FEATURES OF THE CLINICAL COURSE OF NONSTE-ACS WITH ASSESSMENT OF PSYCHOSOMATIC STATUS

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ABSTRACT

Currently, cardiovascular diseases play a decisive role in the evolution of overall mortality worldwide. Coronary heart disease accounts for 26.6% of all cardiovascular diseases. Among the various forms of coronary heart disease, angina pectoris occupies a leading place. The increased risk caused by these psychosomatic factors is similar to more common risk factors for coronary heart disease, such as smoking, dyslipidemia, insulin resistance, and hypertension. The identified psychosomatic risk factors should be taken into account when assessing and managing the risks of individual coronary heart disease and have implications for public health policy and research

Introduction. Currently, cardiovascular diseases play a decisive role in the evolution of overall mortality worldwide. Coronary heart disease accounts for 26.6% of all cardiovascular diseases. Among the various forms of coronary heart disease, angina pectoris occupies a leading place. The increased risk caused by these psychosomatic factors is similar to more common risk factors for coronary heart disease, such as smoking, dyslipidemia, insulin resistance, and hypertension. The identified psychosomatic risk factors should be taken into account when assessing and managing the risks of individual coronary heart disease and have implications for public health policy and research.

The aim of the work. To identify etiopathogenetic risk factors for the development of neurovegetative disorders in patients with ACS without ST segment elevation .

Materials and methods. A total of 114 patients diagnosed with acute coronary syndrome without ST segment elevation (ACS NSTE) were examined at the Samarkand Regional Branch of the Republican Specialized Scientific and Practical Medical Center of Cardiology and the Samarkand Branch of the Republican Scientific Center for Emergency Medical Care (SF RSCEMC) from 2021 to 2024. The average age of patients with ACS NSTE was 62.85±10.06 years. Of these, 55 (48.2%) patients had ACS without ST segment elevation and without neurovegetative disorders and 59 (51.2%) patients had ACS without ST segment elevation with neurovegetative disorders and 30 patients with stable angina who made up a comparable group. All patients gave their written informed consent for inclusion in the study.

Results and discussion. A total of 114 patients with ACS were observed. Among them, 54 were women and 60 were men; the average age was 62.85±10.06 years (Fig. 1).

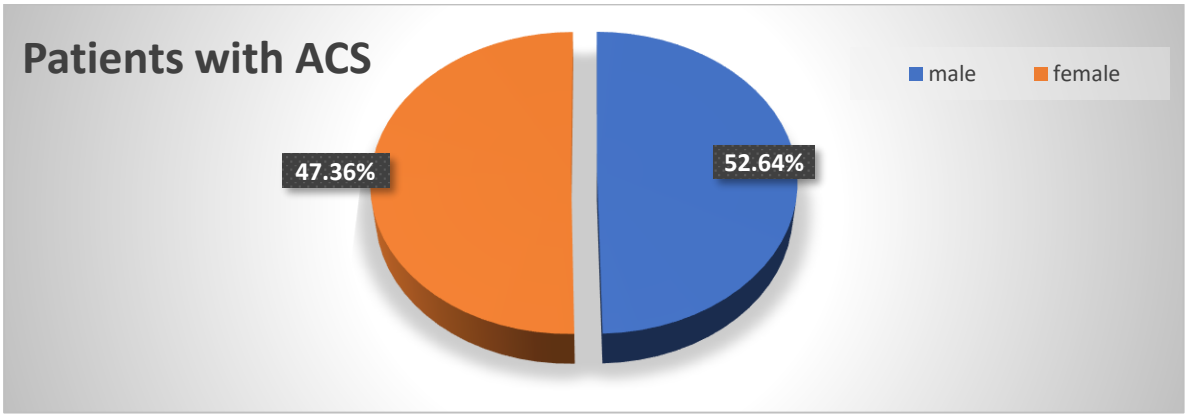

Fig. 1. Distribution of patients with ACS by gender.

Among these patients, arterial hypertension was found in 86 patients (78.01%), diabetes mellitus – in 24 patients (21.05%), 52 patients (45.61%) had previously suffered a myocardial infarction, rhythm disturbance was noted in 39 (34.21%), anemia – 32 (16.4%), previous stroke – 5 (4.38%), COPD – 9 (7.89%), obesity – 78 (68.4%), other diseases 13 (11%) (Fig. 2).

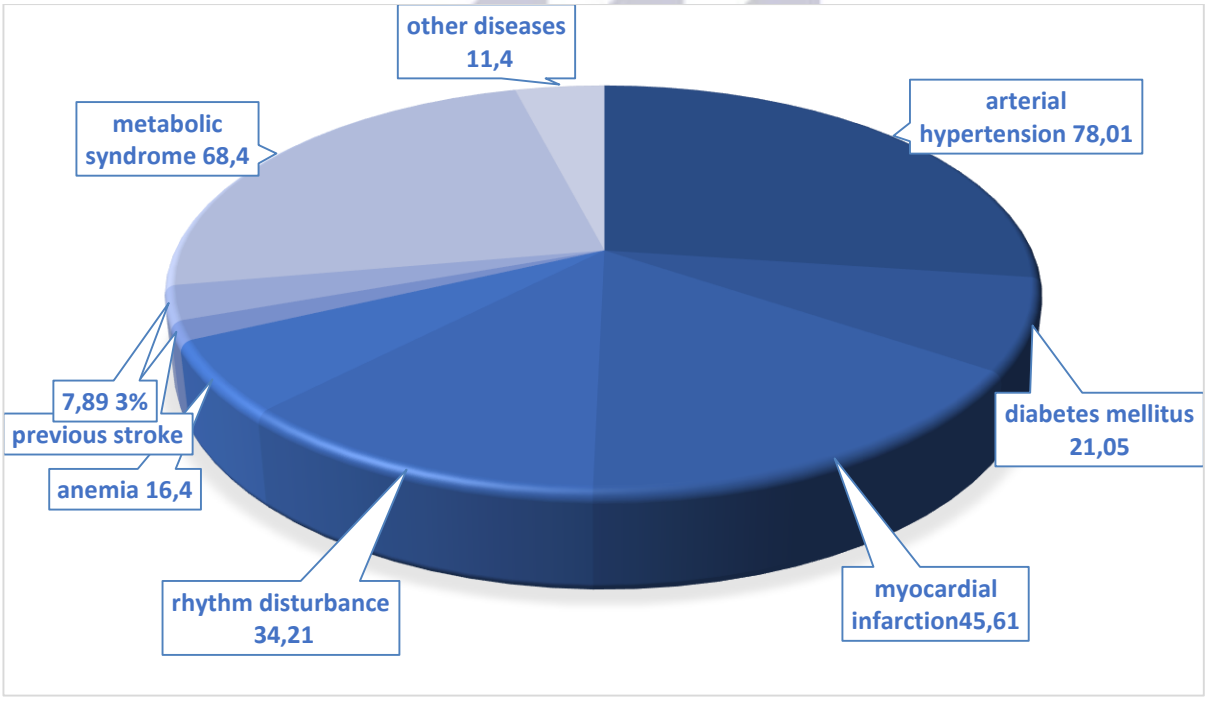

Fig. 2. Distribution of patients depending on the frequency of occurrence of concomitant conditions.

In our study, 21 (9.26%) patients had paroxysmal dyspnea as an equivalent of angina. 27 (12.68%) patients with NSTE -ACS had an atypical nature of the pain syndrome.

To solve general clinical problems, patients, thanks to two scales (Beck scale and GAD -7 scale), were conditionally divided into 2 groups: Group 1 - patients in comorbidity with neurovegetative disorders (n = 59) and Group 2 - patients without neurovegetative disorders (n = 55). The indicators of biochemical studies between patients with NSTE- ACS with and without NVI, as well as between a comparable group of patients with CVS are statistically insignificant, but it is necessary to emphasize the fact that among patients with NVI, the UA level was 110.5 μmol / l higher than in patients without NVI.

After identifying elevated UA levels in the blood of patients with NSTE -ACS with NVI, we decided to study the characteristics of the blood lipid profile in patients with unstable angina, as well as the relationship between UA levels and NVI.

The biochemical test results between patients with NSTE -ACS with and without NIH, as well as between a comparable group of patients with CVS, are statistically insignificant, but it is necessary to emphasize the fact that among patients with NIH, the UA level was 74.5 μmol /l higher than in patients without NIH.

Conclusion. The analysis of the results of the studies showed that among patients with NSTE-ACS and NIH, the TC and LDL-C indicators were statistically significantly higher in comparison with patients with NSTE -ACS and without NIH, as well as patients with SS. The coefficient atherogenicity coefficient was statistically increased in all groups of patients, while the optimal value is considered to be when CA is equal to 2-3. But among patients with NSTE -ACS and NVI, these values were significantly higher. In addition, the UA level also statistically differed among these groups, which shows the relationship of hyperuricemia with dyslipidemia. The period of ACS destabilization is accompanied by changes in: lipid profile (atherogenicity coefficient), asymptomatic hyperuricemia , the number of coronary artery lesions, the severity of which is higher depending on the degree of situational and personal anxiety. The identified disorders in patients with NSTE -ACS with NVI are confirmed by the correlation relationships between the sum of the parameters of the questionnaires used (Beck and GAD -7) and the UA level ($R^2 = 0.7894$).

References:

1. Куракбаевна, Т. С. (2023). ОСОБЕННОСТИ ДИАБЕТИЧЕСКОЙ НЕФРОПАТИИ В ХРОНИЧЕСКИХ ОСЛОЖНЕНИЯХ САХАРНОГО ДИАБЕТА. Scientific Impulse, 1(7), 87–91. Retrieved from http://nauchniyimpuls.ru/index.php/ni/article/view/5577
2. Sobirjonovna, B. N., & Kurakbaevna, T. S. (2023). Clinical dynamics of chronic nephritic syndrome in children. Eurasian Medical Research Periodical, 19, 53-56.
3. MODY, Q. T. Q. D. O., & VA, Q. D. T. O. R. (2023). KLINIK TAVSIFI. Journal of Universal Science Research, 1(8), 85-90.
4. Erkinovna, K. Z., & Kurakbayevna, T. S. (2023). Atipik mikroflora etiologiyali o'tkir obstruktiv bronxitlar etiopatogenezining zamonaviy jixatlari. Research Focus, 2(1), 589-593.
5. Quraqboevna, T. S. (2023). BOLALARDA SURUNKALI NEFRITIK SINDROM HAQIDA ZAMONAVIY QARASHLAR. JOURNAL OF UNIVERSAL SCIENCE RESEARCH, 1(6), 773-777.
6. Quraqbayevna, T. S. (2023). Topinamburninr dorivor xususiyatlari. Новости образования: исследование в XXI веке, 2(13), 281-284.
7. Туйчиева, С., Одилов, Ж., & Икрамова, Н. (2023). Применения шиповника как природного антиоксиданта. Инновационные исследования в современном мире: теория и практика, 2(10), 14-15.
8. Erkinovna, K. Z., & Kurakbayeana, T. S. (2023). THE OPPORTUNITIES OF SIMULATION TRAINING AT THE MEDICAL UNIVERSITY. Open Access Repository, 4(2), 98-101.
9. Quraqbayevna, T. S., & Hikmatovich, H. J. (2023). Qandli diabet asoratlarida gomosisteinning ahamiyati. Научный Фокус, 1(6), 266-270.
10. Bazarova N. S., Tuychieva S. K., Irgasheva R. Modern views on nephritic syndrome in children //ББК 30.16 Б 63. – 2023. – С. 162.

11. Kurakbaevna, T. S. (2024). Risk Factors And Clinical Manifestations Of Metabolic Syndrome In Postmenopausal Women. International Journal of Alternative and Contemporary Therapy, 2(5), 208-213.
12. Туйчиева , С. (2024). ФАКТОРЫ РИСКА И КЛИНИЧЕСКИЕ ПРОЯВЛЕНИЯ МЕТАБОЛИЧЕСКОГО СИНДРОМА У ЖЕНЩИН В ПОСТМЕНОПАУЗЕ. Евразийский журнал академических исследований, 4(5 Part 3), 60–69.
13. Tuychieva S. K., Tashkenbaeva E. N. Pathogenetic role of interleukin-6 and TNF- α in the development of arterial hypertension in women with metabolic syndrome. Journal of cardiorespiratory research. 2024, vol 5, issue 2, pp. 49-53
14. Ташкенбаева Э. Н. и др. ОСОБЕННОСТИ ПОКАЗАТЕЛЕЙ СИСТОЛИЧЕСКОЙ ФУНКЦИИ ЛЕВОГО ЖЕЛУДОЧКА В ЗАВИСИМОСТИ ОТ СПОСОБА ЛЕЧЕНИЯ В ОСТРОМ ПЕРИОДЕ ИНФАРКТА МИОКАРДА У БОЛЬНЫХ МОЛОДОГО ВОЗРАСТА //International scientific review of the problems of natural sciences and medicine. – 2019. – С. 124-135.
15. Abdulloyeva , M. ., Pulatova , K. ., & Mirzaev , R. . (2023). ORTIQCHA VAZN VA ARTERIAL GIPERTONIYA BILAN OG'RIGAN YOSHLARDA YUZAGA KELADIGAN JINSIY ZAIFLIK. Евразийский журнал медицинских и естественных наук, 3(4 Part 2), 91–94. извлечено от https://in-academy.uz/index.php/EJMNS/article/view/13515
16. Khasanjanova F. O., Tashkenbayeva E. N., Abdulloeva M. D. OF THROMBOLYTIC THERAPY IN PATIENTS WITH ST-ELEVATION ACUTE CORONARY SYNDROME IN YOUNG AGED PERSONS //International Bulletin of Medical Sciences and Clinical Research. – 2023. – Т. 3. – №. 4. – С. 139-143.
17. Пулатова К. С. ВЛИЯНИЕ АНТИГИПЕРТЕНЗИВНЫХ ПРЕПАРАТОВ НА ИНСУЛИНОРЕЗИСТЕНТНОСТЬ И ПОКАЗАТЕЛЕЙ ЛИПИДНОГО СПЕКТРА //European Journal of Interdisciplinary Research and Development. – 2023. – Т. 15. – С. 72-75.
18. Pulatova K. S., Panjriwala S. J., Chhabra B. Hemodynamic Features of IHD in Overweight Patients //American Journal of Pediatric Medicine and Health Sciences (2993-2149). – 2023. – Т. 1. – №. 10. – С. 582-586
19. Samvelovna P. K. et al. Precision Wellness Solutions: Revolutionizing Hypertension Management in Obesity //American Journal of Pediatric Medicine and Health Sciences (2993-2149). – 2023. – Т. 1. – №. 8. – С. 267-270.
20. Bakhtiyarovich A. A., Samvelovna P. K. Peculiarities of the Influence of Metabolic Syndrome on the Course of Coronary Heart Disease //American Journal of Pediatric Medicine and Health Sciences (2993-2149). – 2023. – Т. 1. – №. 8. – С. 396-400.