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WAYS OF OPTIMIZING HEALTH CARE FOR CHILDREN WITH OBESITY AT THE PRIMARY LEVEL

The primary objective of the primary health care unit is to conduct effective educational activities for the most popular among the population in the field of healthy eating habits. In addition, it is necessary to promote among the population modern scientifically grounded dietary recommendations that are in line with the principles of rational nutrition and contribute to reducing the risk of alimentary-induced chronic non-infectious pathology. Based on foreign experience, it should be noted that the most effective form is the introduction into the state clinics of weight centers or departments, offices that will provide specialized care to patients with alimentary-induced diseases, or school of education for this category of patients must function. In such units, patients should provide medical care using the method of individual or group preventive counseling and monitor them dynamically. Thus, outpatient patients will receive individually developed dietary and psychological recommendations. The organization of the work of these units includes the availability of rooms with special furniture for overweight and medical equipment and the creation of conditions for consultation on healthy nutrition, not only individually, but also during group activities. At the same time, for the purpose of organizing effective work, the departments of the outpatient and polyclinic institution (registration, prevention department, pre-hospital reception room) should be involved and clearly defined tasks for each of these units [2, с. 24].

Therefore, the tasks of the departments for the correction of alimentary determinants of risk of non-infectious diseases (Center for weight correction and others) should be: informing patients (group or individual), forming motivation, active attitude to overweight correction, teaching parents and children the skills to self-control eating behavior and the ability to form diets of daily nutrition, counseling the psychologist, dietician (as necessary) and dynamic monitoring of the effectiveness and safety of treatment. The medical care of the indicated departments should be carried out in several stages. At the initial stage, a model of preventive behavior (assessment of patient's readiness for therapy) should be evaluated and the parents of the child play an exceptional role in this process. The following steps should be taken at the second stage: counseling patients (parents of the child) on the principles of rational nutrition, developing individual dietary and medical recommendations (if possible with the participation of a doctor-dietician), type of motor regimen and exercise program (together with the medical staff of the physical therapy office), the organization of providing the patient with the assistance of a psychotherapist as necessary. At the last stage, the control of the dynamics of treatment effectiveness should be monitored within the established timeframe. The tasks of the departments should also include the carrying out of appropriate laboratory and instrumental studies, the development of individual recommendations in the event of contraindications for treatment in such departments, dynamic observation on an individual basis and the decision about the possibility and need for further treatment [1, с. 71].

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Conclusion: the use of many years of world experience in solving the problem studied in health care institutions of our country will improve the quality and increase the effectiveness of providing medical care to people with excess body weight and obesity.

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