

ISSN 2181-5887



O'ZBEKISTON TERAPIYA AXBOROTNOMASI



ТЕРАПЕВТИЧЕСКИЙ ВЕСТНИК УЗБЕКИСТАНА

№ 2, 2023

РАННЕЕ ВЫЯВЛЕНИЕ ДИСФУНКЦИИ ЛЕВОГО ЖЕЛУДОЧКА У ПАЦИЕНТОВ С ПОДОЗРЕНИЕМ НА ИШЕМИЧЕСКУЮ БОЛЕЗНЬ СЕРДЦА: СРАВНЕНИЕ КЛАССИЧЕСКОЙ ЭХОКАРДИОГРАФИИ И МЕТОДА СПЕКЛ ТРЕКИНГА Убайдуллаева Ш.М., Аляев Б.А., Кенжаев С.Р.	41
ҚАНДЛИ ДИАБЕТ ФОНИДА КЕЧАЁТГАН ЮРАК ИШЕМИК КАСАЛЛИГИ БИЛАН ОФРИГАН БЕМОРЛАРДА COVID-19 ДАН КЕЙИНГИ ЭНДОТЕЛИЙ ФАОЛИЯТИНИНГ КЎРСАТКИЧЛАРИ Убайдуллаев Ш.А., Аляев А.Л.	42
СРАВНЕНИЕ ТЕРАПИИ ФЕБУКСОСТАТОМ И АЛЛОПУРИНОЛОМ БЕССИМПТОМНОЙ ГИПЕРУРИКЕМИИ У ПАЦИЕНТОВ С ГИПЕРТОНИЧЕСКОЙ БОЛЕЗНЬЮ Умматалиева Н.М., Ахмедов Х.С.	42
КОМОРБИДНЫЕ СОСТОЯНИЯ У БОЛЬНЫХ ГИПЕРТОНИЧЕСКОЙ БОЛЕЗНЬЮ ПО ДАННЫМ РЕТРОСПЕКТИВНОГО АНАЛИЗА Умматалиева Н.М., Гадаев А.Г., Пирматова Н.В.	43
РЕЖАЛИ РАВИШДА АМАЛИЁТГА ТАЙЁРЛАНГАН БЕМОРЛАРДА КАРДИОВАСКУЛЯР АСОРАТЛАРНИ ПРОФИЛАКТИКАСИ Умаров А.Э., Отамирзаев Н.Р., Фозилов А.В.	44
РЕАБИЛИТАЦИЯ ПАЦИЕНТОВ ПОСЛЕ ИНФАРКТА МИОКАРДА Усен Н.У., Сулейменов А.К., Сейсембеков Т.З.	44
ИЗУЧЕНИЕ ВЛИЯНИЯ СТАТИНОТЕРАПИИ НА ЛИПИДЫ И ЭЛЕКТРОКАРДИОГРАФИЧЕСКИЕ ПАРАМЕТРЫ БОЛЬНЫХ ПРИ ИШЕМИЧЕСКОЙ БОЛЕЗНИ СЕРДЦА С АРТЕРИАЛЬНОЙ ГИПЕРТЕНЗИЕЙ Фазылов А.В., Аляев А.Л., Ибрагимов А.Ю., Турсунов Х.Х., Пулатов Н.Н.	45
СУТОЧНОЕ КОЛЕБАНИЕ АРТЕРИАЛЬНОГО ДАВЛЕНИЯ У БОЛЬНЫХ АТЕРОСКЛЕРОЗОМ СОННЫХ АРТЕРИЙ ПРИ ГИПЕРТОНИЧЕСКОЙ БОЛЕЗНИ Фазылов А.В., Аляев Б.А., Салохитдинов З.С., Ибабекова Ш.Р., Абдулахонова Ш.Ж.	46
РЕМОДЕЛИРОВАНИЕ ЛЕВОГО ЖЕЛУДОЧКА У БОЛЬНЫХ РЕВМАТОИДНЫМ АРТРИТОМ: СВЯЗЬ С КЛИНИКО-ИММУНОЛОГИЧЕСКИМИ ОСОБЕННОСТЯМИ ЗАБОЛЕВАНИЯ И НАЛИЧИЯ АРТЕРИАЛЬНОЙ ГИПЕРТЕНЗИИ Халилова Д.А., Каримова Г.Н.	47
ФАКТОРЫ, СПОСОБСТВУЮЩИЕ ПРОГРЕССИРОВАНИЮ АРТЕРИАЛЬНОЙ ГИПЕРТЕНЗИИ У БОЛЬНЫХ С ПОЧЕЧНОЗАМЕСТИТЕЛЬНОЙ ТЕРАПИЕЙ Хасанов К.Х., Касымов Б.З., Фазылов А.В.	47
ВЛИЯНИЕ ВОЗРАСТА НА АГРЕГАЦИОННУЮ АКТИВНОСТЬ ТРОМБОЦИТОВ У БОЛЬНЫХ ИШЕМИЧЕСКОЙ БОЛЕЗНЬЮ СЕРДЦА Ходжанова Ш.И., Аляев А.Л.	48
ҚАНДЛИ ДИАБЕТ 2-ТИПИ БИЛАН КАСАЛЛАНГАН БЕМОРЛАРДА ИНФАРКТДАН КЕЙИНГИ РЕМОДЕЛЛАНИШ ЖАРАЁНИНИ БАҲОЛАШ Хусанов Р.А., Рахимов Х.Х., Нуритдинов Н.А., Камилова У.К.	49
АМЛОДИПИН МАЛЕАТ В ЛЕЧЕНИИ АРТЕРИАЛЬНОЙ ГИПЕРТЕНЗИИ В СОЧЕТАНИИ С ХРОНИЧЕСКОЙ ОБСТРУКТИВНОЙ БОЛЕЗНЬЮ ЛЕГКИХ Чапау А.Х., Оджарова Б.Г., Овезова М.А., Шихмурадова Г.А.	49
ЭНДОТЕЛИАЛЬНАЯ ДИСФУНКЦИЯ У ПАЦИЕНТОВ С ГИПЕРТОНИЧЕСКОЙ БОЛЕЗНЬЮ И ЕЁ КОРРЕКЦИЯ С ПРИМЕНЕНИЕМ КОМБИНАЦИИ ПРЕПАРАТОВ ОЛМЕСАРТАН/ЛЕРКАНИДИПИН Шоалимова З.М., Нуритдинова Н.Б.	50
СУРУНКАЛИ ЮРАК ЕТИШМОВЧИЛИГИ БИЛАН ХАСТАЛАНГАН БЕМОРЛАРДА ДАВОЛОВЧИ ЖИСМОНИЙ ТАРБИЯ МАШҒУЛОТЛАРИНИ ҚЎЛЛАШ Юнусова Н.Ш., Камилова У.К., Тагаева Д.Р.	51
МИОКАРД ИНФАРКТИДА ЭНДОТЕЛИАЛ NO – СИНТАЗА ГЕНИ ХУСУСИЯТЛАРИНИ ЎРГАНИШ Юсупов Д.М., Бобоев К.Т., Камилова У.К.	51
СОВРЕМЕННЫЕ ВОЗМОЖНОСТИ КОРРЕКЦИИ НЕКОНТРОЛИРУЕМОЙ АРТЕРИАЛЬНОЙ ГИПЕРТЕНЗИИ Юсупова З.К., Агабабян И.Р.	52
CARDIORENAL RELATIONSHIPS IN PATIENTS WITH CHRONIC HEART FAILURE Boqiyeva D.R., Jabbarov O.O., Khodjanova Sh.I., Maksudova M.X., Kadirova Sh.A.	53
THE ROLE OF REGULAR PHYSICAL ACTIVITY IN THE PREVENTION OF VENTRICULAR EXTRASYSTOLES Ismoilov U.I., Nurillaeva N.M., Shukurdjanova S.M.	53
CHANGES IN THE NATURE OF THE COURSE OF ARTERIAL HYPERTENSION AND ITS THERAPY IN PATIENTS WHO WERE IN THE ZONE OF COMBAT ACTIONS IN THE TERRITORY OF THE KHARKOV REGION OF UKRAINE Koval S.M., Rieznik L.A., Starchenko T.G., Mysnychenko O.V.	54
ANTIHYPERTENSIVE THERAPY IN ELDERLY PATIENTS WITH CHRONIC KIDNEY DISEASE Mirzaeva G.P., Umarova Z.F., Saydaliev R.S., Nadirova Yu.I.	55
ASSESSMENT OF THE FUNCTIONAL STATE OF THE LIVER IN PATIENTS WITH CHD AND OPTIMIZATION OF WAYS OF CORRECTION Parpibayeva D.A., Buvamukhamedova N.T., Ergashov N.Sh.	55
EFFECT OF KIDNEY TRANSPLANTATION ON LEFT VENTRICULAR REMODELING AND RISK FACTORS FOR POSTTRANSPLANT LEFT VENTRICULAR HYPERTROPHY Salyamova F.E., Sabirov M.A.	56
QUALITY OF LIFE IN PATIENTS WITH CHRONIC HEART FAILURE AND METABOLIC SYNDROME Sobirov A.A., Xushnazarov Q.E., Akbarov T.Y., Sultonova N.A.	56

CARDIORENAL RELATIONSHIPS IN PATIENTS WITH CHRONIC HEART FAILURE

BOQIYEVA D.R., JABBAROV O.O., KHODJANOVA SH.I., MAKSUDOVA M.X., KADIROVA SH.A.

Tashkent medical academy, Tashkent, Uzbekistan

The purpose of the study. to study cardiorenal relationships in patients with chronic heart failure (CHF).

Material and methods. The study included 70 patients with clinical signs of CHF II, III FC according to NYHA of ischemic origin with left ventricle (LV) EF $51.9 \pm 6.68\%$. Of these, 39 (56.2%) patients with CHF I FC (LV EF $60.2 \pm 5.09\%$) and 31 (43.8%) patients with CHF III FC (LV EF $47.2 \pm 6.61\%$), mean age was 62.5 ± 7.1 years.

All patients underwent echocardiography in M-mode with a 365 MHz pulse transducer in the position of the patient on the left side. In all patients, the level of creatinine (Cr) was determined and the glomerular filtration rate (GFR) was calculated using the MDRD formula. Depending on the GFR, patients were divided into 2 groups: the first consisted of 21 patients with GFR <60 ml/min/1.73 m², the second – 49 patients with GFR ≥ 60 ml/min/1.73 m². These studies were processed using the STATISTICA 6.0 software package (Statsoft, USA)

Results. GFR was 65.6 ± 19.7 ml/min/1.73 m², and in 24 (33%) patients, GFR was <60 ml/min/1.73 m². In the majority of patients – 46 (68%), the left ventricular ejection fraction was preserved (EF $> 50\%$). Patients with reduced kidney function had a larger left atrial diameter. Mean GFR was 65.6 ± 19.7 ml/min/1.73 m². At the same time, in patients with CHF FC I GFR was 82.3 ± 7.44 ml/min/1.73 m², with CHF FC III 61.8 ± 7.5 ml/min/1.73 m². GFR was lower in patients with AF

than without AF (56.6 ± 15.3 versus 68.2 ± 17.6 ml/min/1.73 m², respectively, $p < 0.001$).

However, the average GFR values in terms of creatinine and cystatin C levels are below normal values (83.12 ± 12.78 and 84.25 ± 11.87 ml/min/1.73 m², respectively) and indicate the presence of a decrease in patients. GFR and renal glomerular filtration disorders. A decrease in GFR (mild and moderate), determined by the level of cystatin C, was observed in 63.7% of patients. Consequently, the majority of patients with CHF of ischemic origin had KD (kidney dysfunction) in the absence of primary renal pathology. A moderate decrease in GFR (as measured by the level of cystatin C) was observed in 6.9% of patients – these patients have target organ damage in the absence of clinical manifestations.

Conclusion. In our study, most patients with CHF of ischemic etiology have signs of in the absence of clinical manifestations. In CHF III FC, signs of KD are determined against the background of endothelial dysfunction and increased arterial stiffness. It is possible that the close relationship of DP with the severity of the clinical condition of patients with CHF partially explains the role of KD as a factor in the progression of CHF, which emphasizes the importance of a comprehensive examination of the kidneys in patients with CHF and the inclusion of methods for assessing renal hemodynamics among the methods for diagnosing KD.

THE ROLE OF REGULAR PHYSICAL ACTIVITY IN THE PREVENTION OF VENTRICULAR EXTRASYSTOLES

ISMOILOV U.I., NURILLAEVA N.M., SHUKURDJANOVA S.M.

Tashkent Medical Academy, Tashkent, Uzbekistan

According to the WHO definition, physical activity is any body movement produced by skeletal muscles that requires energy expenditure. The term “physical activity” refers to any type of movement, including during rest, travel to and from any place, or during work. Both moderate and vigorous physical activity contributes to better health.

Popular physical activities include walking, biking, roller skating, playing sports, outdoor activities, and games that are suitable for all skill levels and enjoyable for everyone.

Regular physical activity has been proven to help prevent and treat non-communicable diseases such as heart disease, stroke, diabetes and some cancers. It also helps prevent hypertension, maintain a normal body weight and can improve mental health, quality of life and well-being.

Physical activity provides significant benefits for the health of the heart, brain and entire human body. Physical activity contributes to the prevention and treatment of non-communicable diseases such as cardiovascular disease, cancer and diabetes; reduces symptoms of depression and anxiety; improves thinking, learning and critical thinking skills; and promotes healthy youth growth and development; and increases overall well-being.

One in four adults worldwide does not meet internationally recommended levels of physical activity. Up to 5 million deaths per year could be prevented if the world population were more physically active. People who are not sufficiently physically active have a 20% to 30% higher risk of mortality compared to those who devote enough time to physical activity.