

Tactics and the Necessary Volume of Medical Measures For the Primary Prevention of Cardiovascular Diseases

Akhmedov Ibrat Amrillaevich

Assistant, PhD Department of Internal Medicine No. 1, Samarkand State Medical University,
Samarkand, Uzbekistan. Mail: ibrat.jamshed.axmedov@mail.ru

ORCID: - 0000-0003-0732-0798

Annotation: Indicators of comprehensive preventive measures determine the socio-economic and ethical significance of all preventive work, and it is necessary to create social conditions under which it is beneficial (both materially and morally) for a person to be healthy.

Key words: primary prevention, pathological, cardiovascular diseases, improve diagnosis.

High levels of morbidity, temporary disability, disability and mortality from cardiovascular diseases (CVD) are observed in most countries of the world, including Uzbekistan. In this regard, the tactics and required volume of medical measures for the primary prevention of CVD is one of the main tasks to reduce these indicators.

These aspects are given special attention in the State Program for the Development of Health Care of the Republic of Uzbekistan, one of the program goals of which is to strengthen the health of Uzbek citizens by achieving consistency in the efforts of the entire society in matters of health protection. Achieving these goals is impossible without a significant reduction in cardiovascular mortality, given the high prevalence of CVD, and therefore one of the main ways to achieve these goals is to strengthen preventive measures, screening studies, improve diagnosis, treatment and rehabilitation of major socially significant diseases, which include primarily CVD.

Screening (from the English screening - selection, sorting) is a strategy in a healthcare organization aimed at identifying diseases in clinically asymptomatic individuals in the population. The purpose of screening is the early detection of diseases, which allows for early initiation of treatment in order to alleviate the condition of patients and reduce mortality. Thanks to these measures, already at the pre-medical stage, with the help of a short survey about habits, as well as by measuring blood pressure, height and body weight, it is possible to identify individuals with three main risk factors. In addition, additional examination methods, such as blood tests for lipid levels (at least total cholesterol (TC), and most appropriately HDL-C and triglycerides (TG)), will more fully identify risk groups for the development of CVD.

More than half (56%) of the working age population has certain risk factors, and in half of the people in this group, risk factors occur in various combinations, as a result of which the total risk of the disease increases significantly. This category of people needs not only general information on a healthy lifestyle, but also individual advice from a doctor. A special place is occupied by hypertension, which is important not only as a risk factor for ischemic heart disease, but also as an independent pathological condition that is life-threatening for the patient.

More than half (59%) of the working age population has certain risk factors, and in half of the people in this group, risk factors occur in various combinations, as a result of which the total risk of the disease increases significantly. This category of people needs not only general information on a healthy lifestyle, but also individual advice from a doctor.

A special place is occupied by hypertension, which is important not only as a risk factor for ischemic heart disease, but also as an independent pathological condition that is life-threatening for the patient.

About 25% of the adult population suffers from arterial hypertension, and this number increases in the older age group. About a quarter of patients do not know about the disease they have, and no more than 15% of patients are treated effectively. A quarter of the patients were never treated, although they had a long-term history of elevated blood pressure. Despite the fact that most patients (about 60%) have a moderate increase in blood pressure, in 3/4 this increase is stable. Many patients with hypertension do not complain. At the same time, it is known that a persistent asymptomatic increase in blood pressure does not prevent the progression of the disease and does not protect the patient from life-threatening complications.

In each case of detection of an elevated blood pressure level, the doctor will have to: determine the stability of the rise in blood pressure and the presence of pathological changes in the internal organs, primarily the heart, brain, kidneys; establish the cause of increased blood pressure (hypertension, symptomatic hypertension).

Treatment tactics and prognosis will depend on the successful solution of these problems. Based on the recommendations of the working group of the European Society of Cardiology, the Society for the Fight against Atherosclerosis and Hypertension, differentiated tactics should be followed in relation to the value of blood pressure:

1. If at the first measurement the blood pressure level is below 140/90 mm Hg. Art., then
 - a. in case of a high total CVD risk, it is recommended to repeat blood pressure measurements once a year;
 - b. if the total risk of CVD is low, repeat blood pressure measurements once every three years;
2. If, with two measurements, the blood pressure level reaches 140-180 and/or 90-105 mm Hg. Art. - repeat measurements at least twice within four weeks. While maintaining the same level of blood pressure, treat with non-drug methods. If these measures are unsuccessful during the first three months, begin treatment with medications.
3. If, with two measurements taken at different times, blood pressure reaches 180 and/or 105 mm Hg. Art. and above, treatment should be started with both medicinal and non-medicinal methods.

To establish the possible causes of increased blood pressure, a complete in-depth examination should be carried out, if possible, to exclude symptomatic hypertension, especially in young and middle-aged people. Middle-aged patients who are diagnosed with hypertension during a preventive examination can, in most cases, be diagnosed using methods available in the clinic.

In patients with hypertension, excess body weight is three times more common than among healthy people, and dyslipoproteinemia is two times more common. Almost half of the patient's smoke, many are not physically active enough. Hypertension is more common in people who drink alcohol daily or several times a week.

The most common risk factor among the working population, especially among men, is smoking. According to WHO, smokers more often develop cardiovascular, oncological (with damage to the respiratory system), and bronchopulmonary diseases. The severity of the pathology and the frequency of complications are associated not only with the fact of smoking, but also with its intensity. The habit of smoking is a complex psychosomatic dependence, often determined by the types of smoking behavior. The doctor must patiently but persistently emphasize the search for an "alternative" replacement for smoking in each specific case. It is necessary to create a positive motivation for the smoker to give up this habit and convince him that quitting smoking immediately is always preferable. It is recommended to teach the patient the elements of auto-training with the introduction of special formulas ("By stopping smoking, I gave myself five to six years of a full life," "By quitting smoking, I felt a surge of health," etc.). Sometimes it is necessary to resort to sedative and other symptomatic therapy, and in cases of physiological dependence, to specific drug treatment. Drug therapy for smoking can be divided into aversion and replacement therapy. (The goal of the first is to develop an aversion to tobacco, for which various astringents are used, rinsing the mouth before lighting cigarettes, etc.). Replacement therapy allows you to relieve symptoms of nicotine withdrawal by introducing into the body substances that have an effect on the body similar to nicotine, but lack its harmful properties, or nicotine (chewing gum, patches, wafers). Auxiliary therapy (sedatives, hypnotics and other psychotropic drugs, as well as rational vitamin therapy) is prescribed to relieve neurotic disorders, sleep disorders and decreased performance, which often accompany smoking cessation.

Excess body weight and lipid metabolism disorders, as a rule, are closely related to incorrect habits and nutritional patterns, so their correction involves, first of all, a set of dietary recommendations, which is based on the principle of rational nutrition. People who do not control the calorie content of their diet and increase their consumption of animal fats and carbohydrates are two to three times more likely to develop excess body weight.

The most common approach to weight loss is low-calorie, nutritionally balanced diets. The degree of calorie reduction depends on excess body weight. Patients with excess body weight, when there is no clinical form of obesity yet, already need qualified dietary recommendations using psychotherapeutic approaches, since most often these individuals do not have sufficient motivation to lose weight. For people with severe excess body weight (index 29.0 or more), improving their well-being when losing weight is of greatest importance.

Reducing the caloric content of the diet should be reduced to reducing the consumption of carbohydrates and animal fats. Daily caloric intake should be limited to 1800-2000 kcal.

Hypercholesterolemia is the result of a complex metabolic process, reflecting the processes of both the synthesis of endogenous and the utilization of exogenous cholesterol.

For patients with hypercholesterolemia and those at risk of its occurrence (obese, with metabolic disorders, hereditary predisposition), rationalization of nutrition should be supplemented with the following recommendations:

- do not consume more than three egg yolks per week, including yolks used for cooking;
- limit the consumption of offal (liver, kidneys), caviar, shrimp; all types of sausages, fatty hams, butter and ghee, fatty milks and dairy products;
- replace deep frying of food with animal fats by stewing, boiling, steaming, or in the oven; before cooking, cut off visible fat from pieces of meat, and remove the skin from poultry;
- give preference to fish dishes, seafood, vegetables and fruits;
- use low-fat varieties of dairy products, cook with vegetable oils.

If following a diet for three to six months does not lead to a decrease in the level of total cholesterol in the blood, drug therapy is recommended. Lipid-lowering therapy, helping to reduce the level of atherogenic fractions of blood lipids and the level of total cholesterol, leads to the stabilization of atherosclerotic plaques.

Hypercholesterolemia is the result of a complex metabolic process, reflecting the processes of both the synthesis of endogenous and the utilization of exogenous cholesterol.

For patients with hypercholesterolemia and those at risk of its occurrence (obese, with metabolic disorders, hereditary predisposition), rationalization of nutrition should be supplemented with the following recommendations:

- do not consume more than three egg yolks per week, including yolks used for cooking;
- limit the consumption of offal (liver, kidneys), caviar, shrimp; all types of sausages, fatty hams, butter and ghee, fatty milks and dairy products;
- replace deep frying of food with animal fats by stewing, boiling, steaming, or in the oven; before cooking, cut off visible fat from pieces of meat, and remove the skin from poultry;
- give preference to fish dishes, seafood, vegetables and fruits;
- use low-fat varieties of dairy products, cook with vegetable oils.

If following a diet for three to six months does not lead to a decrease in the level of total cholesterol in the blood, drug therapy is recommended. Lipid-lowering therapy, helping to reduce the level of atherogenic fractions of blood lipids and the level of total cholesterol, leads to the stabilization of atherosclerotic plaques.

For people over 40 years of age, physical activity is recommended to begin with measured walking, gradually increasing the pace and distance. For obese individuals, a slower pace and longer training period are recommended. Self-monitoring of the load is necessary: it should not lead to an increase in heart rate above the age limit, which is defined as "180-age in years". The appearance of shortness of breath serves as a signal to reduce the intensity of the load. The training effect of the load is manifested in a decrease in heart rate at rest, a reduction in the time of heart rate recovery after a standard load (for example, 20 squats). Deterioration in well-being (sleep, appetite,

performance, the appearance of unpleasant sensations) requires a reduction or cessation of exercise.

Summary

It must be emphasized that most of the recommended preventive measures are universal in nature and are indicated not only for CVD, but also for a number of chronic non-infectious diseases - chronic obstructive pulmonary diseases, some forms of malignant neoplasms, diabetes mellitus, etc. Thus, the indicators of complex preventive measures determine the socio-economic and ethical significance of all preventive work and it is necessary to create social conditions under which it is beneficial for a person (both materially and morally) to be healthy.

Recommendations

1. Decree of the President of the Republic of Uzbekistan on the state program for the implementation of the strategy of development of new Uzbekistan for 2022 - 2026 years in the "year of care for the person and quality education".
2. Order of the President of the Republic of Uzbekistan 15.12.2004 p-2095 on organizational measures on formation of the state program "year of health".
3. 2013 ESH/ESC recommendations on the management of arterial hypertension.
4. 2018 ESH/ESC recommendations on the management of arterial hypertension.
5. ESC/EAS Guidelines for the Management of Patients with Dyslipidemia (2019).
6. Ibrat A. et al. FEATURES OF THE SYNDROMES OF OSTEOPOROSIS AND SARCOPENIA IN RHEUMATOID ARTHRITIS WITH MUSCLE WEAKNESS //Spectrum Journal of Innovation, Reforms and Development. – 2023. – T. 13. – C. 95-103.
7. Akramovna I. K., Sanatovich T. E. Functional evaluation of the effectiveness of intraarticular chondro hyaluronic injection in early knee osteoarthritis //Journal of Critical Reviews. – 2020. – T. 7. – №. 7. – C. 410-413.
8. Islamova K. A., Sh K. F., Toirov E. S. Efficiency Of Intra-Articular Administration In Early Osteoarthritis //The American Journal of Medical Sciences and Pharmaceutical Research. – 2020. – T. 2. – №. 11. – C. 22-27.
9. Shamsiev E. A., Islamova K. A., Ziyadullayev Sh X. ARTERIAL HYPERTENSION IN PATIENTS WITH COVID-19 //Scholastic: Journal of Natural and Medical Education. – 2023. – T. 2. – №. 11. – C. 13-18.
10. Amrillaevich A. I. et al. EFFECTIVENESS OF LASER PHYSIOTHERAPY METHOD IN TREATMENT OF PRIMARY KNEE JOINT OSTEOARTHRITIS //International Conference on Medicine and Life Sciences. – 2023. – C. 76-82.
11. Hamrayev B. E. et al. SYSTEMIC LUPUS ERYTHEMATOSUS AND RENAL LESIONS: CLINICOPATHOGENETIC ASPECTS //American Journal of Pediatric Medicine and Health Sciences (2993-2149). – 2023. – T. 1. – №. 9. – C. 482-489.
12. Akramovna I. K., Rafikovna U. K., Ergashevna E. N. Current Perceptions of Chronic Pancreatitis //International Journal of Alternative and Contemporary Therapy. – 2024. – T. 2. – №. 1. – C. 12-16.
13. Akramovna I. K., Alisherovna K. M. CAUSES OF ARRHYTHMIA DURING PREGNANCY //Journal of new century innovations. – 2024. – T. 45. – №. 3. – C. 34-41.

14. Akramovna I. K., Zaynobiddin o'g'li F. J. RISK FACTORS OF EARLY DEVELOPED OSTEOARTHRITIS //BEST SCIENTIFIC RESEARCH-2023. – 2023. – Т. 2. – №. 1. – С. 28-35.
15. Zoxidjonovna R. M., Amrullayevich A. I. METHODS OF REHABILITATION OF TRAUMATIC INJURIES OF THE ANKLE JOINT IN FOOTBALL PLAYERS //JOURNAL OF BIOMEDICINE AND PRACTICE. – 2023. – Т. 8. – №. 3.
16. Хамраева Н. А. COURSE OF SYSTEMIC LUPUS ERYTHEMATOSUS DEPENDING ON CLIMATE AND GEOGRAPHICAL CHARACTERISTICS //УЗБЕКСКИЙ МЕДИЦИНСКИЙ ЖУРНАЛ. – 2022. – Т. 3. – №. 5.
17. Alisherovna K. M. et al. QUALITY OF LIFE IN THE PATHOLOGY OF THE CARDIOVASCULAR SYSTEM //World Bulletin of Public Health. – 2023. – Т. 25. – С. 35-40.
18. IBRAGIMOV K. et al. The Risk of Cardiovascular Disease in Patients with Rheumatoid Arthritis Treated with Conventional DMARDs: a Clinic Based Case Control Study. – 2022.
19. Исламова К. А., Тоиров Э. С. FEATURES OF CLINICAL CHARACTERISTICS OF OSTEOARTHROSIS ON THE BACKGROUND OF OBESITY //Новый день в медицине. – 2019. – №. 2. – С. 167-170.
20. Hamraeva N. A., Sulstonov I. I., Hasanov F. S. Systemic lupus erythematosus treatment strategy //Journal of Critical Reviews. – 2020. – Т. 7. – №. 9. – С. 269-270.
21. Abdurasulovna H. N. et al. Inflammatory Activity And Renal Pathology In Lupus Nephritis //Spectrum Journal of Innovation, Reforms and Development. – 2023. – Т. 13. – С. 89-94.