
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.