prevent the occurrence of the underlying risk factors. An example of this risk factor prevention strategy can be seen in the efforts to reduce the prevalence of many smoking-related diseases by implementing anti-tobacco policies and smoking cessation programs. Though the prevalence reduction strategy seems quite intuitive, for a given disease it might be more efficient in terms of reducing disease incidence and health care costs to instead manage the disease by identifying and treating high-risk individuals. An example of this high-risk individual disease management strategy can be seen in the efforts to prevent type II diabetes by pharmacologically treating pre-diabetic patients. A prevalence and incidence projection study were done to compare the two disease management strategies for gout. The findings from the study demonstrated that disease incidence could be more effectively reduced by implementing a case finding and treatment program aimed at high-risk individuals, and that doing so could result in substantial cost savings. Given the potential trade-offs between various disease management strategies, it is important for the planners of disease control initiatives to carefully consider the best ways to do risk identification among those afflicted with the disease, and those at risk for developing the disease. Given the dearth of

information regarding ways to identify and manage diseases at a population level, and the potential significance of the findings to public health policy, it is important to develop methods to assess the best ways to do risk identification and disease management for various diseases.

One of the essential mainstays of a powerful screening control framework is the execution of vigorous and proof based early discovery conventions. By proactively recognizing people in danger of creating major non-irresistible sicknesses, medical care suppliers can start convenient mediations and preventive measures, eventually working on persistent results and diminishing the stress on medical services assets. This requires the turn of events and consistent refinement of screening instruments, like high level imaging methods, biomarker-based examines, and exhaustive gamble evaluation models, that can precisely distinguish people with an increased inclination to these circumstances.

Close by the headway of screening advancements, the compelling scattering and usage of this data are significant. Medical services frameworks should guarantee that screening conventions are generally available, especially in underserved and minimized networks, where the gamble of non-irresistible illnesses might be excessively high. This can be accomplished through the extension of public mindfulness crusades, the mix of screening administrations into essential consideration settings, and the execution of designated outreach drives that address the remarkable financial and social boundaries that might obstruct admittance to preventive medical care.

Moreover, the screening control framework should be supported by a vigorous and facilitated information the executive's foundation. The assortment, investigation, and sharing of complete information on the predominance, risk variables, and results of major non-irresistible illnesses can illuminate proof-based policymaking, guide the advancement of custom-made mediations, and work with the constant improvement of screening and anticipation methodologies. This information driven approach requires the foundation of brought together data sets, the harmonization of information assortment and revealing principles, and the advancement of cross-sectoral joint effort among medical care suppliers, scientists, and policymakers.

Notwithstanding the innovative and infrastructural parts of the screening control framework, the human component can't be neglected. Putting resources into the preparation and limit working of medical services experts is fundamental to guarantee that they are furnished with the essential information, abilities, and dynamic capacities to really carry out screening conventions, decipher results, and give suitable subsequent consideration. This might include the improvement of particular preparation programs, the incorporation of proceeding with training modules, and the foundation of multidisciplinary groups that can use assorted aptitude to upgrade the screening and the board of major non-irresistible sicknesses.

Ultimately, the screening control framework should be supported by a complete legitimate and administrative system that defends the privileges and protection of people, while likewise guaranteeing the responsibility and straightforwardness of medical care suppliers and foundations. This incorporates the advancement of hearty information insurance approaches, the foundation of clear rules for informed assent and information sharing, and the execution of oversight systems to screen the adherence to moral principles and best practices.

## **Conclusion**

All in all, further developing the evaluating control framework for major non-irresistible illnesses requires a diverse methodology that envelops the headway of screening advances, the

upgrade of information the board and dispersal, the reinforcing of medical care labor force limits, and the foundation of a vigorous lawful and administrative system. By taking on this exhaustive technique, medical services frameworks can successfully relieve the gamble of these incapacitating circumstances, work on persistent results, and add to the general prosperity and strength of networks around the world.

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