

NEEDS TO STUDY THE EPIDEMIOLOGY OF MYOCARD INFARCTION

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Today, myocardial infarction and its treatment are considered one of the most complex problems.

In order to solve these problems, scientists from abroad and our republic are doing a lot of work.

Also, it has been confirmed that cardiovascular death, total death and repeated myocardial infarction can be significantly reduced if prevention and cardiorehabilitation methods are used in time and on a large scale. The planning of such programs has been identified as a priority direction in the world, including in Uzbekistan.

In terms of the epidemiology of myocardial infarction, the spread of comorbidity, its association with risk factors, and the study and determination of its prevention features in different regions, the intensified epidemiological situation is observed by researchers in the modern population, and it is not predicted that it will be preserved for the next few decades. Researchers have begun to provide information that the tendency to increase in this undesirable epidemiological situation is maintained.

Early diagnosis of MI in the elderly is difficult, because complex physiological and pathological changes due to the aging process mask many symptoms of the disease, making diagnosis difficult. At this age, 94-97% of MI is formed on the basis of comorbidity, passes and worsens. Comorbidity increases the risk of an unusual course of MI, acute complications, and death. In particular, the National Registry of Myocardial Infarction (NRMI) registry showed traditional MI death in only 40% of the elderly population against the background of comorbidity, and among non-traditional types, collaptoid (30.8%) and asthmatic forms (22.4%) are more common.

It is necessary to pay attention to these aspects in patients with MI, conduct scientific research in different populations and regions, and conduct research on creating an active prevention system, including in different regions of Uzbekistan. Especially the prospective trend epidemiologists are particularly expensive. Information confirming the relevance of the topic of ICU and comorbidity has been published in different countries. For example, an average of up to 3 diseases are detected in the elderly population, and IUD is associated with increased comorbidity; on the basis of comorbidity, the incidence of UIC doubles every ten years.



Therefore, continuing to study the epidemiology of MI and comorbidity symbiosis, studying the association and prevention of MI with risk factors in the conditions of Uzbekistan, analyzing it in different regions, including the modern population of the Fergana Valley, and developing new approaches and/or screening technologies to improve these conditions is considered one of the most urgent areas of science.

In this process:

Identification and assessment of prevalence and 20-year dynamics of myocardial infarction in the elderly population;

- To study and assess characteristics of age association of myocardial infarction in men and women;
- To study and evaluate the frequency of myocardial infarction combined with other non-infectious diseases (arterial hypertension, diabetes, liver diseases, chronic obstructive pulmonary diseases, gastrointestinal diseases) in a 20-year prospective observation;
- To study and evaluate features of association of myocardial infarction with risk factors of cardiovascular diseases;
- Studying, evaluating the characteristics of the clinical course and prevention of myocardial infarction in the conditions of the Fergana Valley, and recommending medical and economic technologies for practice.

The patient's venous blood and serum were taken for biochemical studies, urine, urine and blood were studied by general analysis.

General clinical, epidemiological, instrumental, laboratory, including biochemical and special cardio screening methods were used.

It is confirmed that the research results can improve the scientific conclusions about myocardial infarction.

The practical importance of the results of the research was that it was achieved the success of thorough approaches to primary and secondary prevention and diagnosis in patients with myocardial infarction.

It has been proven that it is possible to effectively identify difficult-to-diagnose forms of myocardial infarction, reduce the frequency and duration of complications, and provide research results.

It has been confirmed that this technology has the ability to reduce the mortality rate at the pre-hospital and in-hospital stages, which reduces the medical, economic and social losses caused by the disease, reflecting the characteristics of the clinical course and prevention of myocardial infarction in the Fergana Valley.



In general, MI and the fight against it are the duty of every medical worker, and finding a solution remains an urgent task.

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