

Occurrence of Combination Diseases in Ischemic Heart Disease and Metabolic Syndrome and their Diagnosis

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Abstract: Metabolic syndrome (MS) is a process that includes several cardiometabolic risk factors and is characterized by four main components, including: obesity, dyslipidemia, hypertension, and impaired glucose tolerance, and increases the risk of cardiovascular disease. In the study of dyslipidemia and diabetes in adults, metabolic syndrome prevalence is 33.7%, men 24%, women 42%. Each component of metabolic syndrome is a separate risk factor, and an increase in their number leads to the aggravation of cardiovascular diseases. The composition of diabetes mellitus is usually 80-90% of patients with type II diabetes, and only some ethnic groups of different countries are excluded. Indicators reflect the state of the disease in the opposite direction, that is, when patients are forced to seek help. People suffering from glycemia live and work when the amount of sugar in the blood is from 7 to 15 mmol/l (the norm is 3.3 - 5.5 mmol/l), and they certainly have characteristic symptom-complexes. They do not consult a doctor, they are not taken into account. They form the underwater part of diabetes - the "iceberg", which constantly "feeds" the surface, that is, a small part of diabetic patients with the diagnosis of leg gangrene, heart or cerebrovascular disease, diabetic retinopathy, nephropathy.

Key points: Arrhythmia, diabetes, metabolic syndrome, nephropathy, prevention, diabetic foot syndrome.

The purpose of the study. Study of prevalence of components of metabolic syndrome in patients with ischemic heart disease.

Research materials and methods. 70 patients aged 45 to 74 who were admitted to the cardiology dispensary of Bukhara region and diagnosed for 4 months were examined. Demographic data of the patients, including: age, gender, physical activity, medical history and treatment measures were analyzed at the initial examination. Laboratory and instrumental examinations: general blood analysis; blood biochemical analysis; Lipid spectrum (triglycerides, YuZLP and PZLP), postprandial glucose tolerance test, height and weight of patients in light clothes without shoes according to the Seca scale (Germany), abdominal circumference, blood pressure in a sitting position and body mass index were checked.

As in any field of medicine, the most effective and economical direction in diabetology is prevention.

There are 3 levels of prevention. Primary prevention includes the formation of risk groups for IZSD or INSD disease and measures to prevent the development of the disease. Preventive measures are multifaceted, but due to their diversity, patient education plays a special role. In the near future, our "school" collective manual will be published, in which we will describe various aspects of the organization of "schools" (centers) for the education of patients with diabetes, various programs, education of newly diagnosed patients and prevention and /il and consider patient education for treatment of complications. and others. Our 10 years of experience in patient education has shown that good and long-term results cannot be achieved without education. The implementation of QD

patient care and education programs has a remarkable effect: the costs of patient care and treatment are reduced by 4 times! At the same time, the savings consist not only of funds aimed at the treatment of diabetes and its complications, but are also very important due to indirect costs, i.e. prevention and, first of all, complications, prevention of disability, due to death, which requires large financial investments not only in medical rehabilitation, but also in social protection of patients and disabled people.

Results and analyses. In the cardiology dispensary of Bukhara region, there were 70 people, 28 women and 42 men, the average age was 51 ± 5.58 years. 35.7% of YUIK +obesity +AG, 23.4% of YUIK +obesity +type 2 diabetes and 17.8% of YUIK +obesity +high PZLP. The coexistence of UIC + obesity + AG was more common in the middle-aged and elderly (45-74 years) male population, i.e. 43.1%. During the study, the medical history of the patients was studied and their harmful habits were analyzed. There were 16 smokers and alcohol drinkers among the men who participated in the study, making up 38%. In patients with CKD +obesity +type 2 diabetes mellitus, comorbidities (related to changes in cerebral blood vessels, retinal vessels, and kidneys) were more frequent than the other group, making 11.2%.

Summary o sum up, among the components of UIC and metabolic syndrome, AG is the most common in men, which in turn means the presence of risk factors (smoking, drinking, hypodynamia), as well as more comorbidities in patients with UIC + obesity + type 2 diabetes

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