

**PREVENTION OF CARDIO-VASCULAR DISEASES**

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*Received: March 16, 2024; Accepted: Apr 16, 2024; Published: May 16, 2024;*

**Abstract:** The human cardiovascular system, which was formed in the process of biological evolution, has not changed significantly throughout the history of mankind. But our way of life is very different from the way of life of our distant, and even not very distant, ancestors. Then movement, obtaining food, creating housing and all other types of activity required constant and large expenditures of muscle strength from a person. And the human circulatory system is initially oriented precisely towards such an intensely active lifestyle. For its normal functioning, for example, a person must walk at least 6 km a day, and this is daily! By our urban standards today, many people cannot afford to walk even one or two bus stops; there is no time for it.

**Keywords:** Cardio-vascular diseases, prevention, risk factors, arterial hypertension, diabetes, lack of sleep, stress.

This is an open-access article under the [CC-BY 4.0](https://creativecommons.org/licenses/by/4.0/) license**Introduction**

Heart disease accompanies any type of illness that affects cardiovascular system. These are mainly heart and vascular diseases of the brain and kidneys, as well as diseases of peripheral arteries. Despite the variety of serious diseases relevant to modern world, cardiovascular diseases are still leading cause of death in the world. Causes of Heart Disease varied, but the most common are atherosclerosis and hypertension. In addition, with age, a number of physiological and morphological changes that disrupt the functions of the heart and blood vessels, and subsequently lead to an increased risk of heart disease, even in healthy people no symptoms. Risk factors can be removable and non-removable. Listed below risk factors. The more risk factors you have, the more likely you are development of cardiovascular diseases, and if you have diseases development of complications.

**Methods**

In the general population, the target blood pressure that will allow reduce mortality from cerebral strokes and ischemic heart disease, should be <140/90 mmHg. With absence symptoms, the decision on the need for antihypertensive therapy depends not only on blood pressure levels, but also on overall cardiovascular risk and the presence of lesions target organs. Arterial hypertension (BP 140/90 mmHg and above) is a pathological condition, which, along with smoking and dyslipidemia, is the main factor risk of ischemic heart disease. An increase in blood pressure is observed in

approximately 40% adult population of the World. About a quarter of patients does not know about the disease they have, but are being treated effectively in no more than 15% of patients. A quarter of patients were never treated, although they had a long history increased blood pressure. Preventing obesity, or reducing excess body weight, is important. Patients with obesity (BMI >30 kg/m<sup>2</sup>), or overweight body (BMI 25-30 kg/m<sup>2</sup>), as well as patients with abdominal obesity (waist circumference more than 102 cm in men and more than 88 cm for women) must be achieved its reduction. Excess body weight, lipid metabolism disorders, as a rule, are closely associated with abnormal habits and nutritional patterns, so their correction involves, first of all, a set of dietary recommendations based on the principle of rational nutrition. For persons who do not have control over their diet, overweight develops two to three times more often body weight. The most common approach to reducing body weight is the appointment of low-calorie diets. Patients with excess body weight, when there is no clinical form of obesity yet, already need qualified dietary recommendations using psychotherapeutic approaches, since most often these individuals do not have sufficient motivation to lose weight. Correction of the diet should be reduced to reducing the consumption of carbohydrates and animal fats. Excessive consumption promotes rapid progression of IHD, primarily due to potentiation of other risk factors. In particular, it has been established that alcohol abuse leads to increased body weight, blood triglyceride levels and increased blood pressure. IHD increases the likelihood sudden death, myocardial infarction, unstable angina pectoris. It has been proven that the relationship between the amount of alcohol consumed and mortality from IHD is U-shaped: mortality is highest in people who do not drink alcohol and who abuse it. According to WHO recommendations, daily Alcohol consumption in men should not exceed 30 g/day, and for women - 15 g/day. The mode and methods of increasing physical activity should be chosen together with the patient, taking into account the real conditions of his work, life, and current stereotypes. Physical activity should be accompanied by positive psycho-emotional settings and not burden the patient. Self-monitoring of the load is necessary: it should not lead to an increase in heart rate above the age limit, which is defined as "180 - age in years." The appearance of shortness of breath serves as a signal to reduce load intensity. Physical activity should be performed at least at least 30 minutes 4-5 times a week, although more moderate being active also has health benefits. It is known that stress (social, domestic, professional, etc.) can influence the occurrence of and exacerbation of ischemic heart disease, contribute to the emergence or increase in other risk factors (increased smoking, overeating, stress-induced arterial hypertension). If carbohydrate metabolism is disturbed, blood glucose is determined on an empty stomach and 2 hours after ingestion 75 g glucose - oral glucose tolerance test (OGTT). If elevated glucose levels are detected A repeat test is required on an empty stomach. Patients whose fasting glucose levels fluctuate between 6.1 and 7 mmol/l or after OGTT is from 7.8 to 11.1 mmol/l, are at risk for developing diabetes in the future. In patients with impaired glucose tolerance, lifestyle modification can prevent or delay the development of diabetes mellitus (DM). Adequate metabolic control in patients diabetes mellitus type I and II prevents the development microvascular complications and may contribute prevention of cardiovascular complications. For patients with type II diabetes mellitus, treatment begins with non-drug methods (diet, reduction excess body weight and increased physical activity).

Primary individual prevention is first of all, conversations between the doctor and healthy people, especially with members of families where there are patients with diabetes;

1. effective prevention of enterovirus infection, rubella virus, measles (having a tropism for pancreas);
2. improvement of the environment and working conditions;
3. combating physical inactivity, overeating, etc.

Secondary prevention is aimed at patients with risk factors and preventing the development of diabetes. Doctors of all specialties should direct their patients to determine blood glucose levels, know early clinical manifestations of diabetes, as well as diseases and conditions under which it develops:

1. obesity, pancreatitis, cholecystitis, hepatitis;
2. presence of close relatives with diabetes;
3. large pregnancy

Third prevention of diabetes. Provides for early diagnosis of diabetes, prevention of disease progression (development of angiopathy), hypertension and coronary artery disease..

## Results and Discussion

Heart and blood vein diseases (CVD), that including coronary artery disease, stroke and heart deficiency whole the world across illness and of death main is the reason. Medicine in the field to achievements despite the heart-blood vein of diseases spreading health storage to the system serious problems cause in release continue is doing. However, it can be changed possible has been risk factors to reduce directed purposeful interventions through many heart-blood vein diseases prevention get can. This in the review heart-blood vein of diseases prevention to get systematic approach shown being the danger reduce and heart-blood vein health in strengthening to the evidence based on of strategies importance emphasizes. Heart and blood vein of diseases spreading socio-economic factors, life style behavior and medical from help use opportunity under the influence of in the regions difference does. High profitable countries most of the time motionless marriage style, wrong eating habits and hypertension, obesity and diabetes such as risk of factors wide spreading because of heart-blood vein of diseases high indicators demonstration is enough. With that together with, low and medium profitable urbanization and globalization in countries and contagious from diseases contagious didn't happen to diseases epidemiological transition because of heart-blood vein diseases spread growth is being observed. Gender and age: the risk is higher in men than in women; differences with age decrease (at the age of 35 -70 years in men the risk of death from stroke is 30% higher, from IHD 2-3 times higher than in women). At age 75, the risk of death from CVD is approximately the same in men and women. Men over 55 years of age, and women over 65 years of age are more susceptible to cardiovascular diseases. In menopausal women, the risk of cardiovascular disease increases. Heart disease in your direct relatives indicates a higher the likelihood of developing similar diseases in you. Damage to target organs (heart, brain, kidneys, retina, peripheral vessels). Presence of irreversible diseases listed organs significantly increases the risk of cardiovascular disease. Diabetes mellitus is currently classified as damage to target organs. Signs of diabetes: thirst, dry mouth, large fluid intake, frequent (painless) and plentiful urination. Smoking - named first because easiest to eliminate: smoking increases the risk of heart disease is 1.5 times; increases the risk of atherosclerosis, diseases blood vessels, cancer; increases LDL cholesterol (the most bad for the vascular wall); increases blood pressure as in patients hypertension and in people with normal blood pressure. Obesity: with a body mass index of 25 -29 (2nd degree obesity), the risk of coronary heart disease is at 70% higher, with

BMI > 30 (grade 3 obesity) - 300% higher; with the same body weight, the risk of coronary heart disease, stroke and death increases with increasing ratio waist/hip circumference.

## Conclusion

Heart and blood vein of diseases prevention get a lot edged and systematic the approach Demand does , this is also at the individual level behavior , and more widely socio-economic to determinants appeal does Main to strategies the following includes: Quit smoking and protect yourself from secondhand smoke. Firstly, smoking is one of the main causes of the development of atherosclerosis, arterial hypertension, coronary heart disease and stroke. And, on the contrary, cessation Smoking reduces the risk of the disease by exactly half. Secondly, in Cigarette smoke contains not only nicotine, but also carcinogenic tars,affecting the human cardiovascular system. Characteristic is the one It is a fact that passive smoking is just as harmful as active smoking. Alcohol in minimal quantities (not more than 20 ml of ethanol for women and no more than 30 ml of ethanol for men per day)promotes blood thinning and has a beneficial effect on cardiovascular health system, but when the norm is exceeded, its impact becomes dramatic negative. Moderate consumption of meat (especially red)sufficient amount of fish (minimum –300 g per week), consumption of vegetables and fruits, refusal or limitation of fatty, fried, smoked foods are simple and effective measures will not only allow you to keep your body in good form, but will also significantly reduce the risk of cardiovascular diseases. Follow monitor the level of cholesterol in the blood and remember that it can be normalized with the help of proper healthy nutrition. Chronic lack of sleep, as well as constant psychological stress weaken the immune system, exhaust a person, cause arrhythmias and cardiac dysfunction in general. healthy sleep and a philosophical attitude to life, on the contrary, significantly increases your chances,how to avoid cardiovascular diseases.

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