

The targeted population were divided into groups based on localization of lesion and method of reperfusion therapy. As a result, the ST-segment elevation was in the anterior wall on EKG in 43,5%, 30,4% had it on the back of Antero, and lateral in 26,1% of targeted population.

BNP dynamics were determined depending on the size and location of ischemic damage and the ongoing reperfusion therapy.

**Results.** The average level of BNP in ACS Patients of the first day with ST elevation is upto  $427,71 \pm 89$  PG/ml. The Concentration of BNP in patients with lesions of the posterior wall on the left ventricle was higher i.e.  $576,8 \pm 71,92$  PG/ml in comparison with patients with lesions at the anterior wall i.e.  $383,87 \pm 191,12$  PG/ml.

The first day in 34,7% of patients had complications as, pulmonary edema found in 8,6% patients, cardiogenic shock in 8,6%, ventricular tachycardia in 17,3% and ventricular extrasystoles in the form of bigemini in 8,6% of respondents, respectively.

After 3 days the TLT BNP level in patients has increased to  $629,25 \pm 43,60$  PG/ml, and in patients with-

out revascularization to  $612,72 \pm 97,65$  pg/ml and after balloon angioplasty to  $441,70 \pm 72,17$  pg / ml while on day 7 the levels of BNP decreased in all groups. Angioplasty contributed as a significant decrease in the index –  $153,17 \pm 48,60$  pg/ml; and extra decrease in the index –  $153,17 \pm 48,60$  pg/ml; in the group of patients with TLT, from an average BNP level  $498,98 \pm 93,69$  pg/ml.

It was also determined that the troponin I –  $4,29 \pm 6,5$  ng/ml and C – reactive protein –  $19,48 \pm 5,32$  PG/ml, high levels of which are risk factors for adverse outcome in ACS was identified as having direct correlation between increasing levels of BNP and the level of C – reactive protein ( $r=0,4$ ,  $p<0,05$ ).

**Conclusion.** 1. ACS patients with high level of BNP has high probability of cardiovascular events in the early period.

2. There is direct correlation between increasing levels of BNP and the level of C – reactive protein, high levels of which are risk factors for adverse outcome in ACS.

3. The decrease of BNP is significantly expressed in the group of patients who underwent balloon angioplasty.

## EVALUATE EFFECTIVENESS TEACHING REHABILITATION SCHOOL PATIENT'S MYOCARDIAL INFARCTION WITH PATHOLOGICAL Q WAVE BASED ON HEMODYNAMIC PARAMETERS

*TURSUNOV E.Y., SHUKURDJANOVA S.M., YARMUKHAMEDOVA D.Z., OMAROV X.B.*

*Tashkent medical academy, Tashkent. Uzbekistan*

**Background.** An acute myocardial infarction (MI) is the main cause of premature death and substantially accounts for morbidity especially in the developed world. After acute MI cardiac rehabilitation (CR) consider important as medical treatment. CR has strong-based evidence in reducing morbidity and mortality rate. However, the form of rehabilitation must be comprehensive enough so as to achieve its purpose. The effect of rehabilitation after acute infarction cannot be over emphasized because of its far reaching benefits in terms of improve physical, social, emotional and the totality of life in general.

**The purpose of study.** evaluate effectiveness teaching rehabilitation school patient's myocardial infarction with pathological Q wave based on hemodynamic parameters

**Material and methods.** For study was selected 79 patients with MIPQW 48 men and 31 women aged  $56,6 \pm 7,8$  years enrolled in therapeutic departments Cardioreanimation, Cardiology in the 1<sup>st</sup> clinic for TMA and 16-familiar polyclinic of city of Tashkent. For investigation were taken first time patients with ST elevation myocardial infarction. Diagnosis was demonstrated with laboratorial and instrumental methods. All the patients were treated recommended medical therapy. All were divided 2 groups: I group 42 patients are main-

ly group that strictly followed RP. II group 32 patients are control group that low compliance to RP. Patient's condition were observed hospital and polyclinic condition. During in hospital period main group patients were taught rehabilitation lessons based rehabilitation school program. Lessons consist of 10 lecture include explanation disease, risk factors, patients condition, phase of rehabilitation program, drugs that intake after hospital period, motivational lessons. In hospital period acute event of disease and after 6 month all the patients were observed by echocardiography and results were compared.

**Results.** In hospital period echocardiographic parameters in main group who strictly followed RP EDD-LV- End diastolic diameter left ventricle was  $55,8 \pm 4,1$  mm, ESD-LV- End systolic diameter left ventricle was  $40,4 \pm 3,2$  mm, EDV-LV- End diastolic volume left ventricle was  $152,4 \pm 7,4$  ml, ESV End systolic volume was  $72,4 \pm 4,4$  mm, LVM- left ventricle mass was  $240,4 \pm 18,4$  g, LVEF- Left ventricle ejection fraction was  $52,4 \pm 3,7\%$ , CO- Cardiac output was  $97,2 \pm 5,6$  ml. In control group results in hospital period: EDD-LV- End diastolic diameter left ventricle was  $57,4 \pm 4,3$  mm, ESD-LV- End systolic diameter left ventricle was  $41,2 \pm 3,4$  mm, EDV-LV- End diastolic volume left ventricle was  $158,6 \pm 7,9$  ml, ESV End systolic vol-

ume was  $76,6 \pm 5,4$  mm, LVM- left ventricle mass was  $251,4 \pm 19,9$  g, LVEF- Left ventricle ejection fraction was  $56,4 \pm 3,8\%$ , CO- Cardiac output was  $88,4 \pm 5,8$  ml. Inpatient period results shows that both group observed a little differentiation. After 6 month results consisted of in main group: EDD-LV- End diastolic diameter left ventricle was  $50,4 \pm 3,8$  mm, ESD-LV- End systolic diameter left ventricle was  $37,2 \pm 2,2$  mm, EDV-LV- End diastolic volume left ventricle was  $146,4 \pm 6,4$  ml, ESV End systolic volume was  $66,1 \pm 3,1$  mm, LVM- left ventricle mass was  $246,6 \pm 16,4$  g, LVEF- Left ventricle ejection fraction was  $61,4 \pm 4,2\%$ , CO- Cardiac output was  $100,2 \pm 5,7$  ml. In control group results inpatient period: EDD-LV- End diastolic diameter left ventricle was  $58,4 \pm 5,1$  mm, ESD-LV- End systolic dia-

meter left ventricle was  $46,4 \pm 4,1$  mm, EDV-LV- End diastolic volume left ventricle was  $167,2 \pm 8,5$  ml, ESV End systolic volume was  $79,4 \pm 5,9$  mm, LVM- left ventricle mass was  $262,4 \pm 23,1$  g, LVEF- Left ventricle ejection fraction was  $54,2 \pm 3,7\%$ , CO- Cardiac output was  $89,4 \pm 5,6$  ml.

**Conclusion.** Results shows that teaching rehabilitation school is effective inpatient stage in patients' myocardial infarction with pathological Q wave to reduce cardiac remodeling. Especially adherence to medical and nonmedical therapy is important to improve life expectancy. Therefore teaching rehabilitation school is significant for patients who survived acute myocardial infarction inpatient and outpatient periods.

## EFFECT OF HIGH DOSES OF ATORVASTATIN IN ACUTE MYOCARDIAL INFARCTION

UBAYDULLAEV SH.A.

*Republican scientific center of emergency medicine, Tashkent. Uzbekistan*

**The aim** of the study was to investigate the effect of early administration of high doses of atorvastatin in acute myocardial infarction (AMI) on the dynamics of markers of systemic inflammation.

**Material and methods.** The study included 164 patients with AMI at the age of 37-76 years (mean age  $55,8 \pm 0,6$  years). The 1st group included 82 patients who received atorvastatin 20 mg, the 2nd group included 82 patients who received atorvastatin at a dose of 80 mg per day assigned in the first 24 hours from the onset of the disease, regardless of lipid blood spectrum. Evaluation of the effect on the severity of systemic inflammation was carried out on the basis of studying the dynamics of changes in markers of systemic inflammation (leukocytosis, erythrocyte sedimentation rate (ESR), C-reactive protein (CRP)) on the 1st and 10th day of treatment.

**Results.** In the 2nd group there was a significant decrease in the number of peripheral blood leukocytes on the 10th day of AMI, in contrast to the 1st group ( $p < 0,05$ ). CRP in the first group decreased from  $30 \pm 0,7$  mg/dL to  $10 \pm 0,7$  mg/dL, in the second group from  $26 \pm 0,7$  mg/dL to  $9,8 \pm 0,7$  mg/dL. ( $p < 0,05$ ). On the 10th day of the disease, ESR in the first group increased significantly in comparison with the second group (from  $9,08 \pm 0,8$  to  $19,0 \pm 0,8$  and  $9,9 \pm 0,8$  to  $16 \pm 0,8$  mm/hour, respectively) ( $p < 0,05$ ).

**Conclusions.** the use of high doses of atorvastatin in AMI has an anti-inflammatory effect, as evidenced by a decrease in the level of CRP and a decrease in the number of leukocytes in peripheral blood during therapy.

## ОЦЕНКА ВЗАИМОСВЯЗИ ПОКАЗАТЕЛЕЙ ТРОМБОПРОФИЛЯ С ПСИХОЭМОЦИОНАЛЬНЫМ СТАТУСОМ БОЛЬНЫХ ИШЕМИЧЕСКОЙ БОЛЕЗНЬЮ СЕРДЦА

АБДУМАЛИКОВА Ф.Б., НУРИЛЛАЕВА Н.М.

*Ташкентская медицинская академия, г. Ташкент. Узбекистан*

**Цель исследования.** Оценить корреляционную связь между тромбогенным потенциалом крови и психологическими характеристиками пациентов с ишемической болезнью сердца (ИБС).

**Материал и методы.** Обследованы 84 пациента с диагнозом ИБС, стенокардия напряжения (СН) ФК II–III на фоне артериальной гипертонии (АГ) I–III степени, обеих полов, возраст которых в сред-

нем составил  $60,9 \pm 6,53$  лет. Определение уровня психоэмоционального статуса проводилось с помощью госпитальной шкалы тревоги и депрессии – HADS. Для определения типа личности Д использовался опросник DS-14, состоящий из двух субшкал: негативная возбудимость (negative affectivity-NA) и социальное ингибирование (social inhibition -SI).