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PREVENTION OF RISK FACTORS OBSERVED IN MYOCARDIAL INFARCTION WITH COMORBID PATHOLOGY

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ABSTRACT

Comorbid pathology is widespread in patients with myocardial infarction. One of the current directions of modern cardiology is to study the contribution of comorbidity to the prognosis in patients who have suffered a myocardial infarction, as well as the assessment of endothelial dysfunction as one of the key links in the pathogenesis of atherosclerosis. 106 patients with myocardial infarction were included in the study.

KEYWORDS

Endothelial dysfunction, comorbidity, myocardial infarction.

INTRODUCTION

In modern society, there is a high level of disability and mortality from cardiovascular pathology[4]. The probability of developing fatal cardiovascular complications increases with various combinations of risk factors with comorbid conditions [1,5].

Mortality from cardiovascular diseases (CVD) and their complications in the structure of total mortality occupy the first place among the four main causes; and for

them, in particular, they are 50% higher than those from cerebrovascular diseases in general[8].

MI is a pathological condition characterized by an absolute or relative violation of the blood supply to the myocardium due to damage to the coronary arteries of the heart (definition of the World Health Organization, 1965) [3,7].

Recently, this definition has not been changed. CVD pathogenetically associated with atherosclerosis, as well as their complications, are the leading cause of mortality and disability in Western Europe among adults, the United States and Japan, as well as in Russia.

The annual mortality from MI is 2-3%, and non-fatal myocardial infarction has a frequency of about 3%. It is important to emphasize that the mortality rates from MI among male patients aged 45-74 years in Russia from 1965 to 1998 increased from 499 to 1152, and among women of the same age group - from 237 to 402 per 100 thousand population [2,6]

The purpose of the study. To study the regional features of the prevalence of the main risk factors and the structure of comorbid pathology in patients with MI in order to optimize secondary prevention in patients with MI.

Materials and methods of research. 106 patients with MI were included in the study. Inclusion was carried out with informed consent. Exclusion criteria: age of the patient over 75 years, acute or chronic exogenous intoxication, refusal of the patient from the study.

The results of the study. All patients underwent a general clinical examination (blood test, including lipidogram, echocardiography, daily monitoring electrocardiography (ECG)). To assess the functional class (FC) of CHF, a six-minute walking test (TSH) was

used. On the 10th-14th day of MI, after 3, 6 months and 1 year, the functional state of the endothelium was determined by peripheral arterial tonometry (PAT) on the endo-RAT-2000 device with the ItamarMedicalLtd software.

The most common behavioral risk factors for patients with MI living in the Republic of Uzbekistan are eating disorders (100%), physical inactivity (53% with a predominance in women), and for men smoking is added to these factors (24.3%).

The prevalence of the main risk factors is Arterial hypertension (AH), Hypercholesterolemia (HHS), petroleum hydrocarbon in the soil (NUV), Cardiovascular complications have no sex differences (SSR), the aortic opening (AO) is more common in women, the age of onset of MI in women is less than in men

The main efforts in the correction of FR MTR are aimed at achieving the target blood pressure level (57.4%), however, due to the lack of proper laboratory control, the correction of hyperglycemia (34%) and hypercholesterolemia (7.5%) are at an extremely low level.

In patients with MI, gastrointestinal and COPD diseases are most often detected. Gastric ulcer, urolithiasis and COPD in men with MI are detected 2 times more often than in women ($p < 0.01$)

Somatic diseases have the greatest reliable correlation with behavioral factors (eating disorders, physical inactivity, smoking, excessive alcohol intake) and AO, hypercholesterolemia, hyperglycemia and hypertension.

Consequently, the correction of risk factors for MTR will not only reduce the risk of developing MTR, but will also contribute to achieving remission of comorbid diseases.

CONCLUSION

The tactics of treatment and prevention in patients with angina pectoris should be multicomponent in nature, taking into account a wide range of socio-demographic indicators, the main risk factors and concomitant diseases. Such tactics can improve the quality and life expectancy of patients with comorbid pathology.

To improve the diagnosis and correction of the main risk factors for MTR and concomitant diseases, it is necessary to expand programs to improve the knowledge of doctors and medical staff. It is also necessary to organize health schools for MI patients with comorbid pathology.

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