

OBESITY AND ISCHEMIC HEART DISEASE

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Abstract: Obesity is one of the most common chronic diseases in the world, acquiring a pandemic nature of distribution. According to many epidemiological studies, a connection has been established between the increase in the prevalence of obesity and the growth in the number of other diseases. The progression of obesity contributes to the development of many diseases of the cardiovascular system, type 2 diabetes mellitus, cholelithiasis, cancer, bronchial asthma, diseases of the musculoskeletal system.

There is evidence of an increase in the incidence of arterial hypertension, coronary heart disease, heart failure, hypercholesterolemia, blood rheology disorders, thromboembolic complications in patients with excess body weight. This article discusses the development of coronary heart disease in people with overweight and obesity. Keywords: obesity, overweight, coronary heart disease, arterial hypertension, heart failure, comorbidity.

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Enter. According to the World Health Organization, more than one billion people are overweight, of which 300 million suffer from obesity. This increase may reach 1 billion people by 2030 (2, 7).

In the results of epidemiological investigations, it was found that there is a clear correlation between the prevalence of obesity and the prevalence of type 2 diabetes mellitus, cardiovascular and cerebrovascular diseases (2,5,7). Cardiovascular diseases are often detected in people with excess body weight, and obese people have a higher risk of developing cardiovascular diseases, including coronary heart disease, than people with a normal body weight (1,5).

There are about 250 million obese patients in the world, which is 7% of the total adult population. Experts of the World Health Organization (WHO) predict that the number of obese people will almost double by 2025. According to 2000 data, 45-50% of the population of the USA, 30-40% of the population of Australia, more than 20% of the population of Great Britain and Brazil are obese. Based on these data, obesity has been recognized by WHO as the new non-communicable "epidemic" of our century (6).

Obesity is a risk factor for the development of cardiovascular diseases and diabetes, and the presence of obesity in patients with ischemic heart disease contributes to its development and increased mortality (6). An increase in body weight of 1 kg increases the risk of developing cardiovascular diseases by 3.1%, and type 2 diabetes by 4.5-9% (3,10).

Recently, there has been an increase in the incidence of obesity in children and adolescents throughout the world: in developed countries, 25% of adolescents are overweight, and 15% are obese. In this regard, obesity has been recognized by WHO as a new non-communicable epidemic. In Russia, more than 60% of the adult population is overweight, and about 30% is obese [9]. With obesity, sarcopenic syndrome can develop with the development of muscle atrophy and catabolic processes, which can also play an important role in the progression of CVD [8].

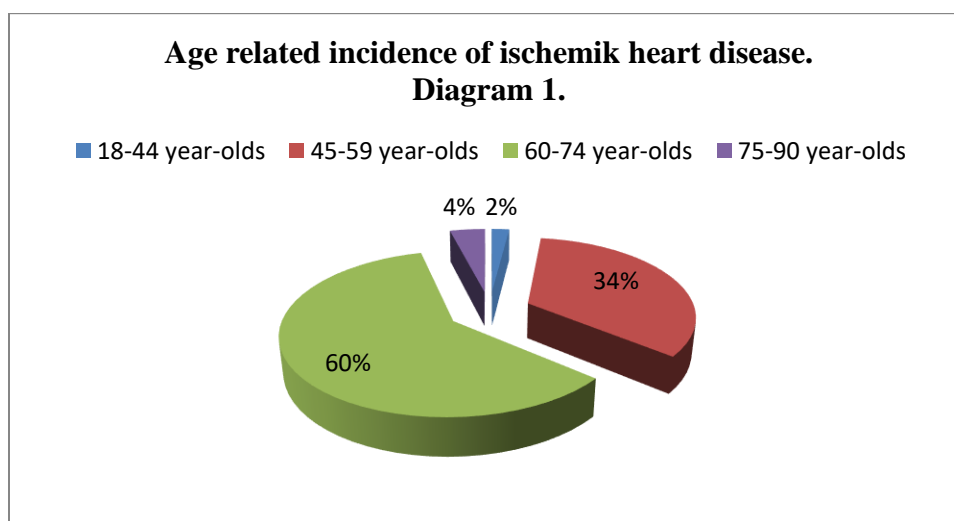
As can be seen from these data, identifying the risk factors that cause the development of ischemic heart disease among the population, including excess body weight and obesity, and their elimination is of significant socio-economic importance in strengthening the health of the population.

The purpose of the study. Studying the importance of obesity in the development of ischemic heart disease. Materials and methods. The medical documents of 80 patients admitted to the Cardiology and Cardiosurgery Scientific and Practical Medical Center of the Aral Bay region were analyzed.

A commonly accepted body mass index (BMI) was used to determine overweight. The ratio of weight (kg) to height (cm²) was obtained. TVI-18.5 to 24.9 kg/m is normal, 25.0 to 29.9 kg/m is overweight, and body mass index above 30.0 is considered obese. Social-hygienic and sanitary-statistical methods were used in the analysis of the collected materials.

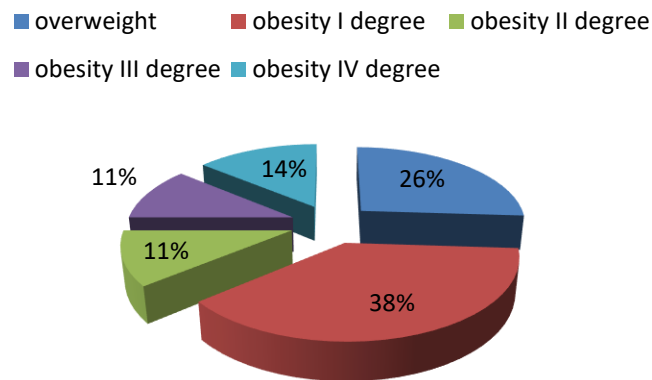
Result and discussion. Out of 80 studied patients, 39 were men and 41 were women. 16 of them live in the city and 64 in the countryside. The world was divided into age groups according to the age classification adopted by WHO. The studied patients were divided into different age groups. As a result, 2 people aged 18-44, 27 people aged 45-59, 48 people aged 60-74 and 3 people aged 75-90.

The analysis of the occurrence of ischemic heart disease by age showed that (diagram 1), it was observed most often in patients aged 60-74 years (60%). It was followed by 45-59-year-olds (34%) and the least among 18-44-year-olds (2%). It can be seen that the number of people suffering from ischemic heart disease increases with age. The reason for the low number of people aged 75-90 may be due to the fact that there are few people who have reached this age. Comorbid conditions were also analyzed during the study. 1.25% of the studied 80 patients suffer from the I stage of hypertension, 25.0% from the II stage, 61.25% from the III stage.



It was also found that 37.5% were treated with type II diabetes. Therefore, it was noted that the studied patients had comorbidity, and it was noted that ischemic heart disease, hypertension and diabetes mellitus coexisted.

Overweight end obesity. Diagram 2.



Cases of overweight and obesity among the studied group were analyzed. The obtained results showed that all patients suffering from ischemic heart disease are overweight or obese. In particular, 26% have excess body weight, 38% have I-degree obesity, 11% have II-degree obesity, 11% have III-degree obesity, and in 14%, IV degree of obesity was determined (diagram 2).

In the process of collecting medical anamnesis from the patients, it was found that all the studied patients were overweight and obese before the diagnosis of ischemic heart disease. It is clear from this that the conditions of excess body weight and obesity led to the formation of ischemic heart disease and later comorbid conditions. In a number of studies, obesity is considered a risk factor for the development of cardiovascular diseases, diabetes, and the presence of obesity in patients with ischemic heart disease contributes to its development and increased mortality (1, 3, 5, 6) there is information about.

It should be noted that in our studies, it was shown that overweight and obesity caused the development of ischemic heart disease, hypertension and diabetes (37.5%). At the same time, comorbid conditions and the development of chronic heart failure were found in 26 patients.

Also, 28.57% have stage 2 hypertension, and 42.86% have stage 3 hypertension. 42.86% of patients had 1 degree of arterial hypertension, 14.29% had 2 degrees, 14.29% had 3 degrees. It is important to note that stage I hypertension was not detected in any patient.

This indicates that patients did not pay attention to the first clinical signs due to overweight and obesity and did not consult a doctor. Chronic myocarditis was observed in one patient. In 57.14%, angina pectoris of the 3rd functional class was detected, in 4.76%, angina pectoris of the 2nd functional class was determined.

During an electrocardiographic study, sinus rhythm was regular in 76.19% of cases, tachycardia - in 4.76%, extrasystole - in 4.76%, atrial fibrillation - in 14.29%. When analyzing the risk level of coronary disease, 66.67% of patients were identified as risk 4, 28.57% as risk 3 and 4.76% as risk 2.

One patient had coronary artery stenosis and coronary artery stenosis, coronary artery atherosclerosis in 4 patients, coronary artery atherosclerosis in 3 patients. Myocardial infarction with Q wave was detected in two patients. Ischemic cardiomyopathy was diagnosed in 2 patients, idiopathic pulmonary artery hypertension and tricuspid insufficiency were detected in 1 patient.

Conclusion: Excess body weight increases the risk of cardiovascular diseases. There is a correlation between obesity and the development of ischemic heart disease. As the level of obesity increases, the

development of ischemic heart disease and the increase in mortality are observed. As obesity levels increase, the risk of comorbidity and mortality from coronary heart disease increases.

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