

To Study Modern Methods of Medical Rehabilitation of Patients with Arterial Hypertension

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ABSTRACT

112 patients with arterial hypertension (AH) grade II, II - III were examined. All of them received antihypertensive treatment in accordance with national guidelines. In the control group, 87 patients with arterial hypertension of II degree, II - III risk. They received the same antihypertensive treatment, however, schools of patients with hypertension were performed in polyclinics, where treatment was monitored.

Relevance. According to WHO, arterial hypertension (AH) is the most common manageable factor in cardiovascular morbidity and mortality in most countries of the world. According to the forecasts of European experts, by 2025, 29.0% of men and 29.5% of women in the world will have hypertension. In the Republic of Belarus, the detection rate of people with hypertension increased from 14.1% in 2000 to 21.2% in 2009. Increased blood pressure has a pathological effect on blood vessels and target organs fed by them (brain, heart, kidneys, eyes). It is known that the incidence of death from stroke and coronary heart disease (CHD) increases linearly, starting from a blood pressure level of 115/75 mm Hg. For every 20/10 mm Hg. increase in blood pressure from these figures, the risk of death from cardiovascular diseases increases by 2 times. This determines the high socio-medical significance of measures aimed at reducing blood pressure in the population. The bulk of patients with hypertension (90–95%) are patients with primary (essential) hypertension, the cause of which cannot be established. In the remaining patients (5–10%), a thorough clinical and instrumental examination is used to diagnose a variety of secondary (symptomatic) hypertension, causally associated with a particular disease. Knowledge of the etiology and pathogenesis of various forms of secondary hypertension greatly facilitates the diagnostic search. The social significance of hypertension is due to the high risk of complications (cerebrovascular accident, myocardial infarction and heart failure, renal failure), as well as the inverse relationship between blood pressure values and life expectancy [1].

Currently, 24–31% of the adult population of the Republic of Uzbekistan has high blood pressure (BP). As shown in a number of studies, drug treatment provides a significant reduction in blood pressure and lesions of the cardiovascular system. In addition, the national recommendations for the treatment of this group of patients include a number of non-pharmacological methods of treatment and a number of special measures [2]. Non-drug measures

are aimed at lowering blood pressure, reducing the need for antihypertensive drugs and enhancing their effect, primary prevention of arterial hypertension and associated cardiovascular diseases at the population level. A non-drug BP-lowering program should be recommended to all patients, regardless of the severity of hypertension and drug treatment.

Despite the knowledge of the epidemiology, prevention, clinic and treatment of arterial hypertension (AH), it still remains one of the most urgent health problems for the adult population of economically developed countries. This is due, on the one hand, to the epidemiological nature of the disease, and on the other hand, to the absence of trends in reducing mortality and disability caused by hypertension. Over the past fifteen years, the concept of prevention and treatment of hypertension has changed significantly. New classes of antihypertensive drugs have appeared, the validity of the widespread use of which is argued by their study in accordance with the laws of evidence-based medicine. Significantly expanded the possibilities of diagnostic search for the causes of secondary hypertension. Organizational forms of work with hypertensive population have been improved. However, the scientific and methodological concept and evaluation of the effectiveness of the rehabilitation of patients with AH remains out of due progress in this problem [3].

Rehabilitation in a broad sense is a process, the purpose of which is to prevent disability during the period of treatment of the disease and to a large extent prevent complications and deterioration of health [4]. The need to develop a rehabilitation strategy is supported by the continuing deterioration of the demographic situation in the country with negative population growth and its aging, the lack of a downward trend in mortality, especially in working age, environmental pressure, the constant presence of psycho-emotional stress in society, contributing to the chronicity of pathology and the growth of disability among the population [2]. According to the WHO definition, rehabilitation in cardiology is “a system of measures required both for a beneficial effect on the cause of the disease and for the maximum adaptation of the patient to the conditions of physical, mental and social activity, creating in him a sense of self-confidence and the ability to maintain or restore their life status in society. Rehabilitation should not be considered an independent type of treatment, but it should be integrated into the overall treatment regimen, being one of its integral components [5,6].

Their goal is to reduce salt intake, adequate physical activity, reduce anxiety, correct microcirculation disorders, etc. These data indicate the need for a significant expansion of rehabilitation programs in order to increase the effectiveness of therapeutic measures. It should be noted that the effectiveness of non-pharmacological methods of treatment is currently being carefully analyzed.

The purpose of the study. Determining the effectiveness of rehabilitation schools for patients with arterial hypertension.

Materials and research methods. We examined 112 patients with arterial hypertension of II degree, II - III risk. All of them received antihypertensive treatment in accordance with national guidelines.

Rehabilitation activities included individual schools for patients with arterial hypertension, in which they taught self -measurement of blood pressure, tactics of taking antihypertensive drugs, the adequacy of the performance of physical activity, reducing excess weight, Refusal or reduction in the need for smoking, overcoming stressful situations. Improved lipid profile

In the control group, 87 patients with arterial hypertension of II degree, II - III risk. They received the same antihypertensive treatment, however, schools of patients with hypertension were carried out in polyclinics, treatment control was also performed there, optimization of the load regimen, increased tolerance to physical activity

The duration of treatment for both groups was 1 year. At the end of treatment, not only the level of blood pressure was controlled, but also the number of adverse events (hospitalizations, emergency calls, acute increases in blood pressure, strokes, and myocardial infarctions) [7].

Results. The results of the initial measurement of blood pressure, as well as the results of control after a year, an assessment of the frequency of adverse events (AH) are presented in Table 1.

Blood pressure and the number of adverse events in patients of groups 2

Table 1.

Index	Main group		Control		P <0.05
	Initially	In a year	Initially	In a year	
	1	2	3	4	
SBP (mmHg) C t.)	83.8±3.3	29.6±3.2	85.4±3.2	85.0±3.6	2-4
DBP (mmHg) C t.)	101.7±4.1	110.5±3.2	37.8±5.2	36.5±4.2	2-4
Heart rate (in min)	110.5±4.4	110.6±3.6	74.6±4.2	75.1±3.6	>0.1

Note: Significant changes in blood pressure after one year are underlined (p <0.05). P - significant differences in the control and main groups.

Received The data indicate that in patients with arterial hypertension, individual training schools, a complex of rehabilitation measures, as well as constant monitoring of their implementation, provide a significant reduction in both blood pressure levels and adverse events. In further studies, it is rational to determine the effectiveness of individual measures in individual subgroups of patients [6].

Analyzing the components of the program we proposed, we substantiated its advantages by using a multicomponent drug regimen combined with effective preformed treatment methods, as well as providing more frequent contact with patients (during visits to the day hospital). Daily visits by patients with DS made it possible to carry out effective work to identify and eliminate cardiovascular risk factors and introduce the most important anti-risk factors among them (rational physical activity, the presence of a large amount of fruits and vegetables in the diet, small doses of alcoholic beverages).

To the conclusions:

The addition of antihypertensive treatment with the proposed complex of rehabilitation measures is accompanied not only by a more pronounced decrease in blood pressure, but also by the number of adverse events compared to traditional approaches to treatment.

The system of rehabilitation of patients with arterial hypertension should be wide and multifaceted, including well-chosen, long-term prescribed tablets. antihypertensive drugs, permanent courses of treatment in day hospitals with the use of infusion therapy, non-drug methods of treatment aimed at stabilizing blood pressure and restoring target organs, as well as the rational use of rehabilitation departments of sanatoriums.

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