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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., Riezniak 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

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**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  $62.5 \pm 7.1$  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 m<sup>2</sup>, the second – 49 patients with GFR  $\geq 60$  ml/min/1.73 m<sup>2</sup>. These studies were processed using the STATISTICA 6.0 software package (Statsoft, USA)

**Results.** GFR was  $65.6 \pm 19.7$  ml/min/1.73 m<sup>2</sup>, and in 24 (33%) patients, GFR was  $<60$  ml/min/1.73 m<sup>2</sup>. 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  $65.6 \pm 19.7$  ml/min/1.73 m<sup>2</sup>. At the same time, in patients with CHF FC I GFR was  $82.3 \pm 7.44$  ml/min/1.73 m<sup>2</sup>, with CHF FC III  $61.8 \pm 7.5$  ml/min/1.73 m<sup>2</sup>. GFR was lower in patients with AF

than without AF ( $56.6 \pm 15.3$  versus  $68.2 \pm 17.6$  ml/min/1.73 m<sup>2</sup>, respectively,  $p < 0.001$ ).

However, the average GFR values in terms of creatinine and cystatin C levels are below normal values ( $83.12 \pm 12.78$  and  $84.25 \pm 11.87$  ml/min/1.73 m<sup>2</sup>, 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

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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.

Lack of physical activity is now a significant risk factor for heart disease-related deaths. Levels of physical activity are falling all over the world. Studies in the United Kingdom, the United States, India, Brazil and China (45% of the world's population) have shown that physical activity levels in these countries have declined and will continue to decline over the next 15 years. This was the cause of 12.2% of myocardial infarctions. In Russia, the level of physical activity of the population has also declined. Data from more than 40 observational studies prove a linear relationship between physical activity levels and overall mortality in young and elderly individuals.

The minimum threshold of physical activity that can reduce the risk of death from all causes is 2.5–5 hours per week. Further increases in physical activity (duration and/or intensity) lead to even greater risk reductions. Physical activity should occur as many days per week as possible and should last more than 10 minutes per day. For patients with cardiovascular diseases, it is difficult to determine the appropriate

level of physical activity, so they should undergo stress testing before starting.

The exercise program should be determined on the basis of the findings and the patient's clinical status. Even short periods of moderate and/or vigorous physical activity can reduce a patient's risk of death. If an individual does not achieve the target 150 minutes of moderate physical activity per week but exercises regularly, the risk of coronary heart disease is significantly reduced (by an average of 14% with a 95% confidence interval of 0.76–0.97). Developing a program to increase physical activity in the population can have a significant impact on overall and cardiovascular mortality.

As the availability of a metered walking technique for patients with ventricular extrasystoles (VES) depending on the class according to the Launus is currently not available in scientific practice, and the number of such patients is increasing from year to year and they all suffer from low quality of life.

## 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

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**Aim.** To evaluate changes in the nature of the course of arterial hypertension (AH) and its therapy in patients (civilians) who were in the combat zone on the territory of the Kharkiv region of Ukraine.

**Materials and methods.** 62 patients with AH of the II stage, 2–3 degrees (men – 29, women – 33), average age – (52.4±4.3 years) were examined. All patients underwent a general clinical, laboratory and instrumental examination. The degree, stage of AH and the presence of cardiovascular disease risk factors were assessed in accordance with current recommendations. All examined patients during the war were in the Kharkiv region of Ukraine – in the war zone. The interval between the first and second examination was 8–9 months.

**Results.** It was established that all (100%) examined patients had uncontrolled hypertension. In 51 patients (62%) in the group examined, there was an increase in the severity of hypertension. Thus, the number of patients with increased blood pressure within the 3rd degree of AH has significantly increased. If before the start of hostilities the number of patients with AH of the 3rd degree was 45% (28 persons), then after staying in the combat zone the number of such patients increased

to 79% (49 persons) ( $p < 0.05$ ). The frequency of the crisis course of hypertension has probably increased ( $p < 0.05$ ): from 18% (in 11 patients) to 66% (in 41 patients). The majority of patients (58 persons or 94%) underwent correction of antihypertensive treatment. Thus, 16 people were transferred from two-component therapy to three-component therapy, 23 patients – from three-component therapy to four-component therapy, and 16 patients had increased doses of antihypertensive drugs. A significant number of patients (41 persons or 66%) required the addition of sedatives, antidepressants, and hypnotics. At the same time, in 4 patients (6%), the appointment of anti-anxiety drugs and/or antidepressants led to the normalization of blood pressure without correction of antihypertensive treatment.

**Conclusions.** Among patients with hypertension – civilians who were in the combat zone on the territory of the Kharkiv region of Ukraine, there was a significant increase in the frequency of severe hypertension and hypertensive crises, which was primarily due to the influence of stress. This category of patients requires long-term in-depth follow-up and timely correction of ongoing therapy.