LEXICAL-TERMINOLOGICAL AND COMPOSITIONAL-COMMUNICATIVE FEATURES OF THE DRUG INSTRUCTIONS

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Abstract: This article deals the study of instructions in linguistics, as well as instructions for drugs on the basis of examples of their lexical terminological significance and compositional structure, the molded form of drugs.

Keywords: pharmaceutical discourse, instructions, a dialogic discourse, a monologic discourse, the main instructional part, discourse subject,

Introduction

There is another concept that is close to the concept of discourse, which is dialogue. Pharmaceutical discourse also appears in the form of dialogue. As in any communicative act, oral pharmaceutical discourse has two main roles - the speaker (author) and the addressee. In the usual discursive process, the status of the speaker and the addressee change, but in the pharmaceutical discourse, the speaker's status remains in one person: the doctor explains, the patient listens, understands. If the status of the speaker and the listener change in the discourse (for the most part), it is called a dialogic discourse, and if the status of the speaker does not change, it is called a monologic discourse. It follows that oral pharmaceutical discourse is monologic discourse. The addressee is also important in monologic discourse. Monological discourse is also a part of dialogue, which is also accepted by the addressee, but does not actively respond.

Methodology

In linguistics, research on discourse and instructional discourse has been conducted in various languages, and the works of scholars who have made significant contributions to this field are noteworthy. However, the most effective research and approaches are the major representatives of European linguistics G. Brown and G. Yule., A. Burns, H. Joyce & S. Gollin, G. Cook, M. Coulthard, N. Fairclough, J. Martin, M. McCarthy, J. Vehek, Yan Wu, Z.S. Harris; and N.D. in Russian linguistics. Arutyunova, V.S. Grigoreva, T.A. Dyck, A.F. Zotov, V.I. Karasik, R.A. Karimova, A.E. Kibrik, V.V. Krasnykh, E.S. Kubryakova, M.L. Makarov, O.L. Mikhaleva, L.Dj. Phillips, M.W. Jorgensen, V.E. Chernyavskaya, R. Jacobson, E.Yu. Kondrashkina, G.P. It is possible to show the research of scientists like Burova.

The content-structural features of the pharmaceutical discourse can be described as follows:

compositional part: exposition - the part that substantiates the need for action, encourages;

descriptive part - the part that explains and interprets the instruction;

the main instructional part - here the instructional method is used with a specific instructional tonality, which covers the entire text as a whole.

It should be noted that in this type of discourse the content of conditioning, explanation, interpretation prevails. Injury, poisoning or sudden illness suddenly deprives a person of the ability to work, the patient is forced to turn to a medical worker or need to help himself in the pre-medical period. In such a case, the medical manual will help.

The following should be distinguished as the main elements that make up the discourse. These elements are also present in pharmaceutical discourse.

1. Discourse subject - a person who performs a speech communicative act (producer of oral, written and mixed speech, speaking, writing), he creates a discourse separately from the object (in monologic discourse) or together with the object (dialogic). This subject gives some instructions and guidance to the object. The discourse subject has a number of characteristics. In the pharmaceutical discourse, the subject is the pharmaceutical company in the monologic discourse, and if there is a pharmaceutical committee, the subject in the dialogic pharmaceutical discourse is the doctor.

In other types of discourse, the roles of subject and object may be interchangeable, but in pharmaceutical discourse, their roles are fixed, not interchangeable.

2. Discourse object - verbal communication for a purpose, a participant in a speech situation - a listener or reader, a text aimed at a person of speech communication.

Discussion

E.I. Belyaeva distinguishes two types of instruction:

1) deontic instruction - the addressee is an authorized person of some authority or instruction related to the regulation of official or social norms of behavior of the addressee. An example is vocational guidance.

2) non-deontic guidance - the addressee consists of experts (group) intended to determine the optimal model of the recipient's behavior in order to improve the organization of certain types of activities.

Deontic instructions are in the content of the command, their mandatory implementation depends on the social demand, they have no place to observe the principle of politeness. They are distinguished by the content and expression of calling, often, imperative verbs, future tense, and modal verb constructions are widely used in English.

In nondeontic instruction, the principle of politeness depends on the addressee factor, which depends on who the instruction is intended for.

The principle of politeness applies to non-technical instructions aimed at general users, the public without specific knowledge of the field. It refers to instructions/guidelines that are more of a recommendation nature, and their compliance is not strictly mandatory from a social or purely technological point of view, but is based on a standard set from the point of view of expediency.

Requirements for instructions for the medical use of drugs have been developed in Russian. This requirement is approved by the World Health Organization. Instructions for medical use of the drug must contain the following information:

1) the name of the medicinal product (international non-patented or chemical and trade names);

2) dosage form indicating the names of active substances, their quantitative composition and the qualitative composition of auxiliary substances (if necessary, the quantitative composition of auxiliary substances);

3) description of the appearance of the medicinal product for medical use;

4) physical and chemical properties (for radiopharmaceuticals);

5) pharmacotherapeutic group, the code of the medicinal product for medical use according to the anatomical-therapeutic-chemical classification recommended by the World Health Organization or the indication of "homeopathic medicinal product";

6) pharmacodynamics and pharmacokinetics (except for the pharmacokinetics of homeopathic drugs and herbal preparations);

7) instructions for use;

8) instructions against use;

9) precautions for use;

10) instructions on the possibility and characteristics of the drug for medical use by pregnant women, women during breastfeeding, children with chronic diseases, adults;

11) dosage regimen, administration and methods of administration, if necessary, the time of taking the medicinal product for medical purposes, the duration of treatment, including in children up to one year and later;

12) adverse reactions that may occur when using the drug for medical purposes;

13) symptoms of overdose, measures to provide assistance in cases of overdose;

14) interaction with other drugs and (or) food products;

15) forms of drug release;

16) indication of the effect characteristics of the medicinal product for medical use at the time of its first administration or cancellation (if necessary);

17) description of the actions of the doctor and (or) the patient in case of missing one or more doses of the drug for medical use;

18) the possible effect of the drug for medical use on the ability to drive vehicles, mechanisms;

19) the instruction that the use of the medicinal product for medical purposes is prohibited after the expiration date and the expiration date;

20) storage conditions;

21) an instruction on the need to store medicine for medical use in places inaccessible to children;

22) indication of special precautions for the destruction of drugs not used for medical purposes;

23) names and addresses of the production sites of the manufacturer of medicinal products;

24) the name and address of the owner of the registration certificate of the medicinal product for medical use or the organization that has the right to accept the claims of the consumer.

The above requirements are found in many guidelines. It was found that the instructions for the use of the observed drugs, in general, the composition (or one can say the content) of the pharmaceutical discourses consisted of the following:

Trade name of the drug.
Active ingredient (XPN – international non-proprietary name).
Drug form.
Content.
Description.
Pharmacotherapeutic group.
ATX code.
Pharmacological properties (pharmacodynamics, pharmacokinetics).
Instructions for use.
Method of administration and doses.
Side effects.
Circumstances that cannot be used.
Drug interactions and other types of interactions.
Special instructions and precautions for use.
Appearance and contents of the packaging.
Storage conditions.
Expiry date.
Dispensing procedure from pharmacies.
Registration certificate holder and manufacturer.
Producers.

Below we explain the methodological errors and shortcomings in the components of the above-mentioned guidelines, including some headings:

Instructions for use. (this explains what disease it is used for, not how to use it. This is a translation of pokazaniya k premenneniyu, which is exactly translated from Russian, and the title of this part does not clearly express the meaning of what disease it is used for or how to use it.

Method of administration and doses.
Side effects.
Circumstances that cannot be used.

Drug interactions and other types of interactions (this heading in the guidelines is also worded in a stylistic manner. This expression was found in almost all of the observed guidelines).

Special instructions and precautions for use. (in this section, "skin reactions", "gastric and duodenal ulcer", "lung and respiratory tract", "hepatic and renal disorders" (*actually it should be expressed as liver and kidney disorders*), "lactose, glucose, sucrose", "fertility, pregnancy, and lactation", "effect on the ability to drive vehicles and operate machinery", "overdose (not dose!)", "therapeutic measures" (*in Russian as terapveticheskie meropriyatie given*, which is also methodological nonsense), headings such as "pre-clinical safety data (written separately, ambiguous)" and most of the headings are difficult to understand, methodological nonsense is also found in these parts. It seems that both the main title and the subheading of this section contain vagueness of expression and stylistic nonsense.

In addition to the necessary informative components of the instruction to be developed in Russian, there are also requirements for the language (text) of the instruction.

1) words written in capital letters should be avoided in the text of the draft guideline (except for the starting title);

2) an abbreviation is allowed in the text of the instruction only if it is explained at the beginning of the instruction and is guaranteed to express only one meaning;

3) pictures, diagrams, icons, tables, graphs can be used in the instruction text;

4) the instructions should not contain detailed results of clinical trials of the drug, statistical indicators, indicators of its superiority over other drugs.

The above-mentioned requirements form the basis of the pharmaceutical discourse.

Instructions for the use of drugs in English do not differ in content, but there is a difference in the way they are expressed.

E.V. Lobanova, thinking about the verbs used in instructional texts in English, writes:

1) in the instructional discourse in English, the predicate is usually expressed in physical action verbs *(make, wait, open, take*), action verbs (go), verbs directed to a certain place *(stand, stay, sit*) and in the imperative mood;

2) one of the necessary/permanent actants is the agent, and facultative actants are the patient, object, and locative;

3) the instruction text is used as a modifier of the proposition in English, and the pragmatic actualizer *step (one*), which refers to successive actions, is used.

English instructions often use modal modifiers such as *must, should*, and *can*. If the modal verb *must* has a relatively authoritarian color in expressing action causation, the verb *should* serves to express the subjective opinion of the prescriber, thus reducing the categorical nature of the directive speech act.

The modal verb *can* provides non-categorization, can indicates the possibility of performing an action. In English game instructions, the modal verb *may* indicates that the addressee is allowed to perform a certain action, and also refers to full compliance with the rules. Technical instructions in English often involve descriptive, subjective sentences formed on the basis of the following model: *It is + Adjective + Infinitive.*

In this case, lexemes expressing the meaning of expediency, necessity, rationality act as evaluative predicates*: It is wise to do X; It is necessary to do X.*

In instructions, the meaning of modality is revealed by the words *specifically, immediately, only.*

The words *always* and *never* are widely used in English usage guidelines. These words reinforce the meaning of categoriality and modality: *Always discard batteries safely.* The model of the use of such instructions as a special element with case development is: when (while, whilst) + Participle I. For example: *When inhaling you should sit upright and relaxed.*

According to N.V. Vasilina, the use of the correct signs in the instructions makes it possible to ensure unambiguity in the text, and creates the basis for successful communication between the speaker and the listener.

One of the forms that ensure the pragmatic specificity of the speech act in instruction is the abundance of command forms. The absence of a performative verb ensures the uniqueness of such speech acts. An example of this is the phrase I hereby instruct you. In the speech act of instructions, the verb *recommend* takes an active part in revealing the explicit form of the expression, but the scope of its application is limited to technical instructions.

Pharmaceutical guidelines, on the other hand, are far from emotional color and courtesy principles, and usually involve methodologically neutral words/phrases.

Instructions in Uzbek are usually translated verbatim from Russian, in which case there are many stylistic errors. For example: "Bromhexine 8 Berlin-hemi" in the "Instructions for use" section of the instructions for medical use reads: *As a secrolytic agent in acute and chronic diseases of the bronchi and lungs with disorders of mucus production and secretion.*

This guide is in 2 languages, translated from Russian. In Russian, this part is given as follows:

Indications for use.

As a secrotolytic agent for acute and chronic diseases of the bronchi and lungs, accompanied by a violation of the formation and excretion of mucus.

The text of the instruction may not be divided into paragraphs due to its small size, but the logical semantic delimitation of the parts will be clear. This feature is especially typical for medical instructions that explain the difference in the dose of use for a disease or age difference, technical instructions that indicate the steps to use or prepare a piece of equipment. Below is a fragment of such a discourse:

Children over 14 years of age and adults are prescribed 1 tab. 3 times a day with meals for 1-2 months. In acute gastritis, gastroenteritis and colitis - 1 tab. 3 times a day for 2-3 days.

The text of some types of instructions (although they belong to a different type) has a similar structure. For example, medical guidelines are similar in structure and content to technical guidelines.

Instructions for using the packaging with the spray nozzle. 1. Remove the cap from the vial; also remove the urological applicator from the 50 ml bottle. 2. Remove the supplied spray head from the protective packaging. 3. Attach the spray nozzle to the vial. 4. Activate the spray nozzle by pressing again (Miramistin).

In this instruction, the medical instruction is close to the technical instruction: it clearly indicates the sequence of use of the drug (such a discourse is considered a characteristic of the medical instruction), it is clearly indicated to change the place of the elements in the content, it is indicated how to use it at a certain time and place.

And technical guidelines are similar to medical guidelines. This is especially true for the troubleshooting step, which is presented in tabular form (this is typical of the text of medical instructions).

Conclusion

Thus, we came to the following conclusions:

Intertextuality in an instructional text is interpreted as an action manifested in intertextual interaction.

Medication guidance appears as a discourse outcome of pharmaceutical discourse. It represents the main categories such as imperativeness, informativeness, and intentionality, which represent the pragmatic aspects of communication between the manufacturer and the user. On the other hand, medical instruction is a form of verbal information, it has cognitive, axiological and pragmatic functions. They not only provide objective knowledge, but it also affects the emotional state of the recipient.

Adequate translation of medical instructions covers the following extralinguistic factors: generality, accuracy (avoid ambiguity), standard (use of stereotypes and clichés), voluntariness of the instruction text. All this should give rise to confidence in carrying out what is said in the medical instructions.

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