THE STUDY OF ADHERENCE TO THERAPY IN PATIENTS WITH HYPERTENSION
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The aim: to investigate the effectiveness of treatment of patients, depending on adherence to therapy.

Materials and Methods: We examined men and women with hypertension Stage 2, Stage I and II degree, the initial examination conducted 2 Department of Cardiology Clinic Tashkent Medical Academy, followed by outpatient counseling in the clinic. 28 patients with an average age of 48.3 ± 3 treatment was analyzed. Then carried out a comparative analysis of drug and non-drug treatment based on adherence to therapy. We used the sociological method using designed questionnaires. Studied the main factors of adherence to therapy. We used the sociological method using designed questionnaires. Studied the main factors of adherence to treatment in patients with hypertension.

Results: Permanent treatment was performed only in 16% of patients with hypertension. Patients exposed diagnosis prescribed treatment of hypertension and of them from 18do 60% of patients within one year to discontinue antihypertensive drugs, and among those who continued to be treated, most often to skip the next dose. Women were more committed to the therapy than men. There is also a commitment to the treatment improved with age. Younger took drugs on a case by case basis. Patients diagnosed with early hypertension are more likely to stop treatment, compared with patients in whom the diagnosis is made for a long time. Increased frequency of discontinuation of treatment in the early stages of the disease was due to a good state of health of patients and not enough explanation of the risk of a physician for cardiovascular and cerebrovascular complications. Not all patients was explained by blood pressure control level.

Conclusions: On adherence to treatment of hypertension affects many factors-social, behavioral, cognitive. Successful treatment of the disease requires the close cooperation of the doctor and the patient. Regular blood pressure measurement by the patient or family at home also improves adherence to treatment.

NEUROCIRCULATORY DYSTONIA AND IRRITABLE BOWEL SYNDROME IN YOUNG AGE PATIENTS - CLINICAL PICTURE OF THE COMORBID PATHOLOGY AND INTERDISCIPLINARY RELATIONSHIP
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Actuality: Irritable bowel syndrome (IBS) and neurocirculatory dystonia (NCD) are the most common outpatient therapeutic diseases. IBS and the NCD can not be considered exclusively gastrointestinal disorders or disorders of the cardiovascular system or nervous system disease in the classic sense. These diseases are considered as a complex psycho-neurotic and somatoform disorders. The pathogenetic similarity contributes to a significant expression of the IBS in patients with NCD - 39% of cases. On the other hand, in patients with IBS symptoms of NCD appear in 75% of cases. Thus, the combination of IBS and NCD is a combination of two chronic functional diseases with similar pathogenesis, psychoneurotic and visceral presence of clinical manifestations, which do not affect on life expectancy, but significantly impairs quality of life.

Objective: Investigation of the clinical features of IBS in young patients with NCD.

Materials and methods: 32 patients with IBS (9 men and 23 women) on the background of NCD were examined in outpatient conditions. The age of patients was from 20 to

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Objective: Pseudonormal and restrictive diastolic pattern of mitral inflow were associated with dilatation and cardiac mortality in first year after acute myocardial infarction (AMI). Metabolic syndrome including arterial hypertension which is one of the components of this disorder before the acute coronary event is known to be a factor linked to an increased enddiastolic pressure.

Purpose of the study: to find a correlation between echocardiographic parameters of filling pressure at discharge and pattern of mitral inflow at one year after AMI in hypertensive patients with metabolic syndrome (MS).

Matherials and methods: A number of 42 hypertensive patients with MS (26 males and 16 females), admitted with acute myocardial infarction with ST-segment elevation were found in hypertensive patients with MS with LVH and without reperfusion. A clear link between the deterioration of the condition of the bowel (IBS) and an increase in expressivity cardiovascular manifestations (NCD) was found in the patients in group I: 14 (77.8%) patients reported a combination of abdominal pain with palpitations, irritability, hot flashes. Only 6 (42.9%) patients of group II reported on the relationship between symptoms of IBS and symptoms of NCD. This difference between the groups of patients were significant (df = 1, x² = 4.097, p = 0.043). Stress situations as exacerbation factor trigger of IBS indicated 12 (66.7%) patients in group I and 6 (42.9%) patients in group II. However, the difference in this index between the groups were not significant - df = 1, x² = 1.814, p = 0.178.

Conclusions: The highest mean values of echocardiographic parameters involved in evolution of diastolic dysfunction in hypertensive patients with metabolic syndrome and acute myocardialinfarction

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ECOCARDIOGRAPHIC PARAMETERS INVOLVED IN EVOLUTION OF DIASTOLIC DYSFUNCTION IN HYPERTENSIVE PATIENTS WITH METABOLIC SYNDROME AND ACUTE MYOCARDIAL INFARCTION

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