**CARDIOVASCULAR RISK FACTORS IN ELDERLY PATIENTS**

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**Introduction.** In the middle of the last century the structure of morbidity and mortality has dramatically changed. Mass deaths from infectious diseases were replaced by an increase of mortality from diseases of cardiovascular system, which became an epidemy in the developed countries. A sedentary lifestyle, overeating, excess of information and frequent emotional stress dramatically changed the habitat of modern people, that had a negative effect on their health. All it has led to appearance of diseases associated with severe metabolic disorders and disorders of the cardiovascular and central nervous systems. Arterial hypertension (AH) is multifactorial disease. Timely detection and elimination of risk factors related to lifestyle, such as smoking, physical inactivity, irrational nutrition, obesity, dyslipidemia as well as risk stratification, individual approach to the therapy of hypertension and determination of prognosis in a particular patient will be able to significantly improve the efficiency of treatment and prevention.

**The aim** of our research is to determine modified cardiovascular risk factors in hypertensive elderly patients.

**Materials and methods**. 74 patients with hypertension I-III degree from 60 to 74 years (average age 64.63 ± 0.68 years) were included to our study. All patients underwent a complete clinical examination with a measurement of the anthropometric parameters. Obesity was detected using body mass index. We used the waist-hip ratio to determine the type of fat distribution. Central (abdominal) obesity was determined according to the criteria recommended by the NCEP ATP III (2001). In order to identify the main modified risk factors we conducted a survey of patients we used an in-house developed questionnaire. Among the nutritional factors a special attention was paid to salt and alcohol consumption.

**Results**. Obtained data showed the percent patients with overweight and obesity (39.2% and 45.9%, respectively) was significantly higher than the percent of patients with normal body weight which amounted to 14.9% (p˂0.001 in both cases). Abdominal type of fat distribution, which contributes to formation or progression of already existing metabolic syndrome dominated (51.3%) over intermediate and ginoid type of fat distribution (27.1% and 21.6% respectively) in this patients. Central obesity according to NCEP ATP III criteria was detected in 93.2% of patients. Analysis of anamnestic data showed that only 8.1% of patiens had regular exercises (morning exercises, walking 3 km/day). In 51.3% of patients exercises had seasonal character (work on a plot of land). 40.5% of patients had excessive salt intake, 60.8% of the patients drnd ank alcohol moderatly, 2.7% of patients were smoked. Moreover 50% of patients had frequent 8.1% of the persons had constant emotional stress.

**Conclusions.** Most of elderly patients with hypertension had obesity, abdominal type of fat distribution and central obesity according to NCEP ATP III criteria. Low physical activity, excessive salt intake, and frequent emotional stress were common among the patients.