



IDENTIFICATION OF THE MAIN RISK FACTORS AMONG PATIENTS WITH CIRCULATORY DISEASES

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| Article history: | Abstract: |
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| Received: September 4 th 2022 | CVDs are largely preventable by population-wide interventions and improved access to individual health care, which can significantly reduce the health burden as well as the socioeconomic burden of these diseases and their risk factors. |
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INTRODUCTION. Over the past half century, cardiovascular disease (CVD) has become a significant health problem in economically developed middle- and high-income countries. The widespread social and economic significance of circulatory system diseases (CSDs) was previously determined by at least three factors:

- high number of deaths from HIPC in high-development and developing countries;
- Retention of a significant contribution of cardiovascular diseases among mortality rates;
- sufficient amount of time lived by persons with a disability or disability due to CVDs.

MATERIALS AND METHODS. In order to identify the main available factors of cardiovascular diseases, we conducted a questionnaire survey of patients suffering from cardiovascular diseases in primary care in Khorezm region of Uzbekistan (n=816). We

previously prepared questionnaires (in the appendix) with relevant questions about the health status of patients, their awareness of diseases and risk factors for CVD, the participation of a visiting nurse in the early detection and prevention of CVDs.

RESULTS AND DISCUSSION. All risk factors can be divided into avoidable and non-recoverable. Intractable are risk factors that cannot be eliminated. These include: age, gender, hereditary predisposition. Such FRs cannot be corrected, but can only be taken into account in determining the risk of disease development [2].

To determine the most significant FRs of cardiovascular diseases, we surveyed patients suffering from CVDs (n=816), including 34.6% (n=282) of men and 65.4% (n=534) of women. Respondents ranged in age from 30 and older (Tab 1.).

Table 1.
Age and sex ratio of patients

| Age | Absolute | % |
|---------------|----------|----------|
| 30-40 years | 163 | 20,0±1,4 |
| 40-50 years | 232 | 28,4±1,6 |
| 50-60 years | 213 | 26,1±1,5 |
| Older than 60 | 208 | 25,5±1,5 |
| Paul | Absolute | % |
| Man | 282 | 34,6±1,6 |
| Female | 534 | 65,4±2,7 |

According to the conducted questionnaire 58.8% of the respondents evaluated the state of their health as average, and describe the reasons for the state of their health by age (57.4%), lack of opportunities for regular rest (22.3%), poor diet

(12.0%), a long conflict situation at home, at work (3.6%), neglect of their health, bad habits (13.7%), lack of access to quality health care (0.9%) and (11.3%) indicated a genetic predisposition (Tab 2.)



Table 2.
Main indicators of the health status of patients

| How do you evaluate the state of your health? | | |
|--|-----------------|----------|
| | Absolute | % |
| Good | 311 | 38,1±1,7 |
| Medium | 480 | 58,8±1,7 |
| Poor | 25 | 3,1±1,7 |
| How do you explain your state of health? (more than one answer is possible) | | |
| | Absolute | % |
| 1) Age | 268 | 32,8±1,6 |
| 2) Lack of opportunity for regular rest | 182 | 22,3±1,4 |
| 3) Poor nutrition | 98 | 12,0±1,1 |
| 4) long conflicts at home, at work | 30 | 3,7±0,6 |
| 5) Inattention to my health, bad habits | 112 | 13,7±1,2 |
| 6) Lack of access to good quality medical care | 7 | 0,9±0,4 |
| 7) Hereditary predisposition | 92 | 11,3±1,1 |
| 8) Other | 27 | 3,3±0,5 |

Despite the fact that the heredity of the disease is an intractable factor, nevertheless, it is necessary to take into account when compiling the risk group of the population and pay attention to the correction of avoidable risk factors. Questioned patients 23% of

cases had FR heredity, it is worth noting that more than half of them note a hereditary factor in the anamnesis where, in relatives of working age from 40 to 50 years

Table 3.
The main risk factors of patients -heredity

| Heredity (presence of CVD in relatives, death of a relative of working age) | | |
|--|-----------------|----------|
| | Absolute | % |
| have not had | 628 | 77,0±1,4 |
| Relatives between the ages of 40 and 50 | 100 | 12,3±1,1 |
| 2 blood relatives of any age | 78 | 9,5±1,0 |
| 3 blood relatives of working age | 10 | 1,2±0,4 |

Eliminable are risk factors that can be eliminated or controlled in one way or another, most risk factors for CVDs are lifestyle factors that can be corrected: smoking, low physical activity, consumption of high-calorie foods, alcohol abuse, psycho-emotional stresses [3]. Modifiable FRs are subject to correction [2].

In this regard, our study focused on modifiable FRs and how common it is among patients.

The main attention was paid to behavioral factors, which were corrected in the course of life after the disease by the patients themselves. Factors such as smoking and alcohol abuse have a significant role in the occurrence of CVDs. Smokers accounted for 25.8% of the patients surveyed, of whom about 20% smoked up to 10 cigarettes a day and about 10% smoked more than 10 cigarettes a day. 12.1% of patients abuse alcoholic beverages (Table 4), nevertheless they

are aware of their health damage, especially in case of cardiovascular diseases. More than 60% of the patients had no bad habits or achieved adjustment through the introduction of a healthy lifestyle and the educational work of the medical staff. In spite of the preventive measures carried out by medical workers of APU, for the patients the authority is mainly the cardiologists treating them, where the interconnected work of specialists in the introduction of patients is required.

Table 4.
The main risk factors of patients - Bad habits

| Bad habits | | |
|---------------------------------|-----------------|----------|
| | Absolute | % |
| Smoking | 210 | 25,8±1,5 |
| Alcohol use | 99 | 12,1±1,1 |
| No | 507 | 62,1±1,7 |
| Smoking | | |
| | Absolute | % |
| Don't smoke | 606 | 74,3±1,5 |
| 1-10 cigarettes per day | 137 | 16,8±1,3 |
| More than 11 cigarettes per day | 73 | 8,9±1,0 |

Stressful situations are of great importance in the etiology of various diseases, especially in BSC. Since the interviewed patients in 66.3% of cases have stressful situations at home and at work of different nature, in comparison with the surveyed healthy persons the indicators (Fig. 1.) do not have a significant difference. On the basis of the data

received, it is necessary to take into account the psychological state of the healthy population and develop measures for the correction of psycho-emotional stability and include psychologists in the process of work where joint work of specialists is required.

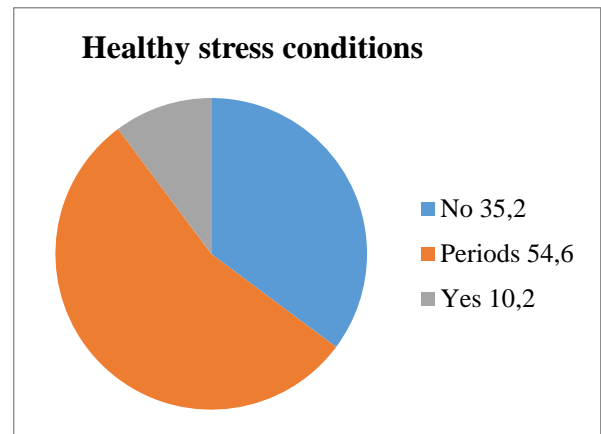
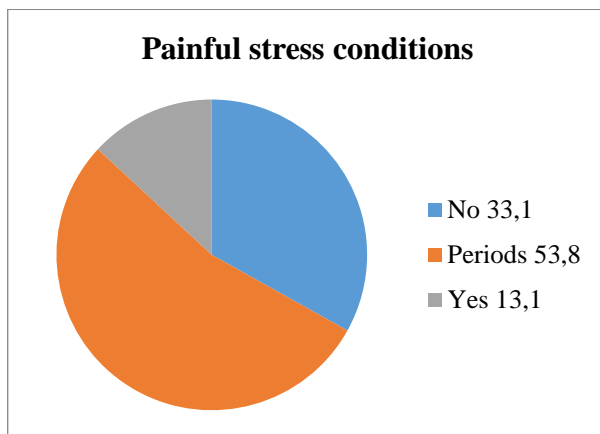


Fig. 1. The main risk factors of patients - stresses (%)

Among the causes of various non-communicable diseases, especially CVD, a significant value is the body mass index. It was found that about

half of the patients (Fig. 2) are overweight and are aware of the consequences of this factor, but do not know the correct approach to combat overweight.

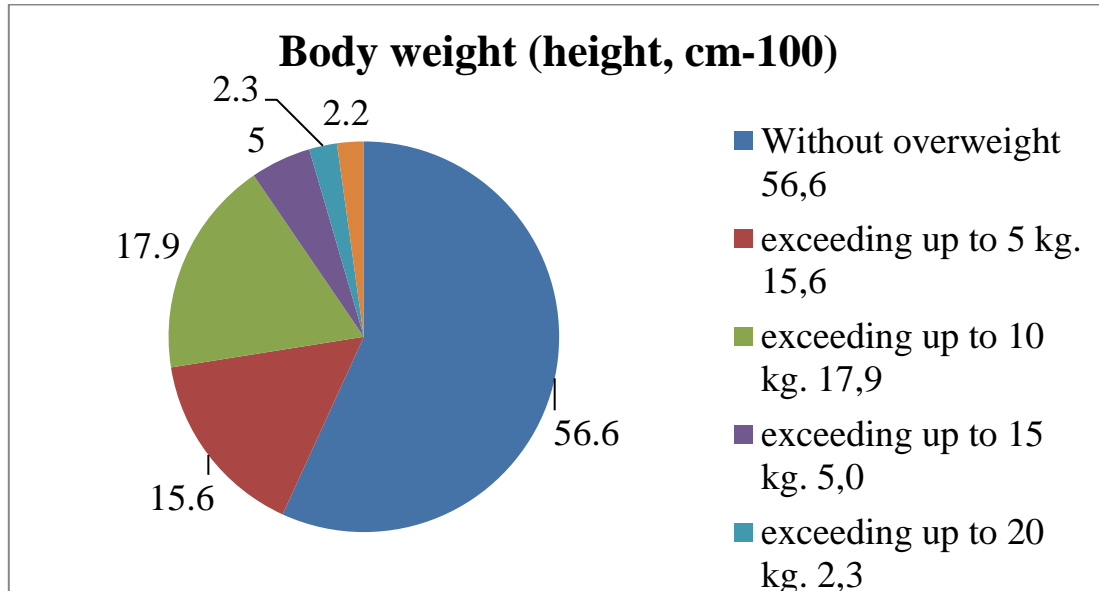


Fig. 2. Body mass index of patients in (%)

Since the body mass index largely depends on the nature of nutrition and how active a person's lifestyle is, a question was asked about these topics. In most cases, patients are overweight and proportionally collected data indicate a lack of physical activity in 11.7% and 52.6% of those surveyed adhere only to standard methods and are limited to walking and walking. When it comes to overweight, it is more

effective to add more movement to the patients' lifestyle and introduce exercise into the daily schedule. In this case, the nurses have access to communicate with patients on this topic, and will explain the importance of the issue. With data on the connection between diseases and lifestyle mobility, it makes sense to widely disseminate awareness-raising activities among the healthy population.

Table 4. The main risk factors of patients - physical condition

| Physical activity | 30-40 | | 40-50 | | 50-60 | | 60 и ст | |
|---|-------|------|-------|------|-------|------|---------|------|
| | Abs | % | Abs | % | Abs | % | Abs | % |
| Walking at a brisk pace for at least 30 minutes every day (walking for 40 minutes 3-4 times a week) | 105 | 12,8 | 106 | 12,9 | 117 | 14,3 | 101 | 12,3 |
| moving games | 33 | 4,04 | 83 | 10,2 | 44 | 5,4 | 34 | 4,2 |
| bike rides | 13 | 1,6 | 27 | 3,3 | 30 | 3,7 | 40 | 4,9 |
| swimming loads | 4 | 0,5 | 10 | 1,2 | 1 | 0,2 | 1 | 0,2 |
| dead load | 12 | 1,5 | 13 | 1,6 | 31 | 3,8 | 40 | 4,9 |

And, of course, it is necessary to highlight the problem associated with nutrition as a source of many non-communicable diseases, especially diseases associated with high blood pressure and blood sugar.

Thanks to the educational work conducted among patients, it is possible to make some adjustments to the diet, since among the patients

surveyed more than 70% prefer proper nutrition and follow the proper recommendations, but there are also people who neglect the rules of nutrition. Although, more than 90% of patients surveyed say that the nurse carefully explains the principles of good nutrition and find it accessible to implement on the daily diet.

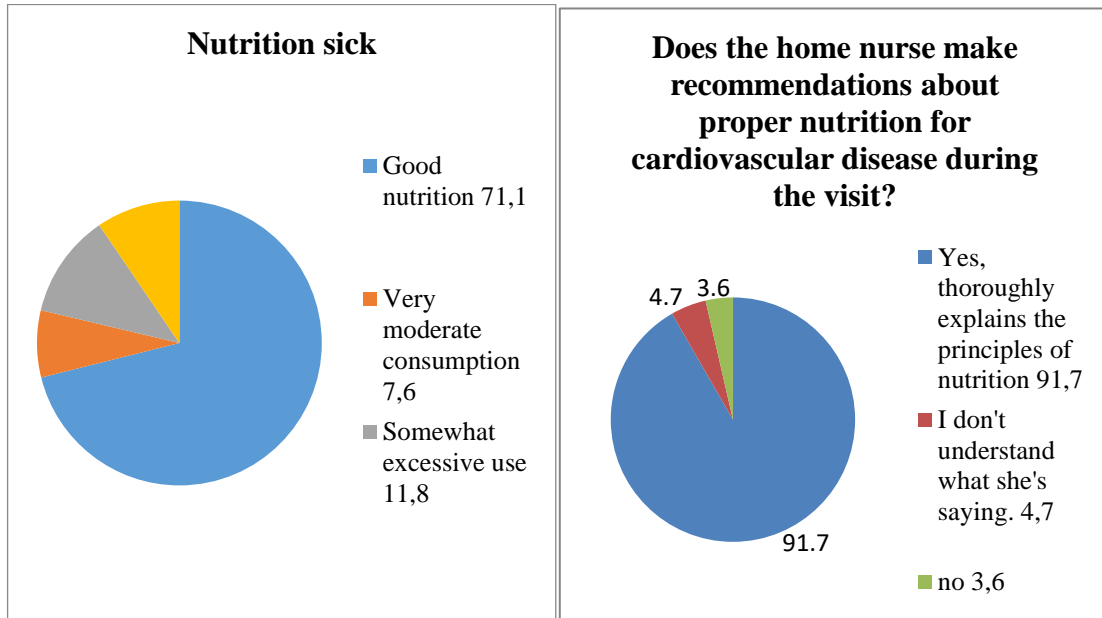


Fig. 3. The main risk factors of patients - nutrition (%)

Also, we asked questions that are the job duties of the patronage nurses to conduct medical interventions in the prevention of CVD complications. When it comes to weight and nutrition, of course, it is worth noting the frequent measurement of body weight. For this purpose, caregivers are provided with a scale, which is available in the caregiver's bag. The

nurse can measure the patient's weight at each home visit by herself and give proper recommendations. But, the survey of patients revealed that not all nurses consider it appropriate to measure body weight, as only more than 70% of patients claim this fact. (Tab 5.)

Table 5. Measuring the weight of patients by nurses

| How often does the home nurse measure weight? | | |
|---|----------|----------|
| | Absolute | % |
| at every visit to the clinic | 591 | 72,4±1,6 |
| sometimes, for a document | 147 | 18,0±1,3 |
| does not measure | 47 | 5,8±0,8 |
| another response option | 31 | 3,8±0,6 |

Nurses, when asked about measuring blood pressure (BP), 55.0% of respondents said that they always monitor it, and 36.9% of respondents said that to monitor it, the home nurse recommended that they measure BP twice a day. The home care nurse regularly measures blood pressure during home visits, 90.2% of respondents said.

Among surveyed respondents, hypertension 71.1% (n=580), angina pectoris 9.9% (n=81), tachycardia 3.2% (n=26), myocardial infarction 1.9% (n=16) were more common.

91.2% (n=744) of those surveyed believe that nurses conduct preventive activities (information, health education, cardiovascular disease screenings, etc.)

CONCLUSION. Thus, there are modifiable and unmodifiable FRs. In this connection, studying the main FRs of CVD occurrence in patients, for correction in healthy individuals by prevention and introduction of a healthy lifestyle involving patronage nurses is of social and economic importance.

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