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MECHANISMS OF FORMATION OF FACTORS THAT INCREASE THE RISK OF ISCHEMIC HEART DISEASE ACCORDING TO PROFESSIONAL ACTIVITY (PAST OR PRESENT) OF BUKHARA LONG-LIVERS

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Abstract: To date, comprehensive studies that would answer these and other important questions regarding the epidemiological characteristics, risk factors, clinical course and prevention of ischemic heart disease among the elderly in Uzbekistan have not been conducted. At the same time, data from international scientific literature in recent years show conflicting results on some aspects of this problem. Therefore, the study of IHD in the population of elderly people remains one of the most relevant, controversial and not yet fully resolved areas of modern population research. The current state of the problem undoubtedly requires the conduct of targeted pharmacoepidemiological monitoring or special population studies in this area among elderly people. In this regard, the development of effective approaches by solving problems related to the psychology of pharmacotherapy in people over 90 years of age is of particular importance. To date, such comprehensive approaches have not been fully developed on a global scale.

Keywords:ischemic heart disease (IHD), body weight index, hypodynamia, obesity, arterial hypertension, metabolic syndrome.

Aim of the study: It consists in the analysis and evaluation of the population mechanisms in the formation of factors increasing the risk of CKD in the long-lived people of Bukhara region, depending on the nature of professional activity.

Materials and methods

The study subjects were 824 long-lived individuals aged 90 years and older, selected from a representative sample of the unorganized population of the Bukhara region. Of these, 517 were women and 307 were men, and their clinical and epidemiological indicators were analyzed.

Results obtained: According to the results of our study, the prevalence of risk factors for CVD among the population of long-lived people working in managerial positions and the population of people not engaged in work in various positions was as follows: ERUICOA (family history of early-onset CVD) 9.2% and 90.8% [P>0.05; RR = 1.08; 95% CI = 1.27 – 0.79; χ^2 = 0.03; r++ = 0.03]; 2) TVI 9.9% and 90.1% [P>0.05; RR = 1.08; 95% CI = 1.29 – 0.91; χ^2 = 0.53; r++ = 0.03]; 3) GH 13.9% and 86.1% [P<0.05; RR = 1.57; 95% CI = 1.97 – 1.25; χ^2 = 9.1; r++ = 0.11]; 4) GT 5.7% and 91.3% [P<0.05; RR = 0.59; 95% CI = 0.92 – 0.38; χ^2 = 1.3; r++ = 0.07]; 5) obesity 7.8% and 92.2% [P>0.05; RR = 0.83; 95% CI = 1.11–0.62; χ^2 = 1.1; r++ = 0.01]; 6) GG 9.0% and 91.0% [P>0.05; RR = 0.97; 95% CI = 1.32 – 0.71; χ^2 = 0.02; r++ = 0.01]; 7) GU 3.8% and 96.2% [P<0.05; RR = 0.39; 95% CI =

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0.96 – 0.16; $\chi^2 = 3.6$; r++ = 0.07]; 8) AS 8.8% and 91.2% [P>0.05; RR = 0.91; 95% CI = 1.11 – 0.78; $\chi^2 = 0.32$; r++ = 0.02]; 9) AG 12.6% and 87.1% [P < 0.05; RR = 1.12; 95% CI = 1.66 – 1.21; $\chi^2 = 12.8$; r++ = 0.12]; 10) RIXO 20.6% and 79.1% [P<0.05; RR = 2.55; 95% CI = 3.16 – 2.06; $\chi^2 = 0.31$; r++ = 0.02]; low physical activity 11.6% and 85.1% [P<0.05; RR = 1.69; 95% CI = 2.10 – 1.36; $\chi^2 = 15.1$; r++ = 0.11]; 12) smoking 1.9% and 98.1% [P<0.05; RR = 0.19; 95% CI = 0.73 – 0.05; $\chi^2 = 5.7$; r++ = 0.8]; 13) SII (alcohol consumption) 11.8% and 88.2% [P>0.05; RR = 1.31; 95% CI = 1.63 – 1.05; $\chi^2 = 5.1$; r++ = 0.08]; 11) MSEIQm 9.7% and 90.3% [P<0.05; RR = 1.06; 95% CI = 1.39 – 0.80; $\chi^2 = 0.17$; r++ = 0.01]; 15) MS 17.0% and 83.0% [P<0.05; RR = 2.01; 95% CI = 2.50 – 1.62; $\chi^2 = 20.6$; r++ = 0.16];

Conclusion: Thus, in our study, it was found that the prevalence of risk factors of CKD was statistically significantly higher in the population of individuals who worked in leadership positions than in the population of long-lived people who worked in various positions.

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