

ARTERIAL HYPERTENSION AS A DIAGNOSIS AND STUDY OF THE QUALITY OF LIFE OF PATIENTS

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Abstract

Quality of life (QL) assessment is a new and promising area of medicine that allows you to accurately assess a patient's health condition, clearly present the essence of his clinical problem, determine the most rational method of treatment, and evaluate its expected result in terms of parameters that are at the intersection of a scientific approach. specialists and the subjective point of view of the patient, while evaluating all components of health.

Key words: *arterial hypertension, treatment efficacy, quality of life, antihypertensive therapy.*

Relevance. Arterial hypertension (AH) is the most important modifiable risk factor (RF) for cardiovascular diseases. The prevalence of hypertension is still high in many countries of the world, and Russia is no exception [1,4]. Despite the ease of detecting hypertension, the modern antihypertensive drugs (AHP) available in the arsenal of medical workers and the growing number of people taking them, the question of the effectiveness of blood pressure (BP) control remains relevant throughout the world [2,5]. In studies of factors associated with the effectiveness of treatment, in recent years, an important place has been given to the analysis of the quality of life (QL) of patients with AH [2,3] and, above all, health-related quality of life (HRQL) [6,7]. The doctor's and patient's ideas about the goals and effectiveness of treatment can differ significantly.

For the doctor, the main criterion for effectiveness will be the achievement of target blood pressure. However, if a patient notes a worsening of QL during therapy, then his assessment of therapy may be negative, which cannot but be reflected in the level of adherence to medication. QL parameters have independent prognostic significance and are no less important factors for predicting survival than general somatic status [8,9]. The largest number of studies in medicine, studying the effect of various methods of treatment on QL, was performed in cardiology [7,8,9]. However, most of them analyze the effect of antihypertensive therapy on QL in clinical trials, and not in real practice, which significantly limits the significance of these studies for the population of people with hypertension as a whole [11,12]. A feature of this study was that QL was assessed without medical intervention in an unorganized population across the country. The paper deals with the problems of the health status of persons suffering from arterial hypertension (AH) by assessing their quality of life. The study of the quality of life of this contingent of the population is due to the fact that the incidence of hypertension tends to increase, this pathology is

included in the class of diseases that occupy one of the first places in the structure of primary disability and mortality in the adult population.

Purpose of the work. It is an analysis of the quality of life indicators of elderly and senile patients suffering from arterial hypertension (AH), as well as a comparison of quality of life indicators between men and women from the studied age groups.

Materials and research methods. The study of the quality of life of inpatients was carried out on the basis of a multidisciplinary medical center in the Bukhara region, from September 2020 to January 2021. We examined 100 patients with hypertension of varying severity and associated risk factors. As a result, 2 groups were formed. The first group included 56 elderly patients (mean age 66.2 ± 1.3). The second group consisted of 44 elderly patients (mean age 77.8 ± 1.8).

To assess QL, the computer program MAP-R Version 1 for Windows was used, which includes an offline analysis of the results. This program included 36 items grouped into 8 scales, with each item included in only one scale: physical functioning, role-playing, bodily pain, general health, vitality, social functioning, emotional state and mental health. All scales form two indicators - mental and physical well-being, and also give an overall assessment of the entire quality of life.

Results and discussions: In the course of the work carried out, a decrease in both the physical and mental components of health was revealed. Particularly low rates were in senile patients, this is due, in our opinion, to both the influence of associated risk factors for hypertension and the course of the disease itself. But there were no significant differences between men and women in both studied clinical groups.

Conclusions: In both clinical groups, there was a deterioration in the quality of life due to the presence of AH. The average indicator of physical health in the group of the elderly was 39.9, in the elderly - 34.6. The average indicator of mental activity in elderly patients is 43, in senile patients = 37.9. The most significant decrease in all indicators characterizing both physical and mental activity is observed in the group of elderly people. The lowest average indicator for men and women characterizing physical activity is PH (physical functioning) = 31.05, mental activity-MH (mental health) = 34.3.

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