ELDERLY PATIENTS WITH ESSENTIAL HYPERTENSION IS A SPECIAL GROUP OF MEDICAL AND SOCIAL RISK

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Essential hypertension (EH) is the most common chronic non-infectious disease and it require lifelong treatment. High blood pressure (HBP) is registered in 50-70 % of the elderly. Ultra-wide prevalence of EH in the elderly population, and the high risk of disabling and fatal cardiovascular events determine interest in a detailed study of the disease and the coverage of all the possible etiopathogenetic units. Today, the participation of social factors in the mechanisms of formation and progression of hypertension is not disputed.

Social factors of cardiovascular risk high in older persons are chronic stressors. A group of these factors include the problem of marital status, low social support, low socio-economic status (education, occupation, financial prosperity), social isolation etc.

Marriage – one of the most powerful defense mechanisms of social support for any person(patient or healthy. Widowhood, on the contrary, is an acute life event. The mortality from cardiovascular diseases in men widows group is much higher than that of the same age married. The duration of widowhood also has an important role. The probability of cardiovascular death in widow is the highest level in the first five years after the loss of a partner.

Financial prosperity also defines life satisfaction and confidence in the future elderly persons. Elderly patients have significantly fewer financial resources compared with those of working age. Half of elderly patients with EH identified themselves as low-income persons. Often older people can not receive the necessary social and medical services due to the low incomes. The negative relationship between cardiovascular disease, including EH, and socioeconomic status of patients was identified in population studies.

Social isolation is a proven factor in worsening of EH and increasing of cardiovascular morbidity and mortality. Exclusion of an elderly patient from active life have a negative affects both the level and the ability to control blood pressure. Elderly people have to balance autonomy, independence and security. Elderly people should feel their importance for the family. Population studies have shown a low estimate of the health status of patients with EH if they meet with their children at least once a month or less. The most positive assessments provide elderly people who are able to communicate with their children every day.

Thus, elderly patients with EH represent a large group of medical and social risk. Observation of old patient ceases to be only medical aspects of the activities of a doctor and it acquires social significance.