



AGE IMPORTANCE AS A MYOCARDIAL INFARCTION RISK FACTOR

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Background. The coronary artery disease (CAD) in elderly and senile age is a rather prevailing disease with significant severe complications development rate. It is considered, that an involuntional changes at heart-vascular system pathogenically linked with atherosclerotic pathologic processes and also able a matrix for its appearance and progressing. Coronary arterial stenosis findings at postmortem examinations becomes up to 50% at elderly females and up to 70-80% at elderly males. The elderly peoples has a more evident coronary arteries changes at coronagraph examinations, more extent of coronary arterial calcification and more infarctions in anamnesis.

Study purpose. A purpose of our study was investigation of age importance as a risk factor at myocardial infarction.

Age importance as a death risk factor is big, it was confirmed by different population and clinics research works. For example, analyzing range of studies were reveled, that hospital mortality at myocardial infarction varies in wide range – from 3% (at individuals younger than 55 years old) to 28% (at individuals older than 85 years old).

Materials and methods. Were reviewed a cases, admitted to stationary management with acute myocardial infarction to Cardioreanimation branch, Ministry of Health RUz for the last 3 years (2009-2010-2011 yy, 6 beds wards). Totally admitted 136 patients, in 2009 y – 47 patients, 2010 y – 39 and in 2011 year – 50 patients. Hospital stay duration before 5 days was at 61 patients (48,6%), above 5-9 days at 48 (32,8%), above 10 days at 27 patients (18,4%). Age according case frequency was: 41-50 years – 6 patients – 4,4%, 51-60 years – 43 patients – 31,6%, 61-70 years – 37 patients – 27,2%, 71-80 years – 32 patients – 23,5% and older than 80 years – 10 patients – 7,3%. Among risk factors at patients more often were observed arterial hypertension (72%), smoking (53%), diabetes mellitus (15%), atherosclerotic alterations (80%), and at 14% - in anamnesis sustained transient ischemic alterations and strokes. At 26 patients (19,1%) observed ciliary arrhythmia.





Study results. It is draws attention a great number of atypical myocardial ischemia manifestation (56%), including dyspnea and progressing heart failure. The ciliary arrhythmia was observed at 17 % of persons is more senior 80 years suffering an ischemic heart disease, a hypertonia and a valval pathology, a heart failure. Thus, the the patient, the above probability of disturbance of function of a left ventricle (that is bound to previous diseases of heart) and more serious current of CAD (coronary artery disease), underlying myocardial infarction is more senior. Development of a congestive heart failure and a cardiogenic shock after myocardial infarction also is more often observed at elderly patients. Increased mortality risk at patients with myocardial infarction in anamnesis conditioned by residual damage of left ventricule. Presence of diabetes mellitus, arterial hypertension or coronary arteries lesions are also increases mortality owing to hard CAD course at that patients.

