Valeology: International Journal of Medical Anthropology and Bioethics
(ISSN 2995-4924) VOLUME 02 ISSUE 05, 2024

Karomat Shoyimovich Djumaev
Department of Internal diseases and Endocrinology, Bukhara State Medical Institute, Uzbekistan
Gulchehra Khamroevna Radjabova
Department of Internal diseases and Endocrinology, Bukhara State Medical Institute, Uzbekistan

Abstract:

Old age is one of the important periods of human life, during which morphological and functional changes occur in the body. In particular, the decrease in physical activity with the passage of age causes the appearance of excess body weight in people. Weight gain occurs due to the accumulation of fat tissue in the body. Abdominal obesity occurs in people due to the accumulation of fat mainly in the abdomen and waist areas. The presence of abdominal obesity has a poor prognosis and leads to serious life-threatening diseases.

Keywords: elderly and old age, waist circumference, physical activity.

Introduction

According to experts of the World Health Organization (WHO), the low level of physical activity is one of the important risk factors for health and one of the important causes of death. In their opinion, they recommend the development of special activities for the development and promotion of regular physical activity for the elderly and the elderly, who are least likely to engage in physical activity.

Purposeful use of physical activity not only stops the age-related decline of physical ability, but also allows to significantly expand the progressive development of individual abilities. Regular physical exercise for the elderly not only gives them positive emotions, but it also has a positive effect on their mental health and prevents age-related diseases.

Objective: To evaluate the association of waist circumference with physical activity in elderly and elderly people.

Materials and methods: A total of 849 women aged 60 to 90 years participated in the study. 707 (83.2%) of them are elderly (60-74 years old), and 142 (16.8%) are elderly (75-89 years old). Anthropometric examinations and questionnaires were conducted in family polyclinics in Bukhara. Criteria for evaluating physical activity were based on:

•Physically inactive persons - people who mostly sit at home or do not engage in physical activity were accepted;

• People with low level of physical activity (JF) were accepted - they mainly walk 30 to 60 minutes a day and people who do not engage in physical activity during the day;

•JF moderate level individuals - they are mainly accepted for those who walk for 60 to 90 minutes a day or are engaged in lifting and transporting small weights;

• JF high-level individuals - they are mainly accepted people who walk more than 90 minutes a day or engage in physical activity;

- Waist circumference; When evaluating waist circumference (BA) in men, 94 cm ≥ ≤80 is considered normal, 95-102 cm is considered overweight, 103 cm and more is considered abdominal obesity. When assessing the waist circumference (BA) in women, up to 80 cm was considered as normal, 81-88 cm as overweight, 89 cm and more as abdominal obesity.

Results and analysis: 76 (10.7%) of elderly women have a waist circumference from 70 cm to 80 cm (80 cm and less), and the average is 78.6±0.24 cm, 152 (21.5%) waist circumference is from 81 cm to 88 cm, the average is 85.7 ± 0.11 cm, 479 (67.8%) have waist circumference from 89 cm to 132 cm (89 cm and more), the average is 99.7 ± 3, It turned out to be 44 cm.

When examining the effect of physical activity level on waist circumference in older women, the following was found:

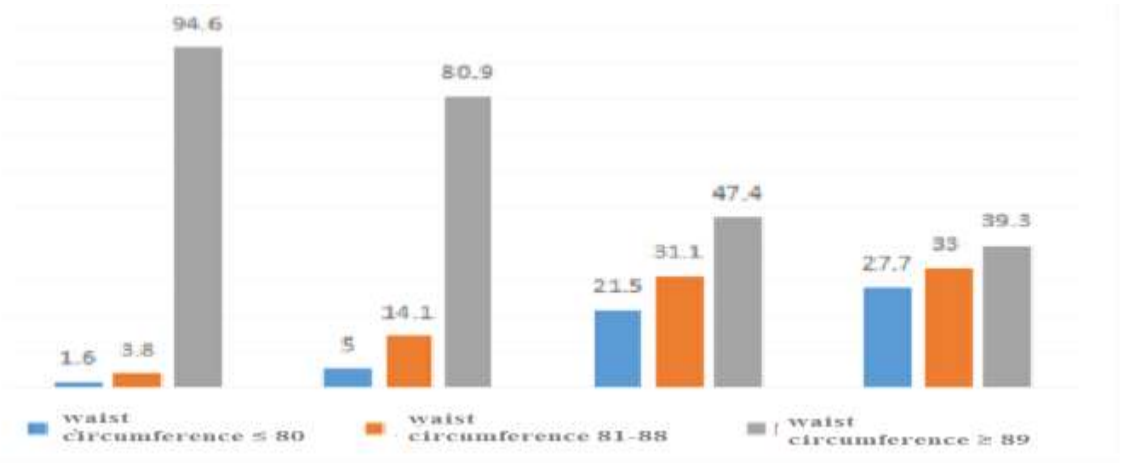

Figure 1. Effects of physical activity level on waist circumference in older women.

- a total of 184 persons who are not physically active. 3 of them (1.6%) have a waist circumference of 80 cm or less, from 78 cm to 80 cm, on average 79.3 ± 0.84 cm; 7 of them (3.8%) have waist circumference from 81 cm to 88 cm, the average is 85.6 ± 1.06 cm; In 174 people (94.6%), waist circumference was found to be from 89 to 132 cm, on average 101.7±0.76 cm.

- a total of 220 persons with a low level of physical activity. 11 of them (5.0%) have waist circumference from 77 cm to 80 cm, average 79.3 ± 1.26 cm; 31 (14.1%) have waist circumference from 81 to 88 cm, average 86.0±0.31 cm; In 178 people (80.9%), waist circumference was found to be from 89 cm to 131 cm, on average 98.4 ± 0.59 cm.

- a total of 209 elderly women with moderate physical activity, 45 of them (21.5%) have a waist circumference from 70 to 80 cm, an average of 78.4 ± 0.34 cm; 65 of them (31.1%) have a waist circumference from 81 to 88 cm, an average of 85.7±0.16 cm; In 99 people (47.4%), waist circumference was found to be from 89 cm to 115 cm, on average 96.8 ± 0.60 cm.

- a total of 94 elderly women with a high level of physical activity, 26 of them (27.7%) have a waist circumference from 72 to 80 cm, an average of 78.6±0.56 cm, 31 of them (33.0%) have a waist

circumference of 81 from cm to 88 cm, the average is 85.5±0.31 cm, 37 people (39.3%) have a waist circumference from 89 cm to 117 cm, the average is 98.0±0.92 cm.
The waist circumference of 28 (19.7%) elderly women is from 74 cm to 80 cm (80 cm and less), and the average is 78.4 ± 0.29 cm.
52 people (36.6%) have a waist circumference from 81 cm to 88 cm, an average of 85.2 ± 0.22 cm, 62 people (43.7%) have a waist circumference from 89 cm to 116 cm (89 cm and more) , it turned out to be an average of 98.8±0.73 cm.
When studying the effect of physical activity level on waist circumference in older women, it was found that:

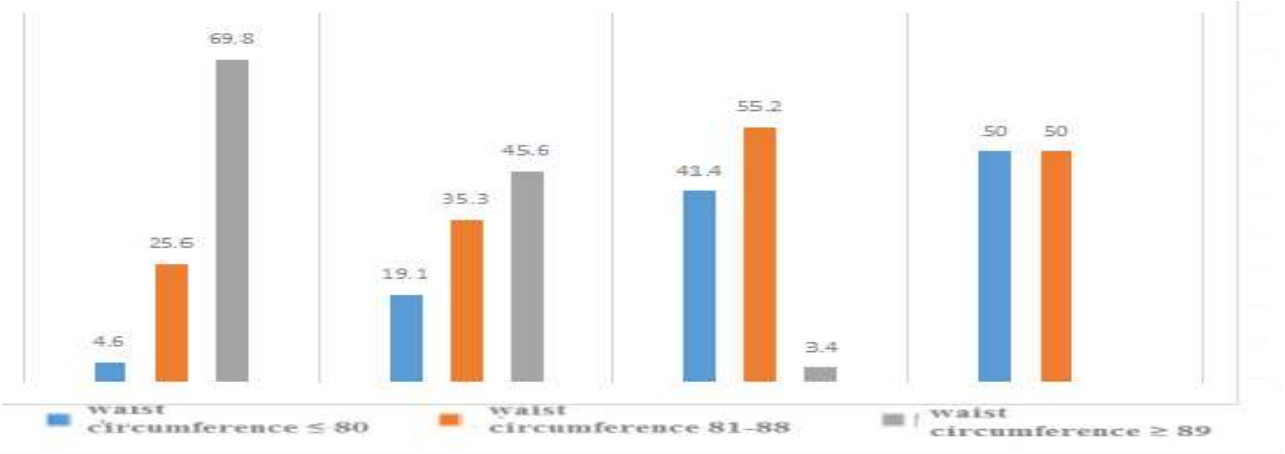

Figure 2. Effect of physical activity level on waist circumference in elderly women.
- there are 43 persons who are not physically active, 2 of them (4.6%) have a waist circumference of 80 cm or less, from 79 cm to 80 cm, the average is 79.5 ± 0.89 cm; 11 (25.6%) have waist circumference from 81 to 88 cm, average 86.6±0.70 cm; In 30 people (69.8%), it was found that the waist circumference was from 89 cm to 116 cm, on average it was 101.1 ± 1.22 cm.
- there are a total of 68 persons with low level of physical activity, 13 of them (19.1%) have a waist circumference from 74 to 80 cm, an average of 78.4 ± 0.52 cm; 24 of them (35.3%) have waist circumference from 81 to 88 cm, average 84.8±0.38 cm; In 31 people (45.6%), waist circumference was found to be from 89 cm to 116 cm, on average 96.9 ± 1.19 cm.
- there are a total of 29 elderly women with medium level of physical activity, 12 of them (41.4%) have a waist circumference from 75 to 80 cm, an average of 78.2±0.46 cm; 16 of them (55.2%) have waist circumference from 81 to 88 cm, on average 84.9±0.51 cm; 1 person (3.4%) had a waist circumference of 90 cm.
- there are 2 elderly women with a high level of physical activity, 1 (50.0%) has a waist circumference of 79; In 1 case (50.0%), waist circumference was determined to be 82 cm.
Conclusion As can be seen from the above data, physical activity is a factor that directly affects the indicators of physical development of the body. As physical activity increases, the accumulation of adipose tissue decreases in older and older women. Also, abdominal obesity is less common in older men than in older women.

References

1. Dzhumaev K. S., Razhabova G. K. Comparative analysis of the relationship of abdominal obesity with physical activity in elderly and senile women //British Medical Journal. – 2022. – Т. 2. – №. 1.
2. Dzhumaev, K. S., & Razhabova, G. K. (2022). Comparative analysis of the relationship of abdominal obesity with physical activity in elderly and senile women. *British Medical Journal*, *2*(1).
3. Sh, D. K., Razhabova, G. H., & Soliev, A. U. (2020). Features of the clinical course and treatment of chronic heart failure in the elderly. *Asian Journal of Multi-Dimensional Research*, *9*(2-P), 112-119.
4. RAZHABOVA, G. K., DZHUMAEV, K. S., ODILOVNA, K. B., AXMEDOVA, G. I., & DZHUMAEV, K. (2020). Metabolic syndrome: methods of prevention and treatment. *arterial hypertension*, *7*(6).
5. Ражабова, Г. Х., Джумаев, К. Ш., & Шавкатова, Л. Ж. (2022). Немедикаментозная Профилактика Бронхиальной Астмы И Сахарного Диабета 2 Типа. *INTERNATIONAL JOURNAL OF HEALTH SYSTEMS AND MEDICAL SCIENCES*, *1*(4), 387-392.
6. Джумаев, К. Ш. (2012). Биоклиникоритмопатогенетические аспекты профилактики хронической сердечной недостаточности. *Врач-аспирант.-2012*, *3*(3), 52.
7. Раджабова Гулчехра Хамраевна, Джумаев Каромат Шойимович, & Олтибоев Равшан Отабекович (2019). Изучение объема и характера обращений сельского населения в сельские врачебные пункты по поводу неврологических проблем. Биология и интегративная медицина, (3 (31)), 29-36.
8. Dzhumaev, K. S., & Razhabova, G. K. (2022). Comparative analysis of the relationship of abdominal obesity with physical activity in elderly and senile women. *British Medical Journal*, *2*(1).
9. Khamroevna, R. G., & Shoyimovich, D. K. (2018). Ways of the organization of the preventive service of HIV/aids and STIs among young people in the primary health care. *Биология и интегративная медицина*, (3), 5-10.
10. Djumayev, K. S. (2022). Relationship Of Abdominal Obesity With Physical Activity In Elderly And Senile Men. *Journal of Pharmaceutical Negative Results*, 1661-1664.
11. ТЕШАЕВ, Ш. Ж., ДЖУМАЕВ, К. Ш., & РАЖАБОВА, Г. Х. (2022). ВЛИЯНИЕ ОБРАЗА ЖИЗНИ НА ФИЗИЧЕСКОГО РАЗВИТИЯ ЛИЦ ПОЖИЛОГО И СТАРЧЕСКОГО ВОЗРАСТА (обзор). *ЖУРНАЛ БИОМЕДИЦИНЫ И ПРАКТИКИ*, *7*(1).
12. Джумаев, К. Ш., & Ражабова, Г. Ҳ. (2021). КЕКСА ЁШ ВА АЛКОГОЛ. *октябрь-декабрь*, 12.
13. Teshaev, S. Z., Dzhumaev, K., & Razhabova, G. (2021). Impact of lifestyle on the physical development and health of elderly and old age people. *ACADEMICIA: An International Multidisciplinary Research Journal*, *11*(5), 208-215.
14. Razhabova, G. K., & Dzhumaev, K. S. (2021). Prevalence of lipid and glycemic components of metabolic syndrome in the population of elderly and old age in Bukhara. *ACADEMICIA: An International Multidisciplinary Research Journal*, *11*(9), 47-50.
15. Teshaev, S. Z., Dzhumaev, K. S., & Razhabova, G. K. (2021). Peculiarities of morphometric characteristics of physical development of elderly and old age persons. *ACADEMICIA: An International Multidisciplinary Research Journal*, *11*(9), 68-72.

16. Тешаев, Ш., Джумаев, К., & Ражабова, Г. (2021). ZARARLI ODATLAR VA JISMONIY FAOLLIKNING KEKSA VA QARI YOSHLI AHOLI GURUHIGA TASIRI. *Журнал кардиореспираторных исследований*, *2*(2), 43-46.
17. Ражабова, Г., & Джумаев, К. (2020). METABOLIC SYNDROME: CURRENT ISSUES, THE CHARACTERISTICS OF MANIFESTATIONS IN DIFFERENT ETHNIC GROUPS. *Журнал вестник врача*, *1*(2), 159-162.
18. Ражабова, Г., & Джумаев, К. (2020). МЕТАБОЛИК СИНДРОМ ЮРАК ҚОН ТОМИР ВА СУРУНКАЛИ БУЙРАК КАСАЛЛИГИ УЧУН ХАВФ ОМИЛИ СИФАТИДА. *Журнал вестник врача*, *1*(3), 152-154.
19. Jumaev, K. S., Rajabova, G. X., & Soliev, A. U. (2020). Features of the clinical course and treatment of chronic heart failure in the elderly. *Asian Journal of Multidimensional Research (AJMR)*, *9*(2), 94-111.
20. Джумаев, К. Ш. (2016). Исследование риска развития и профилактика гастродуоденальной патологии у подростков в поликлинических условиях Улугбек Сайфуллаевич Абдуллаев. *Заместитель председателя оргкомитета*, 18.
21. Djumaev, K. S., & Rajabova, G. H. THE INFLUENCE OF HARMFUL HABITS ON PHYSICAL GROWTH INDICATORS OF ELDERLY MEN.
22. Jumaev, K. S., Rajabova, G. X., & Soliev, A. U. (2020). Features of the clinical course and treatment of chronic heart failure in the elderly. *Asian Journal of Multidimensional Research (AJMR)*, *9*(2), 94-111.
23. Раджабова, Г. Х., Джумаев, К. Ш., & Олтибоев, Р. О. (2019). Изучение объема и характера обращений сельского населения в сельские врачебные пункты по поводу неврологических проблем. *Биология и интегративная медицина*, (3 (31)), 29-36.
24. Ражабова, Г. Х., & Рузикулов, Х. Ж. У. (2021). Инновационные алгоритмы первичной и вторичной профилактики метаболического синдрома среди населения пожилого и старческого возраста Г. БУХАРЫ. *Биология и интегративная медицина*, (2 (49)), 51-63.
25. Ш, Д.К., Ражабова, Г.Х., и Солиев, А.У. (2020). Особенности течения и лечения хронической сердечной недостаточности у пожилых. *Азиатский журнал многомерных исследований* , *9* (2-P), 112-119.