# ЭПИДЕМИОЛОГИЯ ФАКТОРА РИСКА И СЕРДЕЧНО-СОСУДИСТЫХ ЗАБОЛЕВАНИЙ

## DEPENDENCE OF HEART PARAMETERS ON BODY MASS INDEX IN YOUNG WOMEN WITH LOW BLOOD PRESSURE

*KUDRYAVCEVA E.N., IGUMNOVA O.A., BAEV V.M., AGAFONOVA T.YU., VAGNER E.A.*

*Perm state medical university, Perm. Russia*

**Purpose of the study.** The aim of the study was to study the relationship between body mass index and heart parameters in women with low blood pressure.

**Materials and methods.** A rank correlation analysis of Spearman between the body mass index and echocardiography parameters was performed in 110 women (age 18–24 years) with idiopathic arterial hypotension (SBP 90–98 mmHg). BMI was calculated by the formula A. Quetelet. BP was measured after a 5-minute rest with an A&D UA-777 tonometer. Echocardiography was performed by SonoScapeS6.

**Results.** The statistically significant relationships between the BMI and the size of the heart cavities, the thickness of their walls and the contractile function of the heart (R is the correlation coefficient at significance level <0,05): RVEDD (0,31); LVEDD (0,28); LV EDV (0,28); LVM (0,29); PA (0,20); LA (0,33); RA (0,42); RVWT (0,26); IVSs (0,19); LVPWd (0,20); LVPWs (0,35); SV (0,33); CO (0,29); CI (0,41). Low weight in young women is explained by the peculiarities of psychological behavior and low level of social, physical activity. We assume that the weight of a young woman's body will increase in the course of her growing up, raising her social status, marriage, the birth of her children, which will lead to an increase in the level of blood pressure and subsequent recovery.

**Conclusions.** In young women with idiopathic arterial hypotension, a direct dependence of the heart parameters on the body mass index was revealed, which indicates a «constitutional» mechanism for the development of cardiac hypotrophy. It is likely that in the future, low weight can contribute to the progression of cardiac hypotrophy and the violation of cardiac hemodynamics.

## IMPLEMENTATION OF PRINCIPLES OF HEALTHY LIFESTYLE EDUCATION AND STOPPING TOBACCO USE AMONG PATIENTS WITH CARDIO-VASCULAR PATHOLOGY

*LAPASOV S.KH., KHAKIMOVA L.R., LAPASOVA M.SH.*

*Samarkand state medical institute, Samarkand. Uzbekistan*

**Introduction.** Tobacco use and exposure to tobacco smoke have serious negative consequences for health, the economy, the environment and the social sphere. People should be informed about these negative effects and the benefits of stopping tobacco use. Awareness of such negative consequences for the majority of tobacco users serves as a rather strong motivating factor in favor of refusing to use it. Promoting tobacco cessation and tobacco dependence treatment is an important element of a comprehensive, integrated tobacco control program. Health workers play a central role in identifying tobacco users, raising their awareness, promoting tobacco cessation, and providing support to tobacco users who want to quit tobacco addiction. There is clear scientific evidence that tobacco dependence treatment is effective, and it is a cost-effective medical intervention.

**Aim of the study** was the analysis of the results of the WHO PEN clinical protocol implementation of healthy lifestyle education and advice on stopping tobacco use in patients with cardiovascular pathology in primary health care.

**Materials and methods.** The study was conducted in a multidisciplinary clinic of the Samarkand region. The number of the total population in the clinic is 26655 people. At the dispensary in this clinic there are 13147 patients with various diseases. The study involved 572 patients with pathology of the cardiovascular system, of whom 367 (64,2%)

were patients with arterial hypertension (AH), 102 patients (17,8 %) with coronary heart disease (CHD) and 103 patients (18 %) with heart failure (HF) who are at the dispensary in the clinic. Adapted clinical protocol 2,2 PEN WHO «Education for a healthy lifestyle, tips for stopping the use of tobacco» was introduced into the practice of managing patients with the above pathology in a multidisciplinary clinic. The protocol consists of 5 actions: A1 – questions, A2 – advice, A3 – assessment, A4 – assistance and A5 – organization of follow-up.

**Results.** Out of 572 patients with pathology of the cardiovascular system, 178 patients (31,1 %) did not use tobacco (A1 effect), these patients were assigned information that tobacco use increases the risk of developing cardiovascular diseases. 394 patients with tobacco use were given advice (Action A2) Tips for quitting tobacco use were clear, convincing, and individual. «Tobacco use increases the risk of developing heart attacks, stroke, lung cancer, and respiratory diseases. Rejecting it is a very important step that they can take to protect your heart and health. They should stop using tobacco now». When performing the action A3 – assessment, 394 patients with cardiovascular pathology who use tobacco were asked the question «Do they want to try to quit using tobacco now?». 98 patients answered this question, and they were assisted in the preparation of a tobacco cessation plan (action A4 – assistance): the dates of refusal were set, families and friends were informed, they asked for support, cigarettes / tobacco were removed, as well as objects / things that cause the desire to smoke, but visits were organized for follow-up. For 296 patients who answered no to the above question, we contributed to the creation of motivation for quitting tobacco. Information on the health risks of tobacco use is provided and information leaflets of relevant content are provided to patients. During follow-up visits of 98 patients with pathology of the cardiovascular system who are ready to give up tobacco use (action A5 – organization of follow-up), we congratulated with success and consolidated the results. The relaxed patients were provided with more intensive follow-up measures and their families were involved in providing support.

**Conclusion.** Thus, healthy lifestyle education and tips on stopping tobacco use in patients with cardiovascular disease in primary care helps reduce complications and mortality from major types of diseases of the cardiovascular system, such as arterial hypertension, coronary heart disease and heart failure.

## THE EPYDEMIOLOGICAL ASPECTS OF ARTERIAL HYPERTENSIONI

***VALIEVA M.YU., SALAHIDDINOV Z.S., KODIROV D.A.***

***Andijan state medical Institute, Andijan. Uzbekistan***

**Introduction.** Particularly acute question of the need for early detection and correction of risk factors in modern populations, exacerbating the severity of hypertension. At the same time remain sensitive issues epidemiological study and control prehypertensive at the population level for the prevention of hypertension and cardiovascular complications, as epidemiological approach is an important informative and accessible method for assessing the prevalence of hypertension among the population. Especially arterial hypertension dangerous women during childbearing age, as it is of childbearing age, when a woman's body is ready to become a mother, that is, to give new life. Only a healthy mother can give a healthy generation. It is arterial hypertension as nothing more dangerous to the developing organism, as a severe disturbance of the circulation, which she leads, can lead to irreversible consequences, including the death of the fetus. Therefore, it is important to the detection of hypertension, especially its presence in prenosological period.

**The purpose of the study.** Comparative study of the prevalence of prehypertension among reorganizational female population of the city of Andijan in ages.

**Materials and methods**:the material for this study was based on the results of cross-sectional epidemiological study random, representative samples from unorganized female population by method of questioning.

**Results**:indicated that mean levels of systolic blood pressure are women – 121,2 ± 1,08 mm Hg, diastolic blood pressure 77,2 ± 0,59 mm Hg In different age groups the mean values of systolic blood pressure and diastolic blood pressure were noted differences in the levels as follows, respectively: 15–19 – 101,3 0 ± 1,07, and in the 20–29 – 111,0 ± 0,81, 30–39 – 115, 8 mm ± 1,24, 40–49 – 8 ± 1,94. In the age range of 19–30 years, the increase in arterial pressure averaged for systolic blood pressure 30,2 mm Hg and for diastolic blood pressure of 20,1 mm Hg It is believed that increased blood pressure in childhood or adolescence is associated with physiological growth and sexual maturation of the individual, and in the adult population, to a certain extent with the development of biological processes in the elderly, atherosclerotic vascular remodeling. We have traced