

## HYGIENIC ANALYSIS OF THE DAILY NUTRITION OF MILITARY SERVICEMEN WITH HYPERTENSION IN THE SUMMER SEASON

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Protection and strengthening of the health of the working-age population, which forms the basis of the economic well-being of society, is one of the priority problems of forming the health of the nation. This problem is one of the urgent problems that must be solved separately among those with hazardous professions, including military personnel. Service and combat operations are characterized by the constant readiness of military personnel for emergency actions, the impact of a complex of negative factors of the production environment and the labor process. Assessment of the nutritional status of patients with cardiovascular diseases associated with the working conditions of military personnel is one of the urgent problems.

**Purpose of the research.** The purpose of the study is to analyze the nutritional status of military personnel diagnosed with hypertension, which is associated with nutritional status.

**Materials and Methods.** The studies were conducted in the summer season in a military hospital and at home at the beginning, middle and end of each month, during the general season, in terms of the composition of 27 (an average of 9 per month) meals and the quantitative and qualitative indicators of the products included in them.

The patients' daily diet and its physiological composition were carried out in accordance with the requirements of the sanitary norms and rules of SanNandK 0007-2020 "Average daily rational nutrition standards aimed at ensuring healthy nutrition for age, sex and professional activity groups of the population of the Republic of Uzbekistan" and the chemical composition of the daily diet "Chemical composition of food products".

The statistical processing of the study results was carried out using the personal computer application package "Statistica for Windows 7.0".

### Results and Discussion

One of the main risk factors for the development of hypertension in military personnel, which is associated with nutritional status, was analyzed hygienically, namely the daily diet.

The level of consumption of legumes in the daily diet of military personnel was  $10 \pm 4.4$  in the hospital, and  $15.91 \pm 6.41$  in the home, which was 2 times less than the established norm in the

hospital diet and 0.79 times less than the established norm, while the daily consumption of bread and bakery products was  $542.86 \pm 7.14$ , which was 2.16 times more than the daily norm, and  $284.57 \pm 84.3$  in the home, which was 1.13 times more than the norm.

It is evident that patients consumed high-grade wheat flour, rice, and wheat bread in excess during this time of year, while they consumed significantly less cereals and rye bread. Among these patients, the daily consumption of confectionery was  $201.43 \pm 3.57$  in the hospital and 5.02 times more than the norm, and  $55.32 \pm 47.16$  and 1.38 times more than the norm at home. In the daily ration of military personnel, meat products were  $171.43 \pm 3.57$  in hospital conditions and  $71.33 \pm 3.57$  in home conditions, mutton, sausage products, and rabbit meat were not used in the hospital and were consumed sharply less in home conditions.

As part of the daily ration of the soldiers, fish products were not consumed in the summer season of the year, and at home they were consumed sharply less.

The amount of milk, cream of various fat levels and butter in the daily diet of patients is significantly less.

The level of margarine consumption in the daily diet of patients is 1.9 times higher than the norm and in home conditions it is 1.68 times higher. This creates conditions for a number of changes among patients.

The level of vegetable consumption in the daily diet of patients is sharply reduced in the summer season, which creates conditions for vitamin deficiency.

It was found that in the summer season, the daily diet of the military personnel under observation was insufficient in legumes, rye bread, melons, fish products, insufficient intake of dairy products such as cream, cottage cheese, cheese, fruits and vegetables, as well as excessive consumption of high-grade flour, coffee, bakery products, salt, margarine and confectionery products. Immediate correction of this situation will allow preventing risk factors for the disease.