

PLENARY PRESENTATIONS

STROKE IN UZBEKISTAN AS A “SOCIALY DANGEROUS DISEASE”

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Socially significant, or socially dangerous, diseases are understood to be diseases that are very widespread among the population, require significant expenditure for treatment, and severely worsen patients' condition while limiting their physical capabilities. In the Republic of Uzbekistan, the list of socially dangerous diseases was approved by Resolution No. 153 of the Cabinet of Ministers dated March 20, 1997 (28 years ago), signed by O. Sultanov, and includes tuberculosis, oncological and sexually transmitted diseases, AIDS, leprosy (leprosy), mental illnesses, alcoholism, and drug addiction.

According to data from 2021, a total of 85,481 deaths from disease were registered in Uzbekistan. Of these, 52,741 (61.7%) were due to “circulatory diseases,” 6,667 (7.8%) were due to oncological diseases, 4,445 (5.2%) were due to trauma, poisoning, and accidents, 26,499 (4.1%) were due to diseases of the respiratory system, 2,649 (3.1%) were due to infectious diseases, 3,504 (4.1%) were due to diseases of the digestive system, and 9,744 (11.4%) were due to deaths from all other diseases affecting humans. In other words, for every 8 patients who died of circulatory diseases (acute stroke and myocardial infarction), there was 1 death from an oncological (cancer) disease; the ratio to deaths from injuries, poisoning, and accidents was 12:1, to gastrointestinal diseases 15:1, and to infectious diseases — including COVID-related deaths — 20:1.

According to WHO data, of the 15 million people worldwide who suffer a stroke: 38% die from a first-ever stroke (acute cerebrovascular accident), and 28% die after a recurrent stroke — 66% in total. However, global figures depend on each country's capacity, and above all, in countries where acute stroke and myocardial infarction — and circulatory diseases in general — have been classified within the group of socially dangerous diseases, positive changes have followed strict, dedicated state programs and targeted financial support. In Uzbekistan, while cardiology has a clearly and comprehensively developed system, stroke care remains weak and in need of support.

In 1985 in the USA, acute cerebral stroke developed in 750,000 people every year, with an annual mortality rate of 32%. That same year, the state declared stroke a “socially dangerous disease,” and NINDS (the National Institute of Neurological Disorders and Stroke) was established. As a result of the reforms carried out, notably 20 years later, in 2005, mortality was reduced by 50% (to 16%) and disability was reduced from 68% to 28%. These very figures led many countries around the world (the USA, Europe, Japan, Russia, etc.) to grant circulatory diseases the status of “socially dangerous disease” 30–40 years ago, and as a result of targeted “state programs” and major financial support, the epidemiological situation improved significantly. In addition, a shortage of neuro-intensivists and interventional neurologists — specialists deeply trained in this field — to care for patients with acute stroke, together with the absence of neuro-intensive care units, is contributing to rising mortality rates.