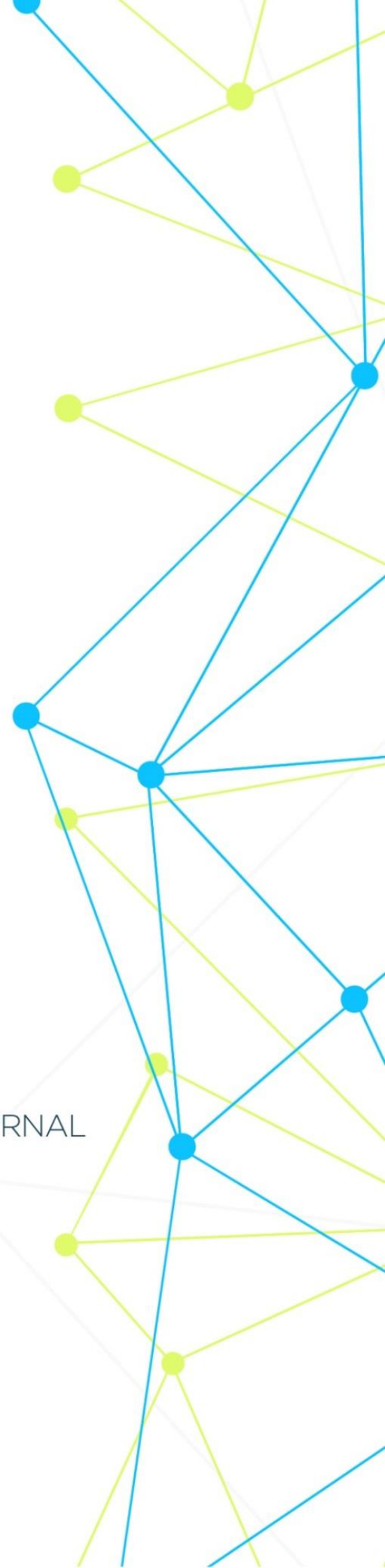


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ANALYSIS OF THE STUDY OF THE CHARACTERISTICS OF THE DETECTION OF PREMIPERATING AND ARTERIAL HYPERTENSION, DEPENDING ON SOME SOCIAL FACTORS

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Abstract: In this article the analysis of the detection as prehypertension and hypertension depending on the major risk factors. Acting on risk factors, we contribute to the prevention of damage to target organs, leading to the development of high blood pressure. It is of great importance in the prevention of cardiovascular diseases and their complications.

Keywords: prehypertension, hypertension, risk factors, population.

Relevance

In recent years, the rapid increase in the number of people of different ages with blood pressure levels reaching values close to borderline, the so-called prehypertension (the level of blood pressure (BP) within the normal range, but higher than the optimal normal pressure), has shown the relevance and necessity of studying this situation. The efforts of modern preventive cardiology are aimed at studying and finding ways to solve the problem of prehypertension. Currently, prehypertension (PR) is studied in many countries and is considered as an independent risk factor for the development of cardiovascular complications. According to many studies, it has been found that people with high and normal levels of normal blood pressure for 4-6 years have a 2-fold increased risk of developing true arterial hypertension. In addition, the risks are much more aggressive in the zone of high normal pressure in the zone of high normal pressure. comparison with normal blood pressure, as well as when combining prehypertension with other risk factors [5].

As it turned out, the prognosis of a patient with high blood pressure is influenced, on the one hand, by well-studied and known risk factors, on the other hand, by lesions of target organs. That is, in order to control and prevent an increase in blood pressure, when stratifying the patient's risk, there are two possible approaches - the isolation of patients with both risk factors, their combination and correction of it, and with damage to the cardiovascular system and its active therapy.

According to numerous sources studying this problem, it is emphasized that the criteria for high blood pressure are quite significantly conditional, since there is a direct relationship between the level of blood pressure and the risk of cardiovascular

diseases, starting with a systolic blood pressure level of more than 115 mm Hg. art. and diastolic blood pressure of more than 75 mm Hg. art. [2].

The aim of the study: Based on the above, we conducted a study to study the prevalence of some modifiable risk factors for prehypertension and hypertension (AH).

Material and methods

The material for this study was the results of a one-time epidemiological study of random representative samples from an unorganized male and female population aged $\geq 15-70$ years living in Andijan.

Result and discussion

When analyzing the comparative characteristics of the detection of PrG and hypertension among the surveyed population depending on living conditions (Table 1), we found that in the group of the population with satisfactory living conditions, the frequency of high blood pressure (PAD) is 44.9% (28.5% of PrG and 15.9% of hypertension, $P < 0.05$), among persons with good conditions - 47.9% (27.9% of PrG and 20.0% of hypertension, $P > 0.05$) and in the presence of poor living conditions - 23.1% (14.3% PrG and 8.8% hypertension, $P < 0.05$).

Table 1.

Comparative characteristics of the detection of PrG and hypertension in the population of $> 15-70$ years of age, depending on living conditions

Characteristics of living conditions	n	High blood pressure				Statistics of difference by t-criterion (P)		
		PrG (1)		AG (2)		P<0.05	P<0.01	P<0.001
		There are prg n (%)	No PrG n (%)	There is an AG n (%)	No AG n (%)			
Satisfying	207	59 (28,5)	148 (71,5)	33 (15,9)	174 (84,1)	1-2	-	-
Good	305	85 (27,9)	215 (71,2)	61 (20,0)	244 (80,0)	-	-	-
Bad	91	13 (14,3)	78 (85,7)	8 (8,8)	83 (91,2)	1-2	-	-

In general, the data obtained indicate that with the deterioration of the living conditions of the surveyed, the frequency of PAD increases to 67.5% compared with the PAD indicators in the group of persons with good living conditions (47.9%), that is, almost 1.5 times ($P < 0.05$).

Table 2 presents data on the comparative characteristics of PrG and hypertension among the surveyed population, depending on educational status.

Table 2.

Detection of PrG and hypertension in a population of $> 15-70$ years of age, depending on the educational status

Educational status	n	P's t-criterion
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Surveyed		PrG (1)		AG (2)		(P)		
		There are prg n (%)	No PrG n (%)	There is an AG n (%)	No AG n (%)	P<0.05	P<0.01	P<0.001
Higher	133	46 (34,6)	87 (65,4)	23 (17,3)	110 (82,7)	1-2	-	-
Unfinished higher education	128	8 (28,6)	20 (71,4)	1 (3,6)	27 (96,4)	-	-	1-2
Full intermediate or special	383	97 (25,4)	286 (74,6)	78 (20,4)	305 (79,6)	-	-	-
Junior High School	52	6 (11,6)	46 (88,4)	0 (0,0)	52 (100,0)	-	-	1-2
Initial	4	0 (0,0)	4 (100,0)	0 (0,0)	4 (100,0)	-	-	-
Has no education	3	0 (0,0)	3 (100,0)	0 (0,0)	3 (100,0)	-	-	-
Low Educational Status (FNL)	59	6 (10,3)	53 (89,7)	0 (0,0)	59 (100,0)	-	-	1-2

Obviously, in the presence of NOS, the detectability of PrG increases to 10.3%; and with hypertension - such a dependence is not traced (0.0%).

Depending on the degree of educational status, the frequency of PrG and AG among the surveyed was, respectively: among persons with higher education - 34.6% and 17.3% (P<0.05), in the presence of incomplete higher education - 28.6% and 3.6% (P<0.001), persons with complete secondary or special education - 25.4 and 20.4% (P>0.05) and those surveyed with incomplete secondary education - 11.6% and 0.0% (P <0,001). Among persons with primary education or without education - cases of PrG and HYPERTENSION are not registered (0.0%).

Table 3 presents a comparative characteristic of the detection of PrH and hypertension in the population of $\geq 15-70$ years, depending on professional activity.

Table 3

Resource requirements by component

Comparative characteristics of the detection of PrG and hypertension in the population of $\geq 15-70$ years of age, depending on professional activity

Characteristics of the marital status of the surveyed	n	High blood pressure				Statistics of difference by t-criterion (P)		
		PrG (1)		AG (2)		P<0.05	P<0.01	P<0.001
		There are prg n (%)	No PrG n (%)	There is an AG n (%)	No AG n (%)			
Work	132	102 (77,3)	30 (22,7)	71 (53,8)	61 (46,2)	1-2	-	-

Entrepreneurs	166	26 (15,7)	140 (84,3)	6 (3,4)	160 (96,3)	-	-	1-2
Unemployed	301	29 (9,7)	272 (90,3)	25 (8,4)	276 (91,6)	-	-	-
Unfavorable social status	6	4 (66,7)	2 (33,3)	3 (50,0)	3 (50,0)	1-2	-	-

As can be seen from the data presented in Table 2, the detectability of high blood pressure (PAD) varies significantly depending on the type of professional activity and is: for workers an average of 65.6% (77.3%, PrG and 53.8% of hypertension, $P < 0.05$), for entrepreneurs - 19.1% (15.7% of PrG and 3.4% of AG, $P < 0.001$), for unemployed - 18.1% (9.7% of PrG and 8.4% of hypertension, $P > 0.05$) and for persons with disabilities in social status (NBSS) - 58.4% (66.7% PrG and 50.0% AG, $P < 0.05$).

In the greatest extent of cases, PrG and hypertension are associated with NBSS, PAD with high frequency are determined in the group of the worker population and a significantly greater number of persons with prehypertension than hypertension.

Thus, the noted shifts in the epidemiological indicators of PrG and hypertension, depending on the educational status or housing conditions, suggest their participation in the processes of formation of population mechanisms of high blood pressure.

Conclusions

Based on the results obtained, it can be concluded that not only the risk factors themselves, but also the relationships between them are quite complex. Many of them contribute not only to the development of secondary risk factors, but also increase the negative impact on the health of existing ones, exacerbating their impact. For example, persons with prehypertension in the absence of other risk factors and depending on the level of blood pressure are classified as low or medium risk, and persons with prehypertension in combination with other factors are classified as high risk, where the risk of cardiovascular morbidity and mortality increases. Thus, the results obtained can serve as real criteria for early diagnosis, scientifically based primary and secondary prevention against behavioral risk factors can prevent or stop the epidemic of prehypertension, and therefore arterial hypertension or its complication among the population, that is, simple changes in behaviour and lifestyle can go a long way toward preventing dangerous cardiovascular complications and improving public health.

This must be taken into account when carrying out preventive work, which will undoubtedly reduce the number of patients with hypertension, and therefore improve the quality of life of patients.

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