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SILENT MYOCARDIAL ISCHEMIA ASSOCIATED WITH LONG TERM RISK OF HEART FAILURE & SUDDEN CARDIAC DEATH

Introduction: Silent myocardial ischemia (SMI) is a manifestation of coronary artery disease in which persons have episodes of myocardial ischemia that are not accompanied by chest or anginal pain. An asymptomatic form that may damage the heart muscle. Myocardial ischemia without accompanying signs or symptoms of angina pectoris could be detected by electrocardiography, laboratory techniques, and specific procedures. Painless myocardial ischemia is caused by abnormal handling by the central nervous system of afferent messages from the heart. Another area of investigation suggests that silent ischemia may be due to cerebral cortical dysfunction, further population at risk patients with Coronary Artery Disease (CAD) – Post Myocardial Infarction(MI), Post Percutaneous Coronary Intervention(PCI), Post Coronary Artery Bypass Grafting(CABG) & without CAD - Diabetes, Peripheral Vascular Diseases(PVD), Strokes, Heavy Smoker, Long term Alcohol abuse, Senility, Sedentary Lifestyle.

Aim: The purpose of this study was to examine the association of SMI and clinically manifested myocardial infarction (CMI) with Heart Failure & Sudden Cardiac Death, as compared with patients with no MI & at-risk patients.

Materials and methods: This analysis included 9,243 participants from the ARIC (Atherosclerosis Risk in Communities) study who were free of cardiovascular disease at baseline, (VISIT 1). SMI was defined as electrocardiographic evidence of MI without CMI after the baseline, (VISIT 2). HF events were ascertained starting from ARIC (VISIT 3,4) individuals free of HF before that visit. The hypothesis tested the Sudden Cardiac Death (SCD), was SMI would be prevalent in the population who had had SCD with CAD, and it might be detected or suspected from findings on ECGs prior to death in many individuals.

Results: Between ARIC VISITS 1 and 4, 305 SMIs and 331 CMIs occurred. The incidence rate of HF was higher in both CMI and SMI participants than in those without MI. In a model adjusted for demographics and HF risk factors. A majority of patients between the ages of 25 and 60 years without an initially apparent cause of SCD were found to have had a significant CAD at autopsy, including old, undetected MI. Both SMI (hazard ratio [HR]: 1.35; 95% confidence interval [CI]: 1.02 to 1.78) & CMI (HR: 2.85; 95% CI: 2.31 to 3.51) were associated with increased risk of HF compared with no MI. These associations were consistent in subgroups of participants stratified by several HF risk predictors. However, the risk of HF associated with SMI was stronger in those younger than the median age (53 years) (HR: 1.66; 95% CI: 1.00 to 2.75 vs. HR: 1.19; 95% CI: 0.85 to 1.66, respectively; overall interaction p by MI type <0.001).

Conclusion: SMI is associated with an increased risk of HF & SCD. Future research is needed to examine the cost effectiveness of screening for SMI as part of HF risk assessment, and to identify preventive therapies to improve the risk of HF among patients with SMI. SMI with sudden death can occur in young patients and in patients without known risk factors such as a positive family history, regular cigarette smoking, or use of vasoconstrictive drugs. Further autopsy studies on SMI in young individuals are encouraged, and clinical awareness of the condition is mandatory in early intervention to at its best to avoid a fatal outcome of the disease.

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FUNCTIONAL DISORDERS OF THE GASTROINTESTINAL TRACT AND THEIR PREVALENCE BETWEEN THE STUDENTS OF KNMU

Introduction: Functional gastrointestinal disorders – are the "problem of the third millennium." These diseases are found in an average of 30-70% of the world's population, with representatives of different ethnic and age categories, men and women.

Purpose of study: To investigate the prevalence of functional disorders such as: 1. Functional dyspepsia (FD); 2.Gastroesophageal reflux disease (GERD); 3. Irritable bowel syndrome (IBS) among the students of KNMU.