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COMPARATIVE ASSESSMENT OF DETECTION OF PREHYPERTENSION AND ARTERIAL HYPERPIESION EPIDEMIOLOGY RISK FACTORS.

Isakova D.Z, Makhmudov MZ, Khomidov A., Kholmatov E., Abdukodirov I.,

Andijan State Medical Institute.

✓ **Resume,**
In this researching work did comparative assessment and analysis of influence of some epidemiology risk factors to some epidemiological risk factors tu pre-hypertension and arterial hyperpiesis defelopment and prevalens.
Researching works results shoved that taking measures tu profilaxis this factors helps us to prevent defelopment of arterial hyperpiesion on prenosological level
Key words: prehypertension, arterial hyperpiesion, risk factors.

ЭПИДЕМИОЛОГИК ХАВФ ОМИЛЛАРГА БОҒЛИҚ БЎЛГАН ГИПЕРТЕНЗИЯ ОЛДИ ВА АРТЕРИАЛ ГИПЕРТЕНЗИЯНИ НАМОЁН БЎЛИШИНИНГ СОЛИШТИРМА БАҲОЛАШ

Д.З. Исакова, М.З. Махмудов, А. Хомидов, Э. Холматов, И. Абдукодиров,

Андижон давлат тиббиёт институти.

✓ **Резюм,**
Бу изланишда ҳозирги кунда предгипертензия ва артериал гипертензияни тарқалишида айрим эпидемиологик ва медико-социал хавф омилларнинг таъсири таққослама баҳолаш ва анализи келтириляпти. Ушбу мақолада юқоридаги айтилган хавф омилларнинг профилактикаси предгипертензия ва артериал гипертензия касалликлар ривожланишини олдини олиши тўғрисида маълумотлар берилмоқда.
Калит сўзлар: предгипертензия, артериал гипертензия, хавф омиллари.

СРАВНИТЕЛЬНАЯ ОЦЕНКА ВЫЯВЛЯЕМОСТИ ПРЕДГИПЕРТЕНЗИИ И АРТЕРИАЛЬНОЙ ГИПЕРТЕНЗИИ В ЭПИДЕМИОЛОГИЧЕСКИХ ФАКТОРОВ РИСКА

Д.З. Исакова, М.З. Махмудов, А. Хомидов, Э. Холматов, И. Абдукодиров,

Андижанский государственный медицинский институт.

✓ **Резюме,**
В данном исследовании проводится сравнительная оценка и анализ влияния некоторых эпидемиологических факторов риска на развитие и распространенность как предгипертензии, так и артериальной гипертензии. Данные представленные в статье еще раз подтверждают, что принимая меры профилактики этих факторов, мы можем предотвратить развитие артериальной гипертензии уже на донозологическом уровне.
Ключевые слова: предгипертензия, артериальная гипертензия, факторы риска

Introduction

It has long been known that people with long-term hypertension with a much greater frequency develop myocardial infarction, cerebral stroke, changes in the vessels of the fundus and chronic heart failure. But we should not forget that there is such a thing as "prehypertension", which is characterized as a predictor of arterial hypertension, and in turn can go into it or independently promote remodeling of the left ventricle of the heart, thereby being a factor in the development of cardiovascular diseases. There are so-called risk factors, leading to both arterial hypertension and prehypertension [1,2,3,4,5]. The realization of the risk of developing prehypertension and hypertension, as well as their complications, is induced by these factors. Accounting for them as a whole allows, first, to predict the development of prehypertension and arterial hypertension quite clearly, as well as to increase the effectiveness of preventive programs and to minimize the overall cardiovascular risk to a minimum [6,7,8,9].

Purpose of the study.

To this end, we conducted a deeper analysis and a comparative assessment of the detectability of the main risk factors and associated clinical conditions in a population with prehypertension (PGH) and arterial hypertension (AH) in the Fergana Valley.

The material was the results of a one-stage epidemiological study of random representative samples from the unorganized male and female population aged> 15-70 years, living in Andijan. A complex survey of the population was carried out using biochemical, epidemiological, instrumental, clinical and questionnaire research methods.

Results: Table 1 presents data on the comparative characteristics of PrH and AH among the surveyed population, depending on the educational status.

Obviously, if there is a low educational status (NOC), the detectability of PG increases to 10.3%; and with AG - this dependence is not traced (0.0%).

Depending on the degree of educational status, the incidence of PG and AH among those examined was,

**Comparative characteristics of detectability of PG and AH in a population 15-70 years of age,
depending on the educational status**

Characteristics of the Family Status of the examined	n	Increased arterial pressure			
		prh (1)		ap (2)	
		there is prh n (%)	no prh n (%)	there is ap n (%)	no ap n (%)
Higher education	133	46 (34,6)	87 (65,4)	23 (17,3)	110 (82,7)
Incomplete-higher education	128	8 (28,6)	20 (71,4)	1 (3,6)	27 (96,4)
Complete secondary or special education	383	97 (25,4)	286 (74,6)	78 (20,4)	305 (79,6)
Lower secondary	52	6 (11,6)	46 (88,4)	0 (0,0)	52 (100,0)
Initial	4	0 (0,0)	4 (100,0)	0 (0,0)	4 (100,0)
Has no education	3	0 (0,0)	3 (100,0)	0 (0,0)	3 (100,0)
Low educational status	59	6 (10,3)	53 (89,7)	0 (0,0)	59 (100,0)

respectively, 34.6% and 17.3% (P <0.05), with an incomplete higher education of 28.6% and 3,6% (P <0,001), in persons with full secondary or special education - 25,4 and 20,4% (P> 0,05) and in those with incomplete secondary education - 11,6% and 0.0% (P <0.001). Among people with primary education or without education - cases of PrH and AH are not registered (0.0%).

Thus, the noted shifts in the epidemiological indicators of PG and AH, depending on the educational status or marital status, make it possible to make an assumption about their participation in the processes of formation of population mechanisms of elevated blood pressure as socio-medical behavioral risk factors (SMPFR).

Table 2 presents the comparative characteristics of detectability of PrH and AH in a population> 15-70 years, depending on the professional activity.

**Comparative characteristics of detectability of PG and AH in a population 15-70 years of age,
depending on professional activity**

Characteristics of the Family Status of the examined	n	Increased arterial pressure			
		prh (1)		ap (2)	
		there is prh n (%)	no prh n (%)	there is ap n (%)	no ap n (%)
Workers	132	102 (77,3)	30 (22,7)	71 (53,8)	61 (46,2)
Entrepreneurs	166	26 (15,7)	140 (84,3)	6 (3,4)	160 (96,3)
Unemployed	301	29 (9,7)	272 (90,3)	25 (8,4)	276 (91,6)
NBSA	6	4 (66,7)	2 (33,3)	3 (50,0)	3 (50,0)

As can be seen from the data presented in Table 2, the detectability of elevated blood pressure (PA) varies significantly depending on the type of occupational activity and is: for workers, on average 65.6% (77.3%, PG and 53.8% AH, P < 0.05), entrepreneurs - 19.1% (15.7% of PG and 3.4% of AH, P <0.001), among the unemployed - 18.1% (9.7% of PG and 8.4% of AH, P> 0.05) and in persons with NSCS - 58.4% (66.7% of PG and 50.0% of AH, P <0.05).

Similar trends occurred and, in the presence of epidemiological factors: in the presence and under the influence of these risk factors, both PG and AH - were noted with an increase in their detectability among the examined.

So, in connection with smoking, there is an increase in the incidence of PG to 50.2% and AH to 33.6% (P <0.05), with excess body weight (BMI) - PG and Arg are determined at levels of 19.8 and 24.8% (P <0.05), in the presence of alcohol (AA) - 40.0% and 34.5%, respectively (P> 0.05), with psychoemotional factor (PEF) - 25, 0 and 36.4% (P <0.05), with low physical activity (NFA) - 33.8% and 25.0% (P <0.05), with low medical control (NMC) - by 33,3 and 14,5% (P <0,01), with hypercholesterolemia (HCS) - 31,5% and 44,1% (P <0,01) and in the presence of hypertricidemia (GTG) - 23, 3 and 35.6% (P <0.05).

The data obtained in the analysis of the increase in the detectability of cases of elevated blood pressure are presented in connection with the 22 risk factors of AH among the population> 15-70 years of age.

According to these data, firstly, there are noticeable differences in the proportion of risk factors (FR) in the development of high blood pressure and, secondly, there is an increase in cases of detectability, in the presence of these RF, more than 9.5 times (P <0.001).

Comparative characteristics of detectability of PG and AH among the population of the unorganized population >15-70 years, depending on the main risk factors for the development of hypertension

Risk factors for development of blood pressure	n	Proportion of persons with PAD, n (%)			
		prh (1)		ap (2)	
		there is prh n (%)	no prh n (%)	there is prh n (%)	Нет АГ n (%)
ROD	140	73 (52,1)	67 (74,9)	45 (32,1)	95 (67,9)
PFT	122	54 (44,3)	68 (55,7)	27 (22,1)	41 (77,9)
EEHP	29	16 (55,2)	13 (44,8)	21 (72,4)	8 (27,6)
NGOIF	62	22 (35,4)	40 (64,6)	12 (19,4)	50 (80,6)
ZUNS	245	82 (33,5)	163 (66,5)	73 (29,9)	172 (70,1)
PUMMB	330	113 (34,2)	217 (65,8)	102 (30,9)	228 (69,1)
GLP	133	46 (34,6)	89 (65,4)	35 (26,3)	98 (73,7)
UKCHK	130	32 (24,6)	98 (75,4)	21 (16,2)	105 (83,8)
Smoking	265	133 (50,2)	135 (49,8)	89 (33,6)	176 (66,4)
BMI	258	51 (19,8)	107 (80,2)	64 (24,8)	36 (75,2)
UA	145	58 (40,0)	87 (60,0)	50 (34,5)	95 (65,5)
PEF	44	11 (25,0)	33 (75,0)	16 (36,4)	28 063,6-
NFA	68	13 (33,8)	45 (66,2)	17 (25,0)	51 (75,0)
NMC	48	16 (33,3)	32 (66,7)	7 (14,5)	41 (85,5)
HCS	111	35 (31,5)	76 (68,6)	49 (44,1)	62 (55,9)
GTG	90	21 (23,3)	69 (76,7)	32 (35,6)	58 (64,4)
PIOSP	69	18 (26,1)	51 (73,9)	24 (34,8)	45 (65,2)

Conclusion

Thus, we were able to identify certain epidemiological trends in terms of the detectability and prevalence of prehypertension and hypertension depending on the risk factors that are important for organizing and conducting effective / mass preventive interventions among the population.

This is confirmed by our and literary assumptions that in Uzbekistan, 90.0% of patients with prehypertension and hypertension, scientifically motivated / justified primary and secondary prevention directed against behavioral risk factors may prevent or suspend their epidemic among the population. Thus, it was noted that the change in lifestyle (smoking cessation, reduction of alcohol consumption, increased physical activity, reduced intake of salt and foods rich in saturated fats and cholesterol, increased consumption of fish, fruits and vegetables) and non-drug prevention are accompanied by a decrease in the incidence of new cases AH by 8% [5,8].

The obtained data make it necessary to pay attention to the need to improve preventive programs, primarily in relation to socio-medical and epidemiological behavioral risk factors.

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