

The Course of Coronary Heart Disease in The Elderly

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ABSTRACT

This article analyzes the features of the course of coronary heart disease, risk factors for the development of this pathology in elderly and senile patients. The influence of age-related changes in the heart and blood vessels on the course of coronary heart disease in the elderly is considered.

Relevance: According to the forecasts of the United Nations (UN), the number of elderly, senile and centenarians by 2025 will amount to 1 billion or 15% of the world's total population. The most common diseases are heart and vascular diseases, which cause death for most patients of this age group. Coronary heart disease (CHD) in the elderly and senile age is a fairly common disease with a significant frequency of severe complications. The risk of developing coronary heart disease at the age of 50-60 years increases [1,2,3]. According to statistics, 65% of people over 65 years of age develop certain manifestations of pathology, and another 30% of elderly people have coronary heart disease in general is asymptomatic. According to statistics, mortality from coronary heart disease in 2020 was recorded in 126 million people worldwide, which is 16% of all deaths [4,5,6].

Almost 3/4 of CHD deaths occur among people over 65 years of age, and almost 80% of people who died from myocardial infarction belong to this age group. However, in more than 50% of cases, the death of persons over 65 years of age occurs from complications of coronary heart disease. The prevalence of coronary heart disease (and, in particular, angina pectoris) in young and middle age is

higher among men than among women, but by the age of 70-75, the incidence of coronary heart disease among men and women is compared (25-33%). The annual mortality rate among patients in this category is 2-3%, in addition, another 2-3% of patients may develop nonfatal myocardial infarction [7,8,9].

Reasons: it is believed that involution changes of the cardiovascular system are pathogenetically associated with pathological processes in atherosclerosis and can also be a matrix for its occurrence and progression, atherosclerosis of several coronary arteries is observed at once. The detection of coronary artery stenosis during pathologic autopsies approaches 50% in elderly women and 70-80% in elderly men. With coronary angiography, elderly people have more pronounced changes in the coronary arteries, a greater degree of calcification of the coronary artery and more history of myocardial infarction. A violation of blood circulation in the heart muscle can also be caused by a sharp narrowing (spasm) of the coronary vessels. The level of potassium decreases, the concentration of calcium and sodium increases, and connective tissue appears instead of normal cells, the pulse cannot pass or is forced to "jump" from one remaining cardiomyocyte to another. Arrhythmias develop: atrial fibrillation, sinus node weakness, ventricular extrasystole [10,11].

Risk factors remain important in old age. Age itself is a kind of risk factor in the elderly – aging as a risk factor. The importance of age as a risk factor for death is very high, which is confirmed in various population and clinical studies. After menopause, the frequency and severity of coronary heart disease increases threefold. In old age, the prevalence of left ventricular hypertrophy, diabetes mellitus, arterial hypertension and hypercholesterolemia is greater in women than in men. While the presence of atherosclerosis, obesity, dyslipidemia, smoking is characterized by a higher frequency in older people, who play an important role in the occurrence and development of the disease. In the elderly, risk factors also include thyroid dysfunction, chronic obstructive pulmonary diseases, excessive salt intake, insufficient content of unsaturated fatty acids, vitamins, fiber in food, insufficient synthesis of the natural antioxidant vitamin E, as well as alcohol abuse. The risk of developing coronary heart disease at the age of 50-60 years increases. In the presence of 1-2 factors, the probability of IHD incidence increases by 3-4 times compared to people without risk factors [12].

The clinical picture of coronary heart disease in elderly and senile patients also has features, since the disease most often proceeds chronically and is manifested by angina attacks or symptoms of heart failure. There is an atypical symptomatology of the disease: pain attacks are not so pronounced, but more prolonged in time. Complaints of shortness of breath after physical exertion prevail over heart pain – a typical picture of angina pectoris. To cause an attack – heart pain and other symptoms of coronary heart disease – can be a temperature drop (going out into the cold) or emotional excitement and even a normal meal. Often, the first signs of the disease in elderly people are symptoms of cardiac asthma and pulmonary edema, which are caused by severe damage to the coronary vessels.

Objective: To study the features of the course and risk factors of coronary heart disease (CHD) in the elderly.

Materials and methods: On the basis of 1 Republican Clinical Hospital, the medical history of patients with coronary heart disease was studied, the number of patients was 124 people, 44 of them men and 80 women. The average age is 62.6 years. All examined patients were divided into 3 age groups: 1-control group: 45-59 years - 38, 2-group: 60-74 years - 45, 3-group: 75-89 years - 41. All patients underwent an echocardiographic examination (ExoKG), which revealed local hypokinesia of the left ventricle, signs of akinesia, and a decrease in the ejection fraction of the left ventricle.

The results of the study: Attention is drawn to a large number of atypical manifestations of

myocardial ischemia (56%), including shortness of breath and progressive heart failure. Often, pain syndrome in this category of patients is characterized by a gradual onset, a longer course and a delayed recovery. Stable angina pectoris -34.3%, 45-59 years -34.3%, 60-74 years - 63.7%, 75-80 years - 58.5%, progressive angina pectoris in patients among 45-59 years -7.2%, 60-74 years -9.8%, 75-89- 9.2%, acute myocardial infarction - 45-59 years -2.8% were detected in patients among 45-59 years, 60-74 years-9.8%, 75-80 years-1.2%, post-infarction atherosclerosis: 45-59 years -31.7%, 60-74 years - 35.8% , 75-80 years - 25.8%, arrhythmias: 45-59 years - 2.8%, 60-74 years - 4.5%, 75-80 years - 10.7%, atypical variants of MI were not detected in 1 and 3 groups, and in group 2 - 1.2%. revealed.

Risk factors that play a negative role in the course of coronary heart disease: women: group 1 - 33%, group 2 - 37.5%, group 3 - 29%, men: group 1 - 67%, group 2 - 62.5%, in the 3rd group - 71%, obesity: in group 1 - 44%, in group 2 - 39%, in group 3 - 26%, dyslipidemia: in group 1 - 1.1%, in group 2 - 1.6%, in group 3 - 1.9%, smoking: in group 1 - 7%, in group 2 - 20%, in group 3 - 21%, arterial hypertension: in group 1 - 37.2%, 75% in group 2, 82% in group 3, chronic obstructive pulmonary disease: 1.2% in group 1, 6% in group 2, 7.2% in group 3. Also in patients in groups 2 and 3 with atherosclerotic lesions of the heart and cerebral arteries, tumor processes from the digestive organs, chronic gastritis with insufficient secretion, cholelithiasis, chronic pyelonephritis, prostate adenoma, osteochondrosis of the spine, osteoarthritis, mental depression, eye diseases (cataracts, glaucoma) and deafness were identified at the consultation. Complications of chronic heart failure in adults over 60 years of age are especially high in functional class (according to NYHA criteria) (FC) of level III and IV - 65%. In middle-aged people, this figure was 18%.

Conclusions: Risk factors remain important in old age.

1. In old age, the prevalence of left ventricular hypertrophy, diabetes mellitus, arterial hypertension and hypercholesterolemia is greater in women than in men.

2. Atherosclerosis of several coronary arteries is observed at once, stenosis of the trunk of the left coronary artery is often found, a decrease in the function of the left ventricle.

3. Thus, the older the patient, the higher the probability of left ventricular dysfunction (which is associated with previous heart diseases) and a more severe course of coronary heart disease.

4. While the presence of atherosclerosis, hypertension, diabetes, obesity and dyslipidemia is characterized by a higher frequency in older people, as well as smoking, obesity and hypertension play an important role in the occurrence and development of the disease. In elderly people, coronary heart disease began with angina attacks, and in middle age, coronary heart disease began as a myocardial infarction. All this leads to changes in the structure of the myocardium and blood vessels with age, the development of dystrophic changes in tissues and cells, which in turn leads to functional limitations of circulatory insufficiency.

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