

An Integrated Approach to the Tactics of Managing Patients with Myocardial Infarction, Taking into Account the Clinical and Functional Assessment of Risk Factors in an Arid Climate Region

Jalolov B. Z., Tashkenbayeva E. N.

Republican Scientific Center for Emergency Medical Aid (RSC EMC) Navoiy Branch

Article Information

Received: May 29, 2023

Accepted: June 30, 2023

Published: July 31, 2023

Keywords: *In this regard, an integrated approach to the tactics of managing patients with MI in arid climatic zones is needed, taking into account the clinical and functional assessment of risk factors.*

ABSTRACT

infarction (MI) remains one of the most serious and dangerous forms of cardiovascular diseases that lead to high mortality worldwide. The risk of developing myocardial infarction and its complications varies significantly in different climatic zones. Regions with an arid climate have their own characteristics that can affect the course of the disease and the prognosis of patients with MI.

Epidemiology of myocardial infarction in arid climates. The study of the epidemiology of MI in arid regions revealed some features. The arid climate is characterized by low air humidity and high temperatures, which can affect the health of the population. For example, intense heat and overheating of the body can increase blood pressure and cardiac stress, which increases the risk of MI in people with hypertension.

Risk factors for the development of myocardial infarction in arid climates

Climatic conditions may affect the prevalence and importance of various risk factors for the development of MI in arid regions. For example, high temperature and humidity can contribute to exercise and dehydration, which increases the risk of blood clots. In addition, an arid climate may be associated with poor environmental conditions, which affects air quality and may exacerbate respiratory problems in patients with pre-existing cardiopulmonary disease.

An integrated approach to the management of patients with myocardial infarction in arid climates. An integrated approach to the tactics of managing patients with MI in arid regions involves taking into account the peculiarities of the climate and its influence on risk factors and prognosis of the disease. An important element of this approach is the clinical and functional assessment of patients, which allows identifying the features of the course of MI and adapting therapeutic measures. Prevention and control of risk factors: It is important to focus on the prevention of risk factors, especially on the control of blood pressure in patients with hypertension. Providing education programs to the public about healthy lifestyles and proper nutrition can help reduce the risk of developing cardiovascular disease. Management of therapy: Individualization of treatment in accordance with the clinical condition and functional

parameters of the patient plays an important role in the successful management of MI. The choice of drug therapy, rehabilitation measures and activity regimen should take into account the climatic conditions and the specifics of the arid region. Rehabilitation and health maintenance: Systematic rehabilitation after MI helps patients return to an active life and reduce the risk of recurrent cardiovascular events. Rehabilitation programs should take into account the climatic features of the region and the specific needs of patients.

Conclusion. An integrated approach to the tactics of managing patients with myocardial infarction in arid climates, based on the clinical and functional assessment of risk factors, is an important factor for improving the prognosis and quality of life of patients. Preventive measures, management of therapy and rehabilitation should be adapted to the climatic conditions of the region and the specific needs of patients. Collaboration between doctors of various specialties, including cardiologists, internists, rehabilitation specialists and nutritionists, is important in order to develop individual treatment and rehabilitation plans for each patient.

When evaluating clinical and functional risk factors, attention should be paid to existing cardiovascular diseases, the presence of concomitant conditions, the level of physical activity, as well as dietary and lifestyle habits. An integrated approach to assessment and treatment can effectively manage risk factors and improve the prognosis of the disease. In arid climates, it is also worth paying attention to the management of therapy during periods of high temperature and heat. Patients with MI need special protection against overheating, regular monitoring of blood pressure and reduction of physical activity in extreme climatic conditions. The development of medicine and scientific research allows us to constantly improve the tactics of managing patients with MI, which makes a significant contribution to reducing mortality and improving the quality of life of patients. However, it must be remembered that each region has its own specific characteristics, and the approach to treatment and prevention should be adapted to a specific climatic zone. In conclusion, an integrated approach to the management of patients with MI in arid climates, taking into account the clinical and functional assessment of risk factors, plays a crucial role in the fight against this serious disease. It includes prevention, management of therapy, rehabilitation and maintenance of a healthy lifestyle. Only by combining the efforts of medical specialists and patients, it is possible to achieve a reduction in morbidity and mortality from cardiovascular diseases in arid climatic regions.

Literature:

1. Садиков У. Т., Суяров Ш. М. Нарушение толерантности к углеводам как фактор риска ишемической болезни сердца среди населения ферганской долины республики Узбекистан // *Oriental renaissance: Innovative, educational, natural and social sciences*. – 2022. – Т. 2. – №. 5-2. – С. 412-421.
2. Нармухамедова Н. А. и др. Анализ факторов риска по результатам исследования "STEPS" // *Евразийский кардиологический журнал*. – 2019. – №. S1. – С. 55-56.
3. Ташкенбаева Э. Н., Хасанжанова Ф. О. Генетические факторы риска развития нестабильных вариантов стенокардии у мужчин в молодом возрасте // *Journal of cardiorespiratory research*. – 2020. – Т. 1. – №. 1. – С. 35-39.
4. Муинова К. К. и др. Роль факторов риска в развитии инфаркта миокарда у мужчин молодого возраста в зависимости от семейного анамнеза // *Достижения науки и образования*. – 2019. – №. 11 (52). – С. 70-74.
5. Ходжиева Д. Т., Шодмонова С. К., Хайдарова Д. К. Факторы риска развития ишемического инсульта на фоне инфарктом миокарда // *Журнал неврологии и нейрохирургических исследований*. – 2021. – Т. 2. – №. 1.

6. Мухамметгулыева О. С. и др. Фиксированная комбинация сартана и тиазидового диуретика в амбулаторной терапии артериальной гипертензии у пациентов с высоким сердечно-сосудистым риском в условиях жаркого климата //Евразийский кардиологический журнал. – 2017. – №. 3. – С. 68-70.
7. Ревич Б. А. Мелкодисперсные взвешенные частицы в атмосферном воздухе и их воздействие на здоровье жителей мегаполисов //Проблемы экологического мониторинга и моделирования экосистем. – 2018. – Т. 29. – №. 3. – С. 53-78.
8. Марданов Б. У. и др. Определение сердечно-сосудистого риска в когорте больных артериальной гипертензией в Узбекистане //Международный журнал сердца и сосудистых заболеваний. – 2020. – Т. 8. – №. 26. – С. 13-20.
9. Мавлонов Н. Х. Частота основных неинфекционных заболеваний у пожилого и старческого населения //INTERNATIONAL JOURNAL OF HEALTH SYSTEMS AND MEDICAL SCIENCES. – 2022. – Т. 1. – №. 6. – С. 264-272.
10. Мавлонов Н. Х., Каримов У. Б., Эргашбоева Д. А. «Важные эпидемиологические инструментариим» диагностики острых коронарных синдромов в измененных климатических условиях ферганской долины Узбекистана //Новый день в медицине. – 2019. – №. 4. – С. 174-176.
11. Эльпинер Л. И. Глобальные гидроклиматические изменения и проблемы здоровья населения прибрежных городов //Гигиена и санитария. – 2007. – №. 6. – С. 40-47.
12. Аляви А. Л. и др. Особенности гена фактора некроза опухоли- α у больных ишемической болезнью сердца узбекской популяции //Достижения науки и образования. – 2020. – №. 13 (67). – С. 40-44.
13. Дядик В. В. и др. Оценка влияния промышленного загрязнения атмосферного воздуха микрочастицами на здоровье населения арктического региона (на примере мурманской области) //Апатиты. Кольский научный центр Российской академии наук. – 2022.
14. Зобнин Ю. В. Гораздо легче предотвратить: об отравлении окисью углерода //Альманах сестринского дела. – 2010. – Т. 3. – №. 2-4. – С. 10-24.
15. Новикова И. А. и др. Пациент после инфаркта миокарда: факторы риска новых сердечно-сосудистых катастроф //Анализ риска здоровью. – 2019. – №. 1. – С. 135-143.