

**INVESTIGATION OF CARDIOVASCULAR DANGER VARIABLES EFFECT ON EVENT AND COURSE  
OF QUIET TYPE OF ISCHEMIC CORONARY ILLNESS OF PATIENTS WITH POSTINFARCTION  
CARDIOSCLEROSIS**

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**ABSTRACT**

Exceptional elements of quiet myocardial ischemia course were analyzed relying upon the presence of cardiovascular danger factors. Information on reliance of hazard factors presence and figures of holter checking of electrocardiography was gotten. It was found out that for the patients with quiet myocardial ischemia with such danger factors event of convoluted course of ischemic coronary illness, for example, blood vessel hypertension, diabetes and hyperlipidemia, the accompanying pointers are normal: higher normal every day signs of ischemic episodes each day, higher total day by day span of ST-section wretchedness, higher total plentifulness of ST-portion misery, higher normal term of one ischemic episode, contrasted with the people without hazard factors.

**KEYWORDS:** Quiet Myocardial Ischemia, Holter Checking Of Electrocardiography, Antinociceptional Framework, B-Endorphines.

**INTRODUCTION**

patients were inspected with quiet type of ischemic coronary illness, which has happened at the people with postinfarction cardiosclerosis. Symptomatic standards were the accompanying: checked with the assistance of holter observing of electrocardiography and tests with dosed actual heap of AMI episodes.

At examination of the information of holter checking of electrocardiography the accompanying markers were evaluated: normal recurrence of pulse, factor, which incites

ischemia, amount of ischemia episodes and season of their event during the day, normal abundance of gloom/rise of ST-fragment (in mm), normal recurrence of ischemic episode, normal span of one ischemia episode (in minutes), total term of ischemia during the day (minutes of the day); referenced signs of constantly periods were looked at. As measures of myocardial ischemia were viewed as the progressions on electrocardiography in type of separations of ST-portion against isoline.

Aftereffects of exploration and their conversation.

In our review the recurrence of gathering of acheless types of myocardial ischemia was broke down, thinking about the presence of hazard elements of convoluted course of IHD. discovered that at the people with hyperlipidemia, blood vessel hypertension, diabetes and presence of at least two danger factors the development of asymptomatic choices of myocardial ischemia were noticed all the more as often as possible, in contrast with the patients at the shortfall of hazard factors. Simultaneously it is worth focusing on that the recurrence of event of ventricular tachycardia, syncope states was not reliant from the presence of hazard factors.

Huge part of study was inspecting of characteristics of direct of life of the patients, which increment the danger of hyperlipidemia or debilitation of starch digestion. It was found out that diabetes is all the more every now and again saw at the people with hypodynamia and unreasonable weight. Impact of smoking and sturdy pain disorder on lipid and sugar digestion was additionally noted. Thus, our review demonstrates the significance of altered danger factors on the attribute of clinical picture and on individual pathogenetic perspectives at the patients with IHD.

Aftereffects of standard not really settled the need of leading of holter checking of electrocardiography. At examination of the signs of holter checking of electrocardiography it was found out that for the patients with SMI with such danger elements of gathering of

convoluted course of IHD as blood vessel hypertension, diabetes and hyperlipidemia the accompanying pointers are regular: higher normal day by day amounts of ischemic episodes during the day, higher total day by day length of ST-fragment discouragement, higher total abundancy of STsegment misery, normal term of one ischemic episode in contrast with the people without hazard factors ( $p<0,05$ ).

It was inspected that at patients with at least two danger factors the worth of total span of ST-portion discouragement was the most noteworthy and risen to  $62,32\pm4,36$  minutes out of every day ( $p<0,01$ ). Simultaneously, at patients with SMI without hazard factors the normal level of this marker approached  $42,17\pm4,3$  minutes out of each day.

In this review the marks of enactment of antinociceptive arrangement of creature were inspected. With this point the marks of  $\beta$ endorphins focus were investigated. It was determined that at patients with SMI at the shortfall of seen torment and clinical appearance of the illness the degree of  $\beta$ endorphins was altogether higher, in contrast with the benchmark group, which demonstrates the presence at the patients with SMI of articulated afferent nociceptive excitement.

Unwavering quality of normal qualities at patients of the primary gathering with different danger factors was noted, in contrast with the gathering of essentially sound people, in which normal degree of  $\beta$ -endorphins approached to  $0,68\pm0,01$  ng/ml ( $p<0,01$ ).

Relationships between the degree of action of antinociceptive framework and the recurrence of gathering of instable angina, myocardial localized necrosis, neurotic worth of HRT0 were investigated at patients with SMI. For this reason point-dichotomous connection investigation among between the grouping of  $\beta$ -endorphins in plasma and the danger of event of inspected occasions was led, which gives the chance to learn the relationship cooperation among quantitative and subjective markers.

We affirmed the reality of quality at patients with Ami of myocardial ischemia, initiation of antinociceptive framework. Acquired information are critical for understanding of the primary connections of the course of SMI and give the likelihood to base the way to deal with the treatment of such patients at separated framework calculation, which thinks about the irregularity between clinical indications of sickness and its genuine impact on coronary perfusion and condition of vascular divider.

## CONCLUSION

It was discovered that the patients with acheless type of IHD have tight relationship interface between the presence of the danger variables and marks of holter observing of electrocardiography, particularly, normal upsides of amount of ischemic episodes each day, total every day term of ST-segment sorrow and normal span of one ischemic episode.

Presence of the danger factors, thusly, entangles the course of quiet myocardial ischemia, which appears in disintegration of clinical state, decline of resistance to actual burden, critical changes of hemodynamics and

vegetative guideline, concentrated signs of myocardial ischemia, enactment of antinociceptive framework, in contrast with the people without hazard factors ( $p < 0.05$ ).

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