

**ZAHIRIDDIN MUHAMMAD BOBUR NOMIDAGI
ANDIJON DAVLAT UNIVERSITETI**



“FAN VA TA'LIM” KONFERENSIYASI



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ZAHIRIDDIN MUHAMMAD BOBUR NOMIDAGI ANDIJON
DAVLAT UNIVERSITETI

“FAN VA TA'LIM”

*mavzusidagi respublika ilmiy-amaliy onlayn
konferensiya materiallari*

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Onlayn konferensiya materiallari mutaxassislar, ilmiy tadqiqotchilar, magistratura va bakalavriat talabalari, shuningdek, keng o'quvchilar ommasiga mo'ljallangan.

Maqolalarning ilmiy saviyasi uchun mualliflar mas'uldirlar.

TIBBIYOT FANLARI

ANALYSIS OF MAIN RISK FACTORS AND WAYS TO OPTIMIZE
ADHERENCE TO TREATMENT OF PATIENTS WITH IHD

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Cardiovascular disease (CVD) is currently the leading cause of morbidity and mortality worldwide for both women and men. The most common form of CVD is coronary heart disease (CHD). Patients with an established diagnosis of stable angina pectoris die from coronary artery disease 2 times more often than those without this disease. At the same time, only 40-50% of all patients with coronary artery disease are aware of the presence of their disease and receive appropriate treatment, while in 50-60% of cases the disease remains unrecognized. In this regard, the issues of prevention and treatment of cardiovascular diseases remain extremely relevant.

Purpose of the study. To study the main risk factors in patients with coronary artery disease and their adherence to treatment.

Materials and research methods. The study included 60 patients with coronary artery disease, the average age of which was 61.7 ± 5.2 years, including 38 men and 22 women. The average duration of IHD was 5-10 years. The diagnoses of all patients were verified on the basis of ICD-10. All patients underwent a standard examination. In a hospital setting, all patients received the necessary medication, depending on the patient's condition, background and concomitant diseases. Adherence to therapy was assessed using the Morisky-Green test, taking into account factors such as age, gender, lifestyle modifications, the level of education of patients, and comorbidities.

Research results. All examined patients suffered from coronary artery disease and 52 (87%) were diagnosed with hypertension, 17 were overweight and 34 (56.7%) patients were obese I-II degree. Of these patients, 49 (82%) had myocardial infarction. In 7 (12%) patients with CHF FC I, in 12 (20%) FC II-III. An increase in total cholesterol was observed in 52 (87%) patients, mainly due to LDL and VLDL cholesterol. In 3 patients, according to ECG data, a permanent form of atrial fibrillation was detected, in 12 patients - atrial and ventricular extrasystoles of II and III classes according to Lown. Analysis of the results of echocardiography showed that most patients in both groups had enlarged sizes of the left atrium (4.9 mm), left ventricle (median end systolic size - 4.4 mm, median end diastolic size - 6.1 mm). It should be noted that during the examination of 60 patients, each of them revealed

from 1 to 7 risk factors (RF), and with 2-3 RF - 12 patients, with 4-5 - 27 and more than 5 - 21 patients.

On an outpatient basis, in 47% of cases, nitrates were taken, 26.3% - ACE inhibitors, 28% - angiotensin II receptor antagonists, 51.4% - statins 20-40 mg per day, 77.4% - antiaggregants. But these drugs were taken irregularly and in inadequate doses. 47 patients after discharge from the hospital after 1.5-2 months independently reduced the dose and amount of recommended drugs or stopped taking them altogether. During the survey, we found out the reasons for the irregular intake of medicines: 7 (11.7%) patients - due to low financial opportunities could not purchase the necessary drugs, 27 (45%) patients believed that regular medication is harmful to the body, 9 (15%) 0%) of patients forgot to take drugs, 11 (18.3%) thought that it was enough to receive inpatient treatment 2-3 times a year. Only 14 (23.3%) patients out of 60 complied with all doctor's recommendations.

Conclusions. Compliance with the doctor's recommendations regarding diet and lifestyle in combination with adequate drug therapy can improve the quality of life, the clinical condition of patients, reduce the incidence of coronary artery disease progression and the number of hospitalizations. The results of treatment and the prognosis of the disease in patients with coronary artery disease depend on the adherence to treatment of the patients themselves.

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