Valeology: International Journal of Medical Anthropology and Bioethics
(ISSN 2995-4924) VOLUME 02 ISSUE 05, 2024

Myocardial Infarction as a Medical and Social Problem of the XXI Century

Rahmatova Dilbar Bahridinovna
Bukhara State Medical Institute Abu Ali ibn Sino Department of Internal Medicine
e-mail: rahmatovadilbar19@gmail.com
orcid.org/0000-0002-7321-3248

Abstract:

Myocardial infarction (MI) is one of the main causes of mortality and disability. Late diagnosis, emergency care and secondary prevention have an impact on its course and outcome. Despite the decrease in inpatient mortality, survival remains low, and heart failure and arrhythmias often develop after a heart attack. and smoking. An increase in the age of patients affects the prevalence and outcome of infarction. Secondary heart attacks are more common in elderly patients. Cardiac rehabilitation significantly improves the quality of life after a heart attack. The quality of life in patients with recurrent infarctions is significantly lower, especially in the presence of heart failure.

Keywords: myocardial infarction, mortality, disability, diagnosis, prevention. quality of life, risk factors.

Introduction

Topicality. Myocardial infarction (MI) is indisputable and is determined by the trend towards an increase in the morbidity and mortality of persons with acute and chronic forms of coronary heart disease in most countries of the world, which is associated with an increase in the main risk factors for atherosclerosis, including psychosocial ones. MI is one of the most common causes of mortality and disability up to disability [1,2,4]. The unfavorable course of MI and the development of a number of life-threatening complications are due, as a rule, to late diagnosis (referral), the timing and volume of emergency care and admission to a specialized hospital, the quality and completeness of secondary prevention, the presence of anxiety-depressive disorders (TDD), acute psychoses (OP), as well as the lack of rational constant medical and psychological monitoring of post-infarction patients (PC) throughout their subsequent lives[3,29,20].

Despite the decrease in inpatient mortality in MI, survival remains low; The annual mortality rate is about 5%. In addition, about 27–60% of patients with MI develop heart failure in the near or later terms, and 74–95% are diagnosed with various forms of ventricular arrhythmias. That is why post-hospital rehabilitation of patients with MI is important [5,19].

Among the studied housing, family and behavioral RFs, the greatest prognostic significance for the development of MI is unsatisfactory housing conditions, tense family relationships, low per capita income in the family, smoking for more than 5 years, regular smoking and frequent beer consumption. The above-mentioned RFs of the development of MI should be taken into account when conducting screening studies and preventive examinations of the population [6,20].

Over the past 30 years, the demographic situation in Tomsk, as well as in the Russian Federation as a whole, has changed significantly, and this is manifested by a significant aging of the population, which resulted in a significant increase in the age structure of patients with AMI in elderly and senile patients [7,8,9]. It is this factor, in our opinion, that mainly influenced the prevalence, course and outcome of AMI. The increase in the age of patients has also led to an increase in the proportion of pensioners in the social structure of patients with AMI, as well as to an increase in the number of cases of the disease registered in non-core hospitals [10,11,26].

The study of the medical and social characteristics of patients depending on the type of MI showed that individuals with recurrent MI are older than patients with primary MI, which led to a shift in the age structure towards the retirement and senile age groups [12,27,30]. There are more men among patients with both primary and repeated MI. In the structure of causes of death, diseases of the circulatory system are in the lead, especially in the group with repeated MI. The greatest risk of death occurs in the first year after the onset of MI, which is consistent with the literature. In general, there were differences in long-term survival with worse outcomes among patients with recurrent MI than with primary MI [13,14,28].

Aimed at studying the dynamics of the quality of life of patients hospitalized for ACS with emergency PTKA and CA stenting. According to the results of our study, it is obvious that a cardiac rehabilitation program carried out in full definitely significantly improves the quality of life. The results of this study correspond to the results of domestic and foreign researchers [15,16,18,29].

The quality of life of patients associated with HF is significantly lower in patients with recurrent lesions in both the acute and subacute periods of the disease compared to the control group [17,20,21,22]. The most pronounced negative effect on this indicator in the study group is exerted by an unfavorable prognosis, the depth and sequence of lesions (repeated MI), the presence of LH at the end of the subacute period of the disease [23,24,25].

Conclusion: Myocardial infarction is one of the most serious diseases of the circulatory system, which significantly worsens the prognosis of life and is characterized by high mortality. The reasons for the high morbidity of the population are of concern to the minds of scientists in many countries. Most often, the high level of morbidity of the population is directly associated with the state of the health care system. Data on the differences between countries in the level of morbidity are given with reference to the fact that it is determined by the system of organization health care and its financing system. However, there are other opinions. According to a number of scientists, the morbidity of the population is influenced by a complex set of interrelated factors, including the socio-economic state of society and incomes of the population, socio-psychological and behavioral characteristics of patients and other factors.

References

1. Alikhanova K.A., Omarkulov B.K., Abugalieva T.O., Zhakipbekova V.A. // Study of the prevalence of diseases of the cardiovascular system among the population of the Karaganda region. // Fundamental research. 2013. No. 9-5. pp. 804-809.
2. Belyaev A.A., Kotova O.V., Akarachkova E.S., Artemenko A.R. // Chest pain: focus on non-cardiac cardialgia // RMJ "Medical Review" No. 11 of 12/25/2018 pp. 9-14
3. Bolotnova T.V., Yusupov A.R., Kuimova Zh.V., Filonova M.V. // Risk factors for cardiovascular complications in patients older than 60 years. // Tyumen medical journal. 2014. T. 16. No. 2. pp. 11-12.
4. Garganeeva A.A., Kuzheleva E.A., Borel K.N., Parshin E.A. // Atypical course of acute myocardial infarction: clinical and anamnestic characteristics of patients, management tactics and outcomes (according to the "Register of acute myocardial infarction"). // Cardiovascular therapy and prevention. 2016. V.15. No. 4. pp.10-15.
5. Garganeeva A.A., Tukish O.V., Kuzheleva E.A. // Long-term survival of elderly and senile patients after myocardial infarction, depending on the tactics of management in the acute period of the disease. // Successes of gerontology. 2017. No. 5.709-715 pages.
6. Zhuraeva H.I. Relationship between myocardial infarction and metabolic syndrome //Biology and Integrative Medicine. - 2019. - no. 4 (32). - S. 66-77.
7. https://doi.org/10.15829/1560-4071-2015-11-70-74
8. Kozik V. A. // Acute myocardial infarction with ST segment elevation: risk markers and outcomes // Abstract of the dissertation for the degree of Candidate of Medical Sciences Novosibirsk - 2019, 22 pages
9. Kuzmichev D.E., Viltsev I.M., Chirkov S.V., Skrebov R.V. // Difficulties in diagnosing recurrent myocardial infarction in clinical practice // Problems of expertise in medicine, 2014, 44-45pages
10. Kurbanov R.D., Nikishin A.G., Pirnazarov M.M., Khasanov M.S., Nurbaev T.A., Yakubbekov N.T., Abdullaeva S.Ya. // Prognostic value of the results of laboratory and instrumental diagnostics in patients with acute myocardial infarction against the background of diabetes mellitus. // Eurasian Journal of Cardiology. 2013. No. 2. pp. 27-35.
11. Mavlonov N.Kh. The prevalence of chronic non-communicable diseases among the unorganized population of elderly and senile age // New day in medicine. - 2020. - no. 4. - pp. 657-663.
12. https://doi.org/10.15829/1728-8800-2012-2-53-56
13. Nikishin A.G., Pirnazarov M.M., Yakubbekov N.T., Abdullaeva S.Ya., Khasanov M.S. et al. // Predictive role of spectral parameters of heart rate variability in patients with acute myocardial infarction on the background of diabetes mellitus. // Medical news. 2016. No. 1 (256). pp. 63-66.
14. https://doi.org/10.17802/2306-1278-2016-3-
15. https://doi.org/10.17802/2306-1278-2016-1-55-59
16. Panteleev M.A., Ataullakhanov F.I. // Blood coagulation: biochemical bases// Journal of Clinical oncohematology. Basic Research and Clinical Practice 2008
17. https://doi.org/10.18087/cardio. 2640
18. https://doi.org/10.17802/2306-1278-2016-4-66-72

19. Rakhmatova D.B. // Analysis of the risk factors of Chd in persons over 60 years among the population of the city of Bukhara. // Asian studies. India. 2019, No. 1. 33-38 pages
20. Rakhmatova D.B. // «Main» Symptoms and leading clinical options for the flow of acute coronary syndromes in women // Rakhmatova D.B. // Asian Journal of Multidimensional Research (AJMR)19, Volume: 8, Issue:11. page 69-74. DOI: 10.5958 / 2278-4853.2019.00307.0
21. M. Ya. Ruda, S.P. Golitsyn, N. A. Gratsiansky, A. L. Komarov, E. P. Panchenko, I. I. Staroverov, S. N. Tereshchenko, and I. S. // Diagnosis and treatment of patients with acute myocardial infarction with ST segment elevation ECG Diagnosis and treatment of patients with acute myocardial infarction with ST segment elevation ECG // Recommendations published in the journal "Cardiovascular Therapy and Prevention" 2007; 6 (8), 415-500 pages
22. Ryzhova T.A. // Features of the course of myocardial infarction in women of elderly and senile age. // Abstract. dis. for the competition academic step. cand. honey. Sciences. Kemerovo, 2013 - 26 p.
23. Tukish O.V., Okrugin S.A., Yunusova E.Yu., Efimova E.V., Garganeeva A.A. acute myocardial infarction" //Advances in gerontology. 2016. V. 29. No. 1. 123–127 pages.
24. https://doi.org/10.15829/1560-4071-2018-5-21-26
25. https://doi.org/10.15829/1560-4071-2012-1-133-137
26. Shu-Yun Xu, Fong-Lin Chen, Yung-Po Liau, Jing-Yang Huang, Oswald Ndi Nfor, Dei-Yu Chao // A Matched Influenza Vaccine Strain Was Effective in Reducing the Risk of Acute Myocardial Infarction in Elderly Persons: A Population-Based Study// Medicine (Baltimore), 2016 Mar; Vol. 95 (10), pp. e2869;
27. Bahriddinovna R. D., Khasanbaevich T. K., Khalimovich M. N. Features of the Frequency of Acute Myocardial Infarction among the Inorganized Population of the Elderly and Old Age //International Journal of Modern Agriculture. – 2021. – T. 10. – №. 1. – P. 995-1004.
28. Mamasaliev Nematjon Salievich, Mavlonov Namoz Halimovich, Tairov Maksud Sharifovich, Rakhmatova Dilbar Bahritdinovna. (2021). Gerontological and Geriatric Aspects of Prevention of Non-Communicable Diseases: Current Problems from the Data of Epidemiological Situations in the World. *Annals of the Romanian Society for Cell Biology*, 5162–5171.
29. Rakhmatova D. B. Scientific and practical significance of acute myocardial infarction among the population of elderly and old age //Globalization, the State and the Individual. – 2022. – T. 29. – №. 1. – P. 84-89.
30. Garganeeva A.A., Okrugin S.A., Borel K.N., Tukish O.V. Causes of death of patients with acute myocardial infarction in non-core hospitals. Wedge. honey. 2015; 93 (6): 73—6.