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

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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

the prevalence of prehypertension on the level of relative values among women of childbearing age, which amounted to 110 people, of whom 28 people found prehypertensive that is 24%, and greater than that registered on the current uptake and fell on fertile age in comparison with the General population. It should be noted that in a population where most registered arterial hypertension in women of childbearing age, as it was traced, more frequently recorded complications of pregnancy, childbirth and the postpartum period.

Conclusions: Thus, according to studies there is a high prevalence of prehypertension among the population, especially among women of childbearing age. The data obtained indicate that prehypertension is one of the common factors in the 19–29 years, the most important period in the life of every woman of childbearing age. The obtained population, the results can be widely used for primary, secondary and tertiary prevention of hypertension or adjustment of antihypertensive therapy to prevent cardiovascular continuum in these patients. Assessment of risk of cardiovascular complications should be conducted not only with the established diagnosis of hypertension, but also in patients with high normal blood pressure for a decision on further tactics of conducting the patient.

THE PREVALENCE OF SOME SOCIAL-MEDICAL BEHAVIOURAL FACTOR OF THE RISK OF THE DEVELOPMENT ARTERIAL HYPERTENZII AMONGST UNORGANIZED FEMININE AND MALE POPULATION ANDIZHAN STATE

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Introduction: Arterial hypertension according to its prevalence and implications for cardiovascular disease can be fully attributed to a number of socially significant. The wide distribution of risk factors of arterial hypertension in the modern society, exposure to him the most productive and creative part of the population, revive interest in contemporary aspects of the prevalence and detection of risk factors of hypertension among different segments of the population.

Objective: to Study the prevalence of some socio-medical behavioral risk factors of arterial hypertension (AH) among unorganized male and female population, of the Ferghana valley at the present stage of development of society.

Materials and methods: the Material for this study was based on the results of cross-sectional epidemiological study random, representative samples from unorganized male and female population aged > 15–70 years, living in Andijan.

Results: Revealed that women and men, the prevalence of social and medical risk factors of hypertension noted in the following levels, respectively: low educational status of 11,4 and 7,9% (P>0,05), social status is 1,2 and 0,7% (P<0,05), mainly mental work to 28,2 and 17,5% (P<0,05), mainly heavy physical labor – 22,3 and 17,9% (P<0,05), episodes in the use of drugs hypertensive actions of 5,9 and 3,6% (P<0,05), poor housing conditions of 8,4 and 1,9% (P<0,001), low consumption of fruit and vegetables – 12,7 and 7,5% (P<0,05), abuse of Nasva – 0,0 and 87,5% (P<0,001), preferential consumption of meat and pastry dishes and 49,2 and 61,1% (P<0,05), the predominant use in the daily diet of fatty foods – 19,8, and 24,6% (P>0,05), preferential consumption of spicy and salty foods and 12,4 and 10,4% (P>0,05) and the abuse of strong tea and coffee – 18,5 and 10,4% (P<0,05). Among the population of women employed mainly intense mental labor in different age groups were identified as follows: 15–19 – 8,7%, 20–29 years to 7,7% (P>0,05), 30–39 years and 17,3% (P<0,01), 40–49 years – 31,3% (P<0,001), 50–59 years – 45,8% (P<0,001), 60–69 years to 18,5% (P<0,01) and > 70 years – to 50,0% (P<0,001). Draws attention to the prevalence of factor low consumption of vegetables and fruits which were detected among women younger than 20 years of 13,0% in the 20–29 years age – 5,1% (P>0,05), 30–39 years – 8,0% (p 0,05), 40–49 years – a 25,0% (P<0,01), 50–59 years – of 10,4% (P<0,01), 60–69 years – in 11,1% (P>0,05) and > 70 years – 50,0% (P<0,001).

Conclusions: In the study population a high proportion of such known factors as the abuse of Nasva and pathogenic eating habits and, Vice versa, from 5 to 12 times less frequently mentioned low educational status, poor housing conditions and low consumption of vegetables and fruits.