**RISK FACTORS ASSOCIATED WITH THE INCREASING OF CARDIOVASCULAR DISEASES**

**PODPRYADOVA A.A.**

**Assistant of Department of Social Medicine, Organization and Economics of Public Health**

**PAVLICOVA A. A.**

**Student of Medical faculty**

*Kharkov National Medical University*

*Kharkov, Ukraine*

Under forecasts of World Health Organization’s (WHO) experts, by 2020, the significant changes in the structure of morbidity and mortality will occur. It is expected that the first place as a cause of invalidity and death among the population will occupy the ischemic heart disease, especially myocardial infarction [1]. The most important behavioral risk factors of heart disease are age, physical inactivity, tobacco use and harmful use of alcohol, unhealthy diet, raised blood lipids, raised blood pressure, raised blood glucose, overweight and obesity, stress and genetic [2].

It was found that smoking increases mortality from myocardial infarction by 50%, and the risk increases with increasing age and the number of cigarettes smoked. Smoking has a very harmful effect on the cardiovascular system. Contained in tobacco smoke, nicotine, carbon monoxide, benzene, ammonia cause tachycardia, arterial hypertension. Passive smoking also contributes to increased mortality from coronary heart disease. On average, smoking shortens life by seven years [3].

Raised blood pressure. Hypertrophy. of the left ventricle as a consequence of hypertension is an independent strong prognostic factor of mortality from coronary disease [4].

Raised blood lipids. Elevated serum cholesterol levels (more than 5 mmol /l, or more than 200 mg / dl) are always associated with an increased risk of myocardial infarction. It is proved that an increase of cholesterol by 1% increases the risk of myocardial infarction and other cardiovascular diseases by 2-3% [5].

Diabetes is another major risk factor of cardiovascular diseases . Diabetes is defined as having a fasting plasma glucose value ≥ 7.0 mmol/l (126 mg/dl). Impaired glucose tolerance and impaired fasting glycaemia are risk categories for future development of diabetes and cardiovascular diseases [6].

Obesity is a growing health problem in both developed and developing countries. Prospective epidemiological studies have shown a relationship between overweight or obesity and cardiovascular morbidity. Obesity is one of the risk factors for the development of myocardial infarction. Excess body weight increases the burden on the heart. Among obese people, hypertension and diabetes are much more common, which are also risk factors of myocardial infarction [7].

Cardiovascular diseases are a global health problem all over the world. The need of the hour is not only the improvements in existing heart remedies and surgical methods but also to extend preventive measures such as improved life style, healthy food, corporate health protection initiatives, health wellness programs to full effect to combat cardiovascular diseases. At the individual level, a change in the dietary and lifestyle practices which include healthy food habits, physical activity and methods of distressing would help in preventing delaying the onset of the risk factors associated with cardiovascular health [8].

 References:

1. Westin L., Nilstun T., Carlsson R., Erhardt L.: Patients with ischemic heart disease: quality of life predicts long-term mortality. Scand Cardiovasc J. Apr; 39 (1-2): 50-4, 2005.
2. Conti C.R. – Amer. Heart. J.,2004, 193 p.
3. World Health Organization (2009) Global health risks: Mortality and burden of disease attributable to selected major risks. Geneva.
4. Guidelines for assessment and management of cardiovascular risk. Geneva, WHO, 2007.
5. World Health Organization. Diet, nutrition and the prevention Report of a joint WHO/FAO expert consultation. Geneva, WHO, 2003.
6. Finucane MM, Stevens GA, Cowan MJ, Danaei G, Lin JK, et al. (2011) National, regional, and global trends in body-mass index since 1980: Systematic analysis of health examination surveys and epidemiological studies with 960 country-years and 9.1 million participants. Lancet 337: 557-567.
7. Ezzati M, Lopez AD, Rodgers A, Vander Hoorn S, Murray CJ; Comparative Risk Assessment Collaborating Group (2002) Selected major risk factors and global and regional burden of disease. Lancet 360: 1347-1360.
8. Government of Great Britain. Obesity: Third report of session 2003-2004. Volume 1: Report, together with formal minutes. Document HC 23-1. London, House of Commons, 2004