

ANALYSIS OF RISK FACTORS FOR CARDIOVASCULAR DISEASES IN WOMEN

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✓ *Resume*

Relevance. Risk factors are individual characteristics that affect the likelihood of developing a disease in a particular person in the future. Genetic predisposition does not necessarily materialize over the course of a person's life; the fight against modifiable risk factors can exclude the development of CVD. There is evidence that psychosocial and psychophysical factors associated with occupational activity can influence the development of CVD.

The aim of the study: To study the risk factors for cardiovascular diseases among women at the Republican Scientific Center for Emergency Medical Aid of the Bukhara branch.

Materials and research methods. 259 women aged 38-65 years were examined, of whom 173 were in the middle age (38-49 years old). Taking into account the peculiarities of labor activity, they were divided into 2 groups: I (physical labor) - 82 people; II (mental labor) - 91 people.

The results of the study. The results indicate a possible dependence of the incidence of ischemic heart disease and arterial hypertension against the background of atherosclerosis on the specifics of work in middle-aged women, which implies the creation of a database "Young women and their health" and the implementation of organized adequate medical and psychological follow-up in primary care.

Conclusions. Small changes in lifestyle can create proper and slow the aging of the heart. It's never too late to start living a healthy lifestyle. After signs of coronary artery disease appear in a person, risk factors continue to act, contributing to the progression of the disease and worsening the prognosis, therefore, their correction should be an integral part of treatment tactics.

Key words: risk factors, cardiovascular disease, arterial hypertension, coronary heart disease, left ventricular hypertrophy.

АЁЛЛАР ОРАСИДА ЮРАК ҚОН – ТОМИР КАСАЛЛИКЛАРИ ХАВФ ОМИЛЛАРИНИ ТАҲЛИЛИ

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✓ *Резюме*

Долзарблиги. Хавф омиллари - бу келажакда маълум бир одамда касаллик ривожланиши эҳтимолига таъсир қилувчи индивидуал хусусиятлардан. Генетик мойиллик инсон ҳаёти давомида амалга оширилиши шарт эмас, ўзгартирилиши мумкин бўлган хавф омилларига қарши кураш юрак-қон томир касалликлари ривожланишини истисно қилиши мумкин. Касбий фаолият билан боғлиқ руҳий-иқтисодий ва руҳий-жисмоний омиллар юрак-қон томир касалликларининг ривожланишига таъсир қилиши мумкинлиги ҳақида далиллар мавжуд.

Тадқиқот мақсади: Республика шошилинч ва тез тиббий ёрдам илмий маркази Бухоро филиалида аёллар ўртасида юрак-қон томир касалликлари хавф омилларини ўрганиш.

Тадқиқот материаллари ва усуллари. 38-65 ёшдаги 259 аёл кўрикдан ўтказилди, уларнинг 173 нафари ўрта ёшда (38-49 ёш). Меҳнат фаолиятининг ўзига хос хусусиятларини инобатга олган ҳолда, аёллар ўртасида юрак-қон томир касалликлари хавфини ўрганиш учун улар 2 гуруҳга ажратилди: I (жисмоний меҳнат) - 82 нафар; II (ақлий меҳнат) - 91 нафар.

Тадқиқот натижалари. Натижалар атеросклероз фонида юрак ишемик касаллиги ва артериал гипертензия билан касалланишининг ўрта ёшдаги аёлларда ишлашнинг ўзига хос

хусусиятига боғлиқлигини кўрсатади, бу "Ёш аёллар ва уларнинг соғлиги" маълумотлар базасини яратишни ва бирламчи тиббий ёрдамда етарли тиббий ва психологик кузатувни амалга оширишни назарда тутади.

Хулоса. Ҳаёт тарзидаги тўғри кичик ўзгаришлар юракнинг қаришини секинлаштириши мумкин. Соғлом турмуш тарзини бошлаш ҳеч қачон кеч эмас. Инсонларда юрак ишемик касалликлари белгилари пайдо бўлгандан сўнг, хавф омиллари ҳаракат қилишни давом эттиради, бу эса касалликнинг ривожланишига ва оқибатининг ёмонлашишига ёрдам беради, шунинг учун уларни тўзатиш даволаш тактикасининг ажралмас қисми бўлиши керак.

Калит сўзлар: хавф омиллари, юрак-қон томир касалликлари, артериал гипертензия, юрак ишемик касаллиги, чап қоринча гипертрофияси.

АНАЛИЗ ФАКТОРОВ РИСКА СЕРДЕЧНО – СОСУДИСТЫХ ЗАБОЛЕВАНИЙ У ЖЕНЩИН

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✓ Резюме

Актуальность. Факторы риска - это индивидуальные особенности, которые влияют на вероятность развития в будущем у конкретного человека заболевания. Генетическая предрасположенность необязательно реализуется в течение жизни человека; борьба с модифицируемыми факторами риска может исключить развитие ССЗ. Существуют доказательства того, что психосоциальные и психофизические факторы, в связи с профессиональной деятельностью, могут влиять на развитие ССЗ.

Цель исследования: Изучить факторы риска сердечно-сосудистых заболеваний среди лиц женского пола Республиканском научном центре экстренной и неотложной медицинской помощи Бухарского филиала.

Материалы и методы. Были обследованы 259 женщин в возрасте 38-65 лет, среди которых 173 оказались в среднем возрасте (38-49 лет). С учетом особенностей трудовой деятельности они были разделены на 2 группы: I-я (физического труда) – 82 человек; II-я (умственного труда) – 91 человек.

Результаты исследования. Результаты свидетельствуют о возможной зависимости частоты распространенности ИБС и артериальной гипертензии на фоне атеросклероза от специфики труда у женщин среднего возраста, что предполагает создание базы данных «Молодые женщины и их здоровье» и осуществление организованного адекватного диспансерного медико-психологического наблюдения в первичном звене.

Вывод. Небольшие изменения, внесенные в образ жизни, могут создать должное и замедлить старение сердца. Никогда не поздно начать вести здоровый образ жизни. После появления у человека признаков ИБС факторы риска продолжают действовать, способствуя прогрессированию заболевания и ухудшая прогноз, поэтому их коррекция должна быть составной частью тактики лечения.

Ключевые слова: факторы риска, сердечно-сосудистые заболевания, артериальная гипертензия, ишемическая болезнь сердца, гипертрофия левого желудочка.

Relevance

Heart disease is the largest disease in the world, claiming 17.5 million lives every year. By 2025, it is expected that more than 1.5 million people, i.e. almost a third of the world's population over 25 will suffer from high blood pressure, one of the most dangerous risk factors for cardiovascular disease (CVD) [1]. According to WHO, health depends 50-55% on lifestyle and social conditions, 20-22% on genetic factors, 19-

20% on the environment, and only 7-10% on the level of the healthcare system and the quality of care. The presence of even one of the risk factors increases the mortality rate in men 50-69 years old by 3.5 times, and the combined effect of several factors - by 5-7 times [1; 4]. The combination of 3 main risk factors (smoking, dyslipidemia, arterial hypertension) increases the risk of coronary artery disease in women by

40.0%, in men by 100% compared to those who do not have these risk factors. Risk factors are individual characteristics that affect the likelihood of a particular person developing a disease in the future. Genetic predisposition does not necessarily materialize over the course of a person's life; the fight against modifiable risk factors can exclude the development of CVD [2; 3]. According to the WHO, three main risk factors make the greatest contribution to the risk of sudden death: hypertension, hypercholesterolemia and smoking. There is evidence that psychosocial and psychophysical factors associated with occupational activity can influence the development of CVD. Overweight is most common among social groups with a lower cultural and educational level, especially among women due to the lack of a balanced diet [5; 6]. The impact of acute stress on people already suffering from cardiovascular disease is clear. Stress leads to attacks of angina pectoris, arrhythmias and the development of heart failure. It can also cause sudden onset of stroke and myocardial infarction. The impact of factors, both personal and situational, that lead to an increased risk of CVD can be reduced by using coping mechanisms, which involve recognizing the problem and overcoming it by trying to accept the situation and use it in the best possible way. Since, cardiovascular diseases have become the main cause of death of the population in economically developed countries. Over the past decades, there has been a stable favorable dynamics of indicators of the cardiovascular bed in Uzbekistan. To correct the current situation, the main priorities of the National Project "Health" were developed: strengthening the organization of primary care, development of prevention and medical examination. It is clear that preventive measures are most effective in young people. The health of young people can be considered a kind of barometer of the social well-being of the nation as a whole, as well as a harbinger of changes in the health of the population in subsequent years. Therefore, its study is especially relevant at the present time. [1; 5; 6] However, the principles of clinical examination of this category are not defined in the National Project and are practically not developed.

Purpose. To study risk factors (RF) of cardiovascular diseases (CVD) among women at the Republican Center for Emergency and Emergency Medical Care (RSCE and NMP) of the Bukhara branch.

Material and methods

259 women aged 38-65 years were examined, of whom 173 were in the middle age (38-49 years old). Taking into account the peculiarities of labor activity, they were divided into 2 groups: I (physical labor) - 82 people; II (mental labor) - 91 people.

Result and discussion

In women in group II, AH, IHD, LV hypertrophy, low physical activity, smoking, overweight and dyslipidemia were observed more often than in group I. This observation demonstrates the possible relationship of hypertension, ischemic heart disease and cardiovascular risk factors with the professional activity of women. The degree of awareness of women about cardiovascular diseases turned out to be indicative, so in the 1st group no one was informed about ischemic heart disease and arterial hypertension, while 60.0% of women in the 2nd group had information about this disease.

The absence of any measures (medicinal and non-medicinal) to control hypertension in persons of the 1st group was evident. Women of intellectual labor with a higher educational level in group II were regularly observed by a doctor for coronary artery disease and hypertension and were treated in 66.6% of cases. Along with this, an additional examination (Echo KG, 24-hour ECG monitoring) revealed damage to target organs in 20% of individuals in group I and in 11.1% in group II, which may probably be associated with greater adherence to treatment. ... Thus, physical exercises involving regular rhythmic contractions of large muscle groups are more suitable for the prevention of CVD and health promotion for women: brisk walking, light jogging, cycling, swimming, etc. The frequency of exercise should be at least 4-5 once a week, the duration of the sessions is 30-40 minutes, including the warm-up and cooling period. When determining the intensity of physical exercise, permissible for a particular patient, proceed from the maximum heart rate (HR) after exercise - it should be equal to the difference between the number of 220 and the patient's age in years. For people with a sedentary lifestyle without symptoms of coronary artery disease, it is recommended to choose such an exercise intensity at which the heart rate is 60-75% of the maximum. Recommendations for people with coronary artery disease should be based on clinical findings and exercise test results. In addition, currently there are 2 strategies for the prevention of CVD based on the concept of risk factors:

1. Population, mass prevention, aimed at changing the lifestyle and environment of a large contingent of the population in order to improve the lifestyle and prevent the emergence or reduction of CVD risk factors. National interventions play an important role in this strategy, but health workers should be the initiators and “catalysts” of this strategy.

2. High risk, aimed at identifying people at risk of developing coronary artery disease for its subsequent reduction with the help of preventive measures. This strategy is more accessible to doctors and can be successfully used in outpatient work. These 2 strategies should not be opposed, they complement each other, and the greatest success in CVD prevention can be achieved only by combining both strategies.

Conclusions

1. The results obtained indicate a possible dependence of the incidence of coronary artery disease and arterial hypertension against the background of atherosclerosis on the specifics of work in middle-aged women, which implies the creation of a database "Young women and their health" and the implementation of organized adequate medical and psychological follow-up in primary care.

2. In conclusion, it should be noted that even small changes made to the lifestyle can create the proper and slow down the aging of the heart.

3. It's never too late to start living a healthy lifestyle.

4. After the appearance of signs of coronary artery disease in a person, risk factors continue to act, contributing to the progression of the disease and worsening the prognosis, therefore, their correction should be an integral part of treatment tactics.

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