

PREVALENCE INDICATORS OF ARTERIAL HYPERTENSION IN THE POPULATION

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Abstract: Hypertensive disease (HK) is a chronic disease, the main manifestation of which is the arterial hypertension syndrome, in which the increase in blood pressure is not related to the presence of pathological processes for certain reasons. The diagnosis of "hypertensive disease" is determined based on the elimination of diseases that lead to the secondary nature of the increase in blood pressure and the presence of a genetic predisposition. Diseases of the circulatory system are one of the most common diseases in the Republic of Uzbekistan, and their mortality rate is 51.1% of the causes of the total death of the population.

Key words: arterial hypertension, disease, diagnosis, blood pressure.

The main diseases causing a high level of cardiovascular death are coronary heart disease (47%) and cerebrovascular disease (38%), the leading risk factor for their development is arterial hypertension (AG). In Uzbekistan and developed economies Arterial hypertension is one of the most urgent medical and social problems, which leads to a high rate of cardiovascular disease and death in all countries that have it. At the same time, AG, despite its widespread distribution, is characterized by the lack of effective control. In Uzbekistan and all economically developed countries, arterial hypertension, which leads to high rates of cardiovascular disease and death, is the most urgent medical and social problem of our time. is one of the problems. At the same time, AG, despite its prevalence, is characterized by a lack of effective control.

According to European experts, by 2025, 29.0% of men and 29.5% of women worldwide will have AG, but the prevalence may vary significantly in different regions of Europe and the world.

During the last decades, cardiovascular diseases (CVD) are the main cause of high mortality in industrialized countries, including more than 1 million deaths from circulatory system diseases in Uzbekistan every year. a person dies, which is 51% of the total mortality.[4]. One of the leading causes of the development of cardiovascular diseases and complications (CVD) is arterial hypertension (AG), which is characterized by high population frequencies, impact on health, work capacity and life expectancy of the population.

Development of the primary link of health care and improvement of the structure of primary medical and sanitary care institutions is one of the priorities of the State

Program for the reform of the health system of Uzbekistan. In the last 10 years, rural medical centers have been established in the republic. , a new specialty - a general practitioner was launched, whose task is to protect the health of the population, promote a healthy lifestyle, and provide general medical care such as diagnosis, treatment and prevention of diseases.

The most common condition that requires continuous monitoring by general practitioners is arterial hypertension (AG), which is considered a non-communicable pandemic affecting the socio-economic losses of society. In 40%, the level of arterial blood pressure (ABP) is 140/90. According to the information of the republican specialized cardiology scientific-practical center, the prevalence of arterial hypertension in the republic is 18-20%. For a long time, the disease passes without any symptoms and damages the target organs: heart, brain, kidney, peripheral vessels, contributes to the development of cardiovascular complications and increased mortality rates.

As a result of preventive measures in developed countries, the death rate in AG patients has been significantly reduced due to regular control of blood pressure level, timely correction of medication and reaching its target level. This control is carried out by general practitioners or family doctors. Many studies have been devoted to the evaluation of the effectiveness of the use of different groups of antihypertensive drugs, recommendations have been developed for the diagnosis, prevention and treatment of AG. Many physicians are aware of and follow these recommendations, but cardiovascular disease (CVD) and death rates in particular continue to rise, often from complications that develop before hospital admission. comes out; according to the information presented in the literature, death from a stroke is recorded in 56.3% of cases in patients at home, and in hospitals it is less often observed in wards - 18.9%.

AG is one of the most important problems of modern cardiology and clinical medicine. The situation is determined by the epidemic nature of the disease. According to large epidemiological studies (AG era, CHF era), the prevalence of this pathology is almost 40%. Blood pressure control remains unsatisfactory. Only 59% of women and 37% of men know that they have AG, only 46% of women and 21% of men receive treatment, but only 17% of women and 5.7% of men achieve the goal. Statistical studies have shown that every fifth person aged 40-49 years suffers from hypertension, every fourth - at the age of 50-59 years, but only a tenth of them are regularly treated, which creates a high level of disease. An important factor in the unfavorable situation related to cardiovascular disease in the Republic of Uzbekistan is the problem of AG in young people: today, the incidence of AG has increased significantly, including in the age group of 20 to 29 years . The prevalence of AG in people older than 15 years is about 40%. At the same time, the health status of these young people is an important factor in ensuring the social and economic development of society.

This age group also includes students who belong to a special "social group" that has specific working and living conditions and is a "strategic reserve" of the state. It is known that many diseases, including diseases of the cardiovascular system and hypertension, appear in young people during the educational process. In addition, the modern young man's lifestyle, smoking, high alcohol consumption, physical inactivity, stress, and excessive consumption of high-calorie and salty foods often cause AG. In the last decade, there was an increase in the prevalence of AG in the adolescent population. According to some authors, AG manifests mainly in adolescence. An increase in blood pressure (BP) to borderline indicators (hypertension) occurs in more than half of boys aged 15-17 years, in AG 3-18%, depending on the symptoms. High blood pressure in childhood and especially in older adolescents can turn into hypertensive disease.

Solving the issues of early diagnosis and prevention of AG in adolescents is a priority area in pediatrics due to the wide spread of this pathology. The relevance of this situation is undeniable, given the currently investigated effects of childhood cardiovascular disease prevention on premature death and disability in the adult population.

Essential arterial hypertension (AG) is the most common chronic disease that doctors often encounter in daily clinical practice, in regional clinics and hospitals. In a number of studies, the insufficient effectiveness of secondary prevention compared to the correction of risk factors (XO) in patients with AG is discussed. AG is the main cause of death from cardiovascular diseases (CVD). Inadequate secondary prevention measures accelerate the progression of the disease, increase the risk of complications, and reduce the cost-effectiveness of treatment, including inpatient treatment. Currently, there is not enough information about the mechanisms of development of primary AG, diagnostic methods and methods of correction.

For a long time, the idea of hypertensive disease was explained in terms of the neurogenic theory of G. F. Langa. It was based on two main factors - mental trauma and mental strain due to prolonged suppression of emotions of a positive nature. Modern ideas about hypertension are related to clinical and experimental data, which indicate that it is not the absolute force of stress, but the social and personal attitude of the adolescent to it that determines the occurrence of emotional stress. The cause of nervous tension at this age can be a large study load and difficulties in the curriculum. But the load at school is the same for all teenagers, and hypertension develops only in some of them. Therefore, it is more correct to pay attention to the student's extracurricular activities. Apparently, studying at a music school, learning a second foreign language, etc. physical education, sports, and recreation have an impact on most teenagers. Many teenagers prepare for university a year before leaving school, studying intensively with tutors and taking two exams during the summer. As a result

of illogical organization of the student's work, all of the above leads to excessive tension of the nervous system and creates conditions for the development of hypertensive disease .

In half of teenagers, the disease is asymptomatic, which makes it difficult to detect the disease and treat it in time. In children with higher than average blood pressure, the tendency to increase with age remains. In the future, it increases to 33-42%, and 17-26% of children develop AQB, i.e. Every third child with elevated blood pressure may develop hypertension. Smoking is a relatively manageable risk factor. The main preventive measures should be aimed at identifying the long-term effects of smoking. Parents have an important role to play in promoting the dangers of smoking. Our survey showed that fathers smoke in 42% of boys' families and 58% of girls' families. The pathophysiological basis of obesity development is a mismatch between the body's energy needs and incoming energy. The main way to get energy is to eat food. Energy consumption goes to metabolic processes, heat production and physical activity. Fighting excess body weight in teenagers is not easier than in adults, so it is very important to prevent obesity. It is necessary to increase the content of vegetable fiber in the diet, which will help the feeling of satiety appear faster. In addition, vegetables and fruits contain antioxidants - substances that normalize metabolism.

An increase in body weight is associated with an increase in arterial blood pressure. 60-70% of patients with AG are obese, and central obesity, combined with IR and dyslipidemia, is more pronounced than the peripheral state of increased blood pressure. Obesity-related AG may be a distinct genetically determined phenotype. The detection rate of hypertension in obese middle-aged people is 50% higher than that of normal body weight, and according to the Framingham study, blood pressure rises in parallel with an increase in body mass index (BMI). For each additional 4.5 kg of weight, systolic blood pressure increases by 4 mmHg in men and 4.2 mmHg in women. Correlation between TMI and arterial blood pressure is observed not only in elderly patients, but also in adolescents. In particular, obesity often plays an important role in the pathogenesis of hypertension in perimenopausal women with type 2 diabetes, who are at increased risk of developing arterial stiffness and endothelial dysfunction. The combination of hypertension and obesity is characterized by a high level of morbidity and mortality, as it leads to the development of cardiovascular system and kidney pathology. The addition of obesity or hyperlipidemia to AG increases the risk of HI by 2 times, and the combination of all three components by 5 times.

Theoretical sources encourage to believe that, along with arterial hypertension, the prehypertensive basis is a combination of genetic factors and negative external influences. But hereditary disorders with high blood pressure are less important compared to arterial hypertension. At the same time, the percentage of external (exogenous) negative effects is high, among which emotional stress accompanied by

changes in blood circulation regulation is the most important. In many patients with hypertension, blood circulation disorders are reversible and are not accompanied by significant organic changes in the cardiovascular system. It is very important to look for criteria for predicting the results of high blood pressure in order to prevent warning bleeding from turning into arterial hypertension. Identification of these factors allows to distinguish from the group of people with hypertension, those who are more likely to develop hypertension, which determines the solution to problems in railway medicine. These are patients with high blood pressure, who should actively conduct primary prevention of hypertension, mainly non-pharmacological. The ability to use the correct medical tactics in patients with prehypertension is the most effective way to reduce the incidence of hypertension, as well as the death rate with CKD pathology. Railway transport drivers with high normal blood pressure require special attention, which determines the need for treatment of high arterial pressure. Taking into account the effect of many hypotensive drugs on the professional activity of drivers, there is a need to use non-medicated means in the treatment method. One of the methods of non-pharmacological treatment is periodic normobaric hypoxia. There are many experimental materials that allow to theoretically justify the use of periodic normobaric hypoxia in the treatment of arterial hypertension. Recent scientific evidence supports increased brain tolerance to hypoxia during intermittent hypoxic training.

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