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# ИННОВАЦИОННОЕ РАЗВИТИЕ НАУКИ И ОБРАЗОВАНИЯ

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# СОДЕРЖАНИЕ

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## АГРОКУЛЬТУРА

<b>Jumayeva Sitora Rahmonovna, Toshpo'latov Alisher G'aniboy o'g'li</b> SHO'RLANGAN VA SHO'RLANISHGA MOYIL TUPROQLARDA TAKRORIY EKILGAN SOYANI TOMCHILATIB SUG'ORISH SAMARADORLIGINI ASOSLASH' .....	5
---	---

## ХИМИЯ

<b>Turayeva G., Qiyomova M.M</b> POLIVINILXLORIDNING XUSUSIYATLARI VA TIBBIYOTDAGI AHAMIYATI.....	7
--	---

## ИСТОРИЯ

<b>Ибрагимов Р.З.</b> ИЗ ИСТОРИИ ИСТОРИКО-КУЛЬТУРНЫХ ПРОЦЕССОВ В ТАШКЕНТСКОМ ОАЗИСЕ ПЕРИОДА ПОЗДНЕЙ БРОНЗЫ И РАННЕЖЕЛЕЗНОГО ВЕКА .....	9
--	---

## МЕДИЦИНА

<b>Abdullaev U.S., Mirakhmedova H.T., Odilov A.A.</b> COMPARATIVE ASSESSMENT OF THE ROLE OF TRADITIONAL RISK FACTORS IN THE DEVELOPMENT OF CARDIOVASCULAR DISEASES IN PATIENTS WITH PSORIATIC ARTHRITIS.....	11
<b>Каюмходжаев А.А., Халмуратова М.К. Расулов Ж.Ж</b> ПУТИ УЛУЧШЕНИЯ РЕЗУЛЬТАТОВ МИКРОХИРУРГИЧЕСКОЙ АУТОТРАНСПЛАНТАЦИИ ДЛЯ КОРРЕКЦИИ ГЛУБОКИХ И ОБШИРНЫХ ОЖОГОВЫХ ДЕФЕКТОВ ГОЛОВЫ И ШЕИ.....	12

## ПЕДАГОГИКА

<b>Бабаджанова Нозима Абдуллаевна, Арипжанова Махфуза Акмаловна</b> ОЛИЙ ЎҚУВ ЮРТЛАРИ КРЕДИТ МОДУЛ ТИЗИМИДА ИШЛАБ ЧИҚАРИШ КОРХОНАЛАРИ БИЛАН ИНТЕГРАЦИЯНИ ТАЪМИНЛАШНИНГ АҲАМИЯТИ. ....	14
---	----

## ФИЛОЛОГИЯ

<b>Ismatulloh Abrayev</b> BIR MARFUOT TURI: FOIL USTIDA TAHLIL .....	16
<b>Jumaniyozova Nuriya Axmedovna</b> INGLIZ VA O'ZBEK TILLARIDA YURIDIK DISKURS STRUKTURAL TAHLILI (MURAKKABLASHGAN SODDA GAP MISOLIDA) .....	19
<b>O'rayeva Darmon Saidaxmedovna, Gadoyeva Mavlyuda Ibragimovna</b> ИНГЛИЗ ВА ЎЗБЕК МАҚОЛЛАРИДА СОМАТИЗМНИНГ ИФОДАЛАНИШИ.....	21

МЕДИЦИНА

**COMPARATIVE ASSESSMENT OF THE ROLE OF TRADITIONAL RISK FACTORS IN THE DEVELOPMENT OF CARDIOVASCULAR DISEASES IN PATIENTS WITH PSORIATIC ARTHRITIS**

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**Objective of the study:** To assess the role of traditional risk factors in the development of cardiovascular diseases in patients with psoriatic arthritis.

**Material and research methods:** The study included 58 patients with a confirmed diagnosis of active psoriatic arthritis (main group) and 27 patients with psoriatic arthritis without signs of inflammatory joint damage (comparison group). The activity of the course of the disease was assessed according to the CASPAR criteria, 2006.

Results of the study: It was found that the vast majority of patients both in the main group - with psoriatic arthritis (85,6%) and in the comparison group (81,12%) had at least one risk factor for the development of cardiovascular diseases. It was also determined that the most common traditional risk factors were: arterial hypertension (AH) (respectively in 43,7% and 21,8% of patients with psoriatic arthritis), dyslipidemia (respectively, in 63,9% and 56,2% of patients with psoriatic arthritis obesity - body mass index (BMI) > 30 kg / m<sup>2</sup> or abdominal obesity (51,5% and 46,8% of patients, respectively) and type 2 diabetes (14,04% and 15,6% of patients). At the same time, a burdened hereditary history of early cardiovascular pathology and smoking was recorded much less frequently (in 15,6% and 18,7%; in 17,6% and 21,8% of patients with psoriatic arthritis. At the same time, a high incidence of cardiovascular pathology (ICP, stroke) was found in patients with active psoriatic arthritis than in the control group (65,5% and 34,3%, respectively;  $p < 0,01$ ). In order to analyze and assess the role of traditional factors in the development of cardiovascular diseases, the frequency of their occurrence among patients with psoriatic arthritis was studied. In this regard, it was revealed that in the groups of patients with psoriatic arthritis, the total number of patients without the presence of traditional risk factors was significantly lower (14,4% and 18,7%, respectively) than among the control group (27,5%;  $p < 0.001$ ).

Conclusion: The start and further progression of the cardiovascular continuum, which combines a wide range of subclinical and clinically manifest symptoms in patients with active psoriatic arthritis, is based on the interdependent and interdependent influence of traditional risk factors for the development of cardiovascular diseases. The course of the disease (activity, duration and presence of visceral manifestations of the disease) significantly negatively modify the nature of traditional risk factors (primarily lipid spectrum and arterial hypertension), potentiate their contribution to atherogenesis and create preconditions for the formation of "comorbid pathogenesis".

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