

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

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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

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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).