



## STUDY OF THE INCIDENCE AND RISK FACTORS OF ULCERATIVE COLITIS IN WOMEN IN ANDIJAN

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**Abstract.** Ulcerative colitis (UC) is a chronic inflammatory bowel disease characterized by recurrent inflammation of the colonic mucosa, leading to significant physical, psychological, and social burdens. In recent decades, the incidence of UC has been increasing worldwide, particularly among women, which has raised concerns regarding gender-specific risk factors and regional determinants of the disease.

**Keywords:** ulcerative colitis, women's health, incidence, risk factors, Andijan, inflammatory bowel disease.

### INTRODUCTION

Ulcerative colitis (UC) is a chronic relapsing inflammatory disease of the colon, characterized by diffuse mucosal inflammation, ulceration, and periods of remission and exacerbation. As a major subtype of inflammatory bowel disease (IBD), UC significantly affects the quality of life of patients due to persistent symptoms such as abdominal pain, diarrhea, rectal bleeding, fatigue, and weight loss. The global prevalence of UC has been increasing over the past few decades, especially in developing countries, where changes in lifestyle, diet, and environmental exposures are believed to contribute to this trend [1].

Women with ulcerative colitis often experience unique challenges associated with hormonal fluctuations, pregnancy, menopause, and psychosocial stressors. These factors can influence disease onset, severity, and response to treatment. Moreover, women are more vulnerable to emotional distress, anxiety, and depression related to chronic illness, which may further exacerbate disease symptoms and negatively affect treatment adherence [2].

### MAIN PART

The incidence of ulcerative colitis among women in Andijan has shown a gradual increase over recent years, reflecting a broader global trend. This rise can be partially attributed to improved diagnostic methods; however, lifestyle changes, urbanization, and increased psychosocial stress also play a significant role. Many women in the region face multiple social responsibilities, including household management, employment, and childcare, which contribute to chronic stress—a well-known trigger for autoimmune and inflammatory conditions.

Dietary habits are considered one of the most influential risk factors. Traditional diets in



Andijan often include high amounts of refined carbohydrates, saturated fats, and low fiber intake. Limited consumption of fresh vegetables, fruits, and fermented foods may disrupt gut microbiota balance, increasing intestinal inflammation. Moreover, irregular meal patterns and insufficient hydration further aggravate gastrointestinal vulnerability [3].

Hormonal fluctuations throughout a woman’s life also affect immune regulation and inflammatory responses. Puberty, pregnancy, postpartum periods, and menopause can all trigger disease onset or relapse. Many patients reported symptom worsening during menstruation or pregnancy, suggesting a strong connection between endocrine factors and UC progression. Additionally, the use of hormonal contraceptives has been associated with an increased risk of inflammatory bowel diseases in some studies.

Genetic predisposition cannot be ignored. A family history of autoimmune or gastrointestinal disorders was reported in a notable proportion of the patients. Although genetic screening is not widely available in Andijan, clinical observations suggest that hereditary factors contribute to disease susceptibility [4].

## **CONCLUSION**

Ulcerative colitis represents a growing health concern among women in Andijan, with significant implications for physical, emotional, and social well-being. This study demonstrates that the disease is influenced by a wide range of interconnected risk factors, including dietary habits, hormonal changes, genetic predisposition, chronic stress, environmental exposure, and limited healthcare accessibility.

Early diagnosis and preventive interventions are crucial to reducing disease burden and improving long-term outcomes. Public health initiatives should focus on increasing awareness of UC symptoms, promoting healthy dietary practices, and providing psychological support for affected women. Moreover, the integration of gender-sensitive healthcare strategies can significantly enhance the quality of life of female patients.

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