



Ministry of Health of the  
Republic of Uzbekistan



Tashkent Medical  
Academy

**giz** Deutsche Gesellschaft  
für Internationale  
Zusammenarbeit (GIZ) GmbH



## Materials of International Scientific-Practical Conference

**“Only English: Topical Issues of Healthcare”**



**only**  
**ENGLISH**

Tashkent

15 May, 2022





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## INFLUENCE OF HYPOLIPIDEMIC DRUGS ON LIPID METABOLISM IN PATIENTS WITH CORONARY HEART DISEASE IN COMBINATION WITH OBESITY

*Akhmedova D.T., Mahmudova M.S., Abdumalikova F.B.  
Tashkent medical academy, Tashkent, Uzbekistan*

**Aim:** study the influence of hypolipidemic drugs on lipid metabolism in patients with coronary heart disease in combination with obesity.

**Materials and methods:** 34 patients with IHD were examined. Men - 22 (64,7%) Women - 12 (35,3%). All patients were divided into three age groups: group 1 from 40 to 50 years; 2-group from 50 to 60 years; 3-group 60 years and older. The study assessed lipid spectrum, creatinine, urea. The presence of concomitant risk factors was also assessed: smoking, obesity, diabetes mellitus, degree of arterial hypertension.

**Results:** In the first group, 10 (100%) men aged 40 to 50 were examined. The mean lipid profiles were: Total cholesterol – 198,4 mg/dL; triglycerides – 271,4 mg / dl; HDL cholesterol – 49,8 mg / dl; VLDL cholesterol – 54,2 mg / dl; LDL cholesterol - 108.4 mg / dl. The average values of the biochemical blood test were: Urea – 4,96 mmol/l; Creatinine – 92,6  $\mu$ mol / l; ALT – 42,4 U/l; AST – 25,2 U/l. 6 (60%) men suffered from obesity of the first degree; in 4 (40%), obesity of the second degree was determined. In the second age group (from 50 to 60 years old) there were 10 patients: 6 (60%) men and 4 (40%) women. Among them, all men and 2 (50%) women suffered from obesity of the first degree; in the remaining 2 (50%) women, obesity of the second degree was determined. The average lipid spectrum in men were: Total cholesterol - 200 mg/dL; triglycerides – 404,6 mg / dl; HDL cholesterol - 36 mg / dl; VLDL cholesterol - 81 mg / dl; LDL cholesterol – 99,6 mg / dl. The average values of the biochemical blood test were: Urea – 6,6 mmol/l; Creatinine - 87  $\mu$ mol / l; ALT – 23,6 U/l; AST - 24 U/l. Women: Total cholesterol - 155 mg / dl; triglycerides - 172 mg / dl; HDL cholesterol – 49,5 mg / dl; VLDL cholesterol – 34,5 mg / dl; LDL cholesterol - 71 mg / dl. Indicators of biochemical analysis of blood: Urea – 7,15 mmol/l; Creatinine - 74.5  $\mu$ mol / l; ALT - 19.5 U/l; AST – 16,5 U/l. In the third group, 6 (42,8%) men and 8 (57,2%) women were examined. The lipid spectrum indicators in men were: Total cholesterol – 181,3 mg/dL; triglycerides – 334,3 mg / dl; HDL cholesterol – 31,6 mg / dl; VLDL cholesterol - 67 mg / dl; LDL cholesterol – 82,6 mg / dl. The indicators of the biochemical blood test were: Urea – 6,15 mmol/l; Creatinine – 120,5  $\mu$ mol / l; ALT – 34,3 U/l; AST – 31,3 U/l; Total CPK - 106 IU / l. Women: Total cholesterol, 132.5 mg/dl; triglycerides, 125.75 mg/dl; HDL cholesterol - 44 mg / dl; VLDL cholesterol - 25 mg / dl; LDL cholesterol – 63,5 mg / dl. Indicators of the biochemical analysis of blood: Urea – 7,8 mmol/l; Creatinine - 83  $\mu$ mol / l; ALT - 24 U/l; AST – 21,25 U/l. Obesity of the third degree was suffered by 6 (75%) women; in the remaining 2 (25%) women, obesity of the first degree was determined.

**Conclusions:** In the study, patients were prescribed a lipid-lowering diet and the corresponding hypolipemic drugs (atorvastatin 20 mg; rosuvastatin 20 mg and fenofibrate 145 mg). The study was carried out for three months. During the study, most patients managed to achieve the target levels of lipid metabolism. With the help of dietary nutrition, it is possible to reduce the level of total cholesterol by 0.5-1.5 mmol / l. This usually occurs within 3 months, but even in the absence of a positive effect, the diet should be followed for at least 6 months before deciding whether to prescribe lipid-lowering drugs.

### Literature:

1. Boitsov SA, Shalnova SA, Deev AD. Cardiovascular mortality in the Russian Federation and possible mechanisms for its change. Journal of Neurology and Psychiatry. C.C. Korsakov. 2018;118(8):98-103.