RISK FACTORS DURING DISPENSERIZATION IN MIDDLE AGED PERSONS

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ABSTRACT

Clinical examination is a set of measures, including a medical examination by doctors of several specialties and the use of the necessary examination methods, carried out with the aim of early detection of chronic non-communicable diseases (conditions) that are the main cause of disability and premature mortality of the population [1]. The main tasks of healthcare professionals are: participation in the formation of personal and public hygiene among the population, a healthy lifestyle, identification of risk factors for non-communicable diseases and individual counseling through questionnaires and conducting examinations of the population; organizing and conducting promotional activities on the principles of healthy eating, the basics of physical activity, the importance of personal hygiene, rejection of bad habits; formation of a list of enterprises, institutions and organizations operating in the region for the organization and implementation of measures to prevent non-communicable diseases; development of remedial measures for infectious diseases in the places of their registration, organization of events with local medical personnel and participation in monitoring their implementation[2].

I. INTRODUCTION

Cardiovascular disease is the leading cause of death worldwide. Numerous studies have found that cardiovascular disease results from a variety of risk factors, although some of the major risk factors cannot be changed, others can be avoided by changing habits and lifestyle.

Modern screening systems - early detection of diseases are currently implemented in many developed countries. According to the recommendation of the World Health Organization, screening programs should contain not only tests for early detection of diseases, but also tests for identifying risk factors for chronic non-communicable diseases, which are the main causes of death of the population. Smoking cessation, blood pressure control, balanced nutrition, adequate level of physical activity, restriction of alcohol consumption, normalization of body weight are regarded as the most important conditions for improving the prognosis and reducing the level of disability and mortality.

The purpose of our research work: to assess the early detection of risk factors (smoking, physical inactivity, irregular nutrition, overweight and obesity, hypercholesterolemia, increased blood pressure, high blood sugar) in middle-aged people from 45 to 55 years old who sought medical help at a family polyclinic.

The same study was carried out in Novosibirsk last year, but a different age group of patients was taken. The surveyed people aged 25 to 44. In total, there were 1,457 people: 653 men and 804
women. The epidemiological diagnosis of ischemic heart disease was established according to validated epidemiological (Rose's cardiological questionnaire) and clinical - functional (electrocardiography recording with interpretation according to the Minnesota code) criteria. Early ischemic heart disease was diagnosed in 49 people\textsuperscript{3}.

In Holland, another study has been also carried out involving coronary artery calcification and cardiovascular risk factors. Coronary calcification and classical cardiovascular risk factors were analyzed in 4,083 Dutch participants aged 45-60 years (57.9\% women) without a known history of coronary artery disease in the population-based Imalife (Imaging in Lifelines) study\textsuperscript{4}.

World Health Organization reported that approximately 17.7 million people died from CVDs in 2015, representing 31\% of all global deaths. Of these deaths, an estimated 7.4 million were due to coronary heart disease and 6.7 million were due to stroke. Over three quarters of CVD deaths take place in low- and middle-income countries\textsuperscript{6}.

II. MATERIALS AND METHODS

A screening of 250 people aged 45 to 55 years was carried out, of which 91 people had risk factors. We used specially designed and tested questionnaires for the early identification of risk factors. Each person from 45 to 55 years old who sought medical help at a family clinic was measured by height and weight; and BMI was calculated, blood pressure was measured, total cholesterol and fasting blood sugar were determined, and a questionnaire was conducted about smoking history and the number of cigarettes smoked per day.

III. RESULTS

As a result, some risk factors were identified in 91 people out of 250 according to specially developed and tested questionnaires. Of these 28\% are smokers, 30\% are overweight with low physical activity and irregular nutrition, 36\% have an increase in blood pressure; 6\% were found to have high levels of total cholesterol and blood glucose.

IV. DISCUSSION

A study in Novosibirsk shows that in persons with early coronary artery disease (under the age of 45), mainly in mature men with abdominal obesity, significant risk factors are arterial hypertension and elevated blood levels of LDL-C, non-HDL-C, and TG\textsuperscript{3}.

Research from Holland shows that coronary artery calcification was present in 54.5\% of men and in 26.5\% of women. With increasing age, an increasing percentage had a positive CAC score, from 38.1\% of men and 15.2\% of women at age 45-49 years, to 66.9\% of men and 36.6\% of women at age 55-60. In middle-aged Dutch cohort, slightly over half of men and a quarter of women had any CAC. With age there was an increase in CAC presence for both sexes. Only a minor proportion of CAC presence was attributable to classical risk factors. This provides further support that CAC scoring can impact risk classification in a middle-aged population of a low-risk country\textsuperscript{4}.

Prevention of the risk of developing cardiovascular diseases is carried out at the general population level by promoting a healthy lifestyle and at the individual level, i.e. in subjects with moderate or high risk of cardiovascular diseases or patients with established cardiovascular diseases, by combating unhealthy lifestyles and by correcting risk factors.

V. CONCLUSION

The main risk factors for the development of diseases of the cardiovascular system among middle-aged people are smoking, low physical activity, poor nutrition, which together leads to overweight and obesity. Obesity dictates and confirms the need for primary prevention with the identification of persons at high risk of developing cardiovascular pathology starting from a young age, when it is possible to lay the foundation of health for life.
Being overweight increases your risk of developing cardiovascular and other diseases associated with atherosclerosis. The prevalence of overweight increases with age.

Adequate physical activity is an integral part of a healthy lifestyle. The most affordable and fairly effective form of physical activity is brisk walking in the fresh air.

Quitting smoking - it has been proven that both active smoking of a smoker and passive smoking of others increase the risk of developing many serious diseases, primarily oncological and cardiovascular diseases. Tobacco smoke contains a whole range of substances toxic to many organs and tissues (nicotine, carbon monoxide, hydrogen cyanide, carcinogenic substances).

Even small changes in lifestyle can slow down the premature aging of the heart and blood vessels. It's never too late to start living a healthy lifestyle. After signs of coronary heart disease appear in a person, risk factors continue to act contributing to the progression of the disease and worsening the prognosis, therefore, their correction should be an integral part of treatment tactics.

CONFLICT OF INTERESTS AND CONTRIBUTION OF AUTHORS

The authors declare the absence of obvious and potential conflicts of interest related to the publication of this article and report on the contribution of each author.

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