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Research Article

IMMEDIATE OUTCOMES OF UNSTABLE ANGINA IN METABOLIC SYNDROME

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ABSTRACT

The article presents data on the study of the immediate outcomes of unstable angina in women and men with metabolic syndrome. The study was conducted for 2021-2022 on the basis of the Department of Internal Diseases of the Pediatric Faculty of SamSMU. The study included 20 patients with coronary artery disease and metabolic syndrome. Clinical examinations were carried out according to the standard scheme, the metabolic syndrome was studied by analyzing the lipid and glycemic spectrum. In the course of the study, it was determined that women prevail in terms of gender distribution, as well as the metabolic syndrome aggravates the course of unstable angina pectoris and often leads to complications.

KEYWORDS

Cardiovascular disease (CVD), coronary heart disease (CHD), unstable angina (UA), metabolic syndrome (MS), arterial hypertension (AH), myocardial infarction.

INTRODUCTION

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Cardiovascular disease (CVD) is the leading cause of disability and death worldwide. So, at present, in the structure of mortality of the population, 57% are diseases of the cardiovascular system, of which 49.3% are coronary heart disease (CHD). The study of coronary artery disease, and in particular unstable angina (UA), its complications and the effectiveness of treatment dictates the need to study risk factors. It is known that metabolic disorders such as excess body weight, dyslipidemia and impaired glucose metabolism accelerate atherogenesis. All these disorders are components of the metabolic syndrome (MS). The question of the effect of MS on the cardiovascular system has been studied in sufficient detail in the literature, but the effect of the syndrome on the results of angioplasty procedures and long-term prognosis of NS requires further study.

Over the past 20 years, a large number of studies have been conducted that have confirmed the existence of close relationships between obesity, arterial hypertension (AH), hyperlipidemia, impaired glucose tolerance and cardiovascular diseases. The term "metabolic syndrome" encompasses a group of risk factors associated with coronary heart disease and/or diabetes. According to a number of authors, patients with MS have an increased risk of major cardiovascular events: stroke, acute myocardial infarction, and sudden death. Patients with metabolic syndrome are characterized by more massive lesions of the coronary arteries, a more severe course of coronary artery disease, and a decrease in the quality of life. Separately, it should be noted the widespread prevalence of MS (according to some authors, more than 20% of the world's population). However, despite the active study of MS, the available literature, including publications of the leading cardiological and endocrinological associations, lacks clinical guidelines for the management of these patients. The practical importance of these unresolved issues has led to further study of these issues.

Purpose of the study: To study the immediate outcomes of unstable angina in women and men with metabolic syndrome.

MATERIALS AND METHODS

The study was conducted for 2021-2022 on the basis of the Department of Internal Diseases of the Pediatric Faculty of SamSMU. The study included 20 patients with coronary artery disease and metabolic syndrome. Clinical examinations were carried out according to the standard scheme, including clarification of complaints, history taking, assessment of the state of internal organs and systems, stress echocardiography, ECG. The state of the metabolic syndrome was studied by analyzing the lipid and glycemic spectrum.

The data obtained during the study were subjected to statistical processing using the Microsoft Office Excel-2012 software package on a Pentium-IV personal computer, including the use of built-in statistical processing functions. The arithmetic average value (M), standard deviation, standard error of the average (m), relative values (frequency, %), statistics of the measurements obtained when comparing the average values of the studied indicator significance was determined by calculating the probability of error (P) in testing the normality of the distribution (according to the kurtosis) with Student's test (t).

RESULTS AND DISCUSSION

The patients were between 30 and 70 years old. The mean age was 49.8±3.1 years. The duration of angina was from 1 to 10 years. 15% had a confirmed myocardial infarction in history. Among the surveyed, men accounted for 35% (7), women - 65%.

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Despite the fact that patients received recommendations for lifestyle changes (diet and regular exercise), anthropometric parameters did not change during antihypertensive therapy. Initially, the average weight of patients was 79.5±4.2 kg, after treatment this figure was 78.3±3.4 kg. Similar data were obtained for BMI (before the study - 33.2±1.4 kg/m2, after - 32.3±1.14 kg/m2) and waist circumference (before the study - 104±2 cm, after - 104±3 cm).

Hyperglycemia was detected at admission, low levels of high-density lipoproteins, elevated levels of C-reactive protein. Initially, patients with lipid metabolism disorders had the following characteristics: mild hypercholesterolemia (5-6.5 mmol/l) in 45%; moderate hypercholesterolemia (6.5-8 mmol / l) - in 30%; mild hypertriglyceridemia (1.7-2.3 mmol/l) in 35%; moderate hypertriglyceridemia (2.3-4.5 mmol/l) - in 45%. Severe degree of hypercholesterolemia and hypertriglyceridemia was only in 15%.

During the treatment, when observing patients for 6 months, violations were noted both in therapeutic tactics and in the behavior of the patients' lifestyle after a month. When studying the immediate outcomes, a negative dynamics of the disease was revealed, 15% of patients had a myocardial infarction, 40% of the symptoms of coronary artery disease progressed, the frequency of arrhythmias increased by 30%. If we compare these indicators with patients without metabolic syndrome, it can be seen that the metabolic syndrome leads to a worsening of the course of the disease and the frequency of complications is higher than in patients without the metabolic syndrome.

Patients with metabolic disorders require more careful monitoring, both during hospitalization and after discharge from the hospital. Identified laboratory parameters, such as hyperglycemia on admission, low levels of high-density lipoprotein, elevated C-reactive protein, may be predictors of life-threatening cardiac arrhythmias. Interpretation of these indicators will help plan the stages of stay in various departments of the hospital, including when risk factors are identified for longer treatment in intensive care units.

CONCLUSIONS

In the course of the study, it was determined that women prevail in terms of gender distribution, as well as the metabolic syndrome aggravates the course of unstable angina pectoris and often leads to complications.

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