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Сердечно приветствую читателей, авторов и издателей нового журнала **«Медицинский журнал молодых ученых»**.

Начиная с первых лет существования Ташкентская медицинская академия готовила высококвалифицированных медицинских кадров. И сегодня это направление остается главным. Качественно изменилось содержание подготовки. Мир сегодня стремительно меняется. В Узбекистане острая необходимость формирования медицины –знаний, лидерства и инноваций, в основе которой лежит интеграция образования, науки и медицины. Пройдя фундаментальную профессиональную подготовку в ТМА, студент становится высококвалифицированным специалистом. Широкий профиль подготовки, приобретенные практические навыки позволяют ему постоянно совершенствоваться в процессе трудовой деятельности и осваивать дополнительные специальности.

Основной целью научного журнала является изучение интеллектуального потенциала молодежи, анализ и систематизация научных достижений в области медицины. В журнале будут представлены как результаты экспериментальных исследований, так и публикации по клинической тематике различных направлений: терапия, хирургия, педиатрия, эндокринология, неврология, акушерство, гигиена, социальная медицина и организация здравоохранения. В материалах будут опубликованы актуальные вопросы современной медицины. Ташкентская медицинская академия открывает широкие возможности перед каждым, переступившим его порог. ТМА для тех, кто верит в себя и стремится к успеху.

Желаю всем абитуриентам, студентам, аспирантам, преподавателям и сотрудникам ТМА успешной реализации намеченных целей, творческих успехов в учебе и работе, новых свершений на благо медицины.

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DEFINING THE ROLE OF MEDICAL PERSONNEL IN THE PREVENTION OF CARDIOVASCULAR DISEASES AT THE LEVEL OF PRIMARY HEALTH CARE

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***Annotation.** Recently, medicine has adopted a pronounced therapeutic orientation, and the problems of preventing diseases and connecting primary health care to their solution have gone into the background. The development of the outpatient service is one of the main elements of the strategic health restructuring program. Programs for the prevention of non-communicable diseases (NCDs) in a region, large or small, include a sequence of actions, emphasize a multisectoral approach to prevention. The need to coordinate the interaction of sectors of society for the success of prevention programs is obvious. The main priorities for the prevention of cardiovascular diseases (CVD) are: the organization of periodic medical examinations by primary health care institutions and the promotion of a healthy lifestyle in family clinics.*

***Key words:** polyclinic, medical personnel, cardiovascular disease, prevention of cardiovascular diseases, healthcare system, primary health care, nursing staff.*

SOG'LIQNI SAQLASHNING BIRLAMCHI BO'G'INIDA YURAK-QON TOMIR KASALLIKLARINING OLDINI OLIHDA TIBBIYOT XODIMLARINING O'RNINI ANIQLASH

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***Annotatsiya.** So'ngi yillarda tibbiyot yaqqol kasalliklarni davolashga yo'naltirildi, sog'liqni saqlashning birlamchi bo'g'inida kasalliklarning oldini olish va ularni hal qilish bilan bog'liq bo'lgan muammolar quyi darajaga tushdi. Ambulatoriya xizmatini rivojlantirish sog'liqni saqlashni qayta qurishning strategik dasturining asosiy elementlaridan biridir. Katta yoki kichik mintaqadagi yuqumli bo'lmagan kasalliklarning oldini olish dasturlari harakatlar ketma-ketligini o'z ichiga olib, profilaktikada ko'p tarmoqli yondashuvga e'tibor qaratadi. Profilaktika dasturlarining muvaffaqiyati uchun jamiyat sektorlarining o'zaro muvofiqlashtirish zarurligi ma'lum. Yurak-qon tomir kasalliklari (YQTK) profilaktikasining asosiy ustuvor yo'nalishlari quyidagilardan iborat: birlamchi tibbiy yordam muassasalari tomonidan davriy tibbiy ko'riklarni tashkil etish va oilaviy poliklinikalarda sog'lom turmush tarzini targ'ib qilish.*

***Kalit so'zlar:** poliklinika, tibbiyot xodimlari, yurak-qon tomir kasalliklari, yurak-qon tomir kasalliklari profilaktikasi, sog'liqni saqlash tizimi, sog'liqni saqlashning birlamchi bo'g'ini, hamshirlar.*

ОПРЕДЕЛЕНИЕ РОЛИ МЕДИЦИНСКОГО ПЕРСОНАЛА В ПРОФИЛАКТИКЕ СЕРДЕЧНО-СОСУДИСТЫХ ЗАБОЛЕВАНИЙ НА УРОВНЕ ПЕРВИЧНОГО ЗВЕНА ЗДРАВООХРАНЕНИЯ

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Аннотация. В последнее время медицина приняла выраженную лечебную направленность, а проблемы профилактики заболеваний и подключения к их решению первичного здравоохранения ушли на задний план. Развитие амбулаторной службы является одним из главных элементов стратегической программы реструктуризации здравоохранения. Программы профилактики неинфекционных заболеваний (НИЗ) в регионе, большом или малом, включают последовательность действий, делают акцент на многосекторальном подходе к профилактике. Необходимость координации взаимодействия секторов общества для успеха программ профилактики очевидна. Основными приоритетными направлениями профилактики сердечно-сосудистых (ССЗ) являются: организация периодических медицинских осмотров учреждениями первичной медико-санитарной помощи и пропаганда здорового образа жизни в семейных поликлиниках.

Ключевые слова: поликлиника, медицинский персонал, сердечно-сосудистые заболевания, профилактика сердечно-сосудистых заболеваний, система здравоохранения, первичное звено здравоохранения, сестринский персонал.

In the 21st century, it became known that the most likely, progressive and effective method of developing society is investment in the field of health, social security and education. At the same time, the field of public health means not only a system of medical care, but a system of preventive measures implemented through the primary health care link. To date, in many developed countries of the world, there has been a reorientation of approaches to protecting public health and the transfer of medical services to organizing work to fully preserve human health and planning medical care based on the real needs of society. The emphasis is on the development of public health, defined by the words of the Regional Director of Health Services England Richard Alderslade as: "... Science or the art of preventing diseases, prolonging people's lives and promoting their health through the organized efforts of society" [1].

Recently, medicine has adopted a pronounced therapeutic orientation, and the problems of preventing diseases and connecting primary health care to their solution have gone into the background. However, the main tasks in any health system are health promotion and disease prevention. It is the outpatient polyclinic service that is the most important sector of the health care system, on the state of which its effectiveness and quality depend, as well as the solution of many medical and social problems. The development of this service is one of the main elements of the strategic program of healthcare restructuring [2,3]. In modern rapidly changing socio-economic conditions,

there is a need, along with expanded organizational and material and technical support for the polyclinic service, to supplement the provision of medical and preventive assistance to the population with new opportunities. The most important conductors of this idea are medical workers of primary health care, including, along with district doctors, and general practitioners/family doctors (GP/FD), since this is due to the fact that 80% of the country's population begins and finishes examination and treatment at the prehospital stage [4]

The principles of general medical practice/family medicine are the basis for the reform of health systems in most countries, including Uzbekistan. In Uzbekistan, this process began from the first days of the republic's independence. The ongoing reforms of health care in the Republic of Uzbekistan, in particular, the organization of FMP (family medical polyclinic) and FP (family polyclinic) has created a real opportunity for the primary and secondary prevention of all diseases, including cardiovascular pathology.

The relevance of the problem of cardiovascular diseases (CVD) at the current stage is determined by the high prevalence, frequency of complications and mortality, as well as the annual increase in economic losses and costs of providing care to patients suffering from heart and vascular diseases. Among CVD, one of the most common is CHD (or ischemia, coronary heart disease, coronarosclerosis). Of particular concern is the fact that along with the increase in CHD, the incidence

and mortality of young and working-age people from them has significantly increased [5, 6].

Programs for the prevention of non-communicable diseases (NCDs) in a region, large or small, include sequence of action, emphasize a multisectoral approach to prevention in which the health system plays an important but not exclusive role. The need to coordinate the interaction of sectors of society for the success of prevention programs is obvious. The main content of NCD prevention programs is measures to reduce the spread of risk factors in the population, which can be achieved primarily by mass, population-based measures, but they must be combined with individual exposure measures. [7]. In view of the above, not only the GP, but also the medical staff of the outpatient institution should actively and efficiently participate in the development and implementation of preventive programs.

The number of nursing staff worldwide is 27.9 million, of which 19.3 million are professional-level nurses. This indicates an increase in the total number of this category of workers by 4.7 million over the period 2013-2018. and confirms that nursing personnel are the most numerous categories in the structure of medical personnel, which accounts for about 59% of all healthcare personnel. The 27.9 million nursing workers include 19.3 (69%) professional-level nurses, 6 million (22%) associate-level nurses, and 2.6 million (9%) workers not in any of these categories [8].

The total number of nursing staff in the world does not meet the needs arising from the need for universal health coverage. More than 80% of the world's nursing staff work in countries that are home to half the world's population. The global nursing deficit, which was estimated to be 6.6 million in 2016, fell slightly to 5.9 million workers in 2018. About 89% of this deficit (5.3 million nurses) falls on the share of countries (Africa, Southeast Asia and the Eastern Mediterranean, as well as some Latin American countries) low-income and below-average income, in which nursing staff growth has struggled to keep pace with population growth, and where nursing staffing per capita is growing at a negligible rate [9].

To solve typical problems leading to the turnover of nursing personnel, appropriate measures must be taken in the field of labor policy; such measures include the development of models of nursing assistance, the expansion of the list of nursing functions and powers. There is a need to modernize professional standards relating to nursing. Regulatory measures, including those relating to the scope of duties, initial certification and continuing professional development requirements, should ensure that nursing staff can fully realize their professional potential in accordance with the level of education received within dynamic interdisciplinary teams.

Scientists from different countries present their options for measures to prevent and correct the main risk factors for the development of CVD. The materials created help nurses, conduct conversations about cardiovascular risk, the benefits of a healthy lifestyle and early modification of the risk of developing CVD. For example, the role of medical personnel in prevention can be determined by the level of risk for a given population. For a low-risk population, the primary measure of exposure is primary prevention through health education and promotion of healthy lifestyles. For people at higher risk, a brief consultation followed by follow-up. High-risk individuals include problem identification, complexity assessment, referral and follow-up [10].

Over the past decade, a large number of preventive programs have been created for primary health care doctors. Many of them require optimization of approaches to the implementation of preventive measures among patients with major CVDs. Decree of the President of the Republic of Uzbekistan No. PD-103 of January 26, 2022 sets us the task of improving the quality of cardiac and cardiac surgical services provided to the population, carrying out the prevention of CVD in the regions, demanding an expansion of work on early detection and effective treatment of them, creating favorable conditions for patients.

The main priorities of CVD prevention are: organization of periodic medical examinations by primary health care institutions and promotion of a healthy lifestyle; providing those in need with the necessary medicines free

of charge; increasing the volume of high-tech minimally invasive cardiac and cardiac surgical medical services provided in the regions; development of professional skills and advanced training of specialists in primary education, development of science in this area; digitalization of the system of medical care for CVD patients.

Thus, the creation of new preventive programs for the population by involving GPs/FDs in their implementation and conducting medical propaganda by the nurse based on the materials of the School of Health will increase public awareness of CVD risk factors. Achieving a positive shift in the quantitative reduction of the total risk of complications of major CVDs is the main prerogative of the family clinic and primary health care in general.

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