

CAUSES AND ANALYSIS OF MYOCARDIAL INFARCTION

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ABSTRACT

This article discusses myocardial infarction and its outcome. As we know, Myocardial infarction is an acute condition, a clinical form of ischemic heart disease, which occurs as a result of complete or partial heart muscle tissue (myocardium) necrosis (death). This leads to the disruption of the entire cardiovascular system and puts the patient's life in jeopardy. The main and most common cause of myocardial infarction is the restoration of blood flow in the identity (coronary) arteries that supply the heart muscle with blood and, accordingly, oxygen.

"Missing" active prophylaxis and advanced diagnosis due to various subjective and lens reasons in the analysis process leads to stagnation and even seriousness of the unpleasant trend associated with MI.

For this article, myocardial infarction, the origin of the process is possible in foreign countries, in Uzbekistan.

Keywords : myocardial infarction, prevention, death, menopause, heart muscle, epidemiology.

ABSTRACT

V dannoy state obsujdaetsya myocardial infarction i ego prichiny. It is known that a myocardial infarction is an acute condition, a clinical form of ischemic heart disease, obuslovlennaya necrosis (death) of muscle tissue in the heart (myocardium) and the result of partial blood deficiency. Eto privodit k narusheniyu works of the entire cardiovascular system and stavit pod ogrozu zhiz bolnogo. The main and most common cause of myocardial infarction is the violation of blood flow in the coronary artery, which supplies the heart muscle, corresponding to oxygen.

In the process, the analysis of "otsutstvie" active prophylactics and early diagnostics po razlichnym subjective and objective reasons lead to preservation of negative tendencies, related to IM, and even to exacerbation.

Analysis of the cause of myocardial infarction in Uzbekistan.

Key words: myocardial infarction, prevention, death, menopause, heart muscle, epidemiology.

ABSTRACT

This article discusses myocardial infarction and its causes. As we know, Myocardial infarction is an acute condition, a clinical form of ischemic heart disease, caused by necrosis (death) of heart muscle tissue (myocardium) as a result of complete or partial blood insufficiency. This leads to disruption of the entire cardiovascular system and endangers the patient's life. The main and most common cause of myocardial infarction is a violation of blood flow in the coronary arteries, which supply the heart muscle with blood and, accordingly, oxygen.

In the process of analysis, "missing" active prevention and early diagnosis for various subjective and objective reasons leads to persistence of unpleasant trends related to MI, and even to aggravation.

Therefore, the article presents an analysis of the causes of myocardial infarction in foreign countries and Uzbekistan.

Keywords: myocardial infarction, prevention, death, menopause, heart muscle, epidemiology.

Myocardial infarction, like various diseases, is common among people today.

From this point of view, before getting rid of this disease, it is important to understand the complications of its origin and form a system of protection against it.

Myocardial infarction is an acute condition, a clinical form of ischemic heart disease, caused by necrosis (death) of heart muscle tissue (myocardium) as a result of complete or partial lack of blood. This leads to disruption of the entire cardiovascular system and endangers the patient's life. The main and most common cause of myocardial infarction is a violation of blood flow in the coronary arteries, which supply the heart muscle with blood and, accordingly, oxygen.

"Missing" active prevention and early diagnosis for various subjective and objective reasons leads to persistence and even aggravation of the unpleasant trends associated with MI.

In developed countries, 20% of patients with MI die before receiving medical attention (in most cases from arrhythmia), with 30-day mortality reaching 30% [1].

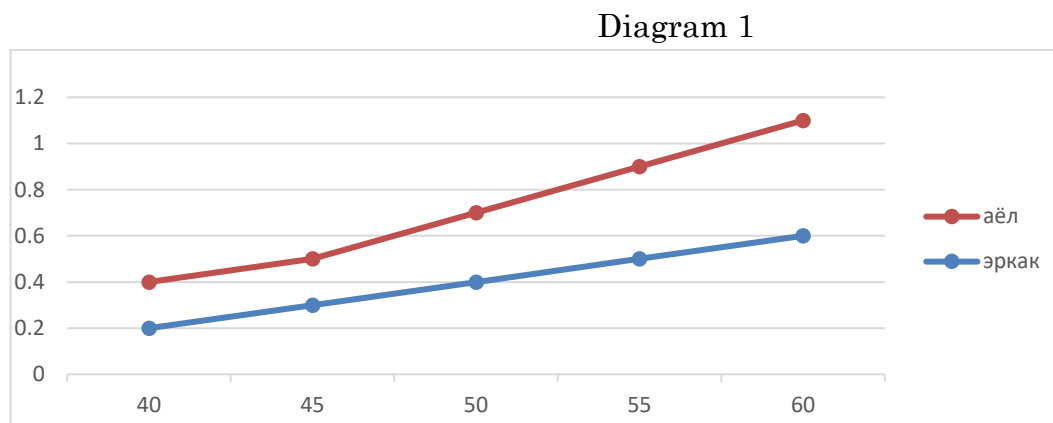
Russia Table 1 MI occurs in 0.2-0.6% of men aged 40-59 years, and 1.7% per year in men aged 60-64. Women are 2.5-5 times less likely to suffer from MI, especially in young and middle-aged people.

Table 1

The origin of myocardial infarction in young people abroad (Russia).	
AGE	%
40-59 (men)	0.2-0.6
40-59 (female)	0.2-0. 5
60-64	1.7

The reason is that they develop atherosclerosis about 10 years later. After the onset of menopause, this difference decreases sharply.

The dynamics of this process can be seen in the diagram below (diagram 1).



When analyzing the conditions of Uzbekistan, the indicators are as follows.

Table 2

Origin of myocardial infarction among young people in Uzbekistan	
AGE	%
20-44	5-8
45-69	18 - 24.5
Older women	13-15

Table 2 is one of the main causes of death among the population in Uzbekistan . Observations have shown that 5-8% of men aged 20-44 years, and 18-24.5% of men aged 45-69 years have YUIK. Among older women, this indicator is 13-15%.

The dynamics of this process can be seen in the diagram below (diagram 2).

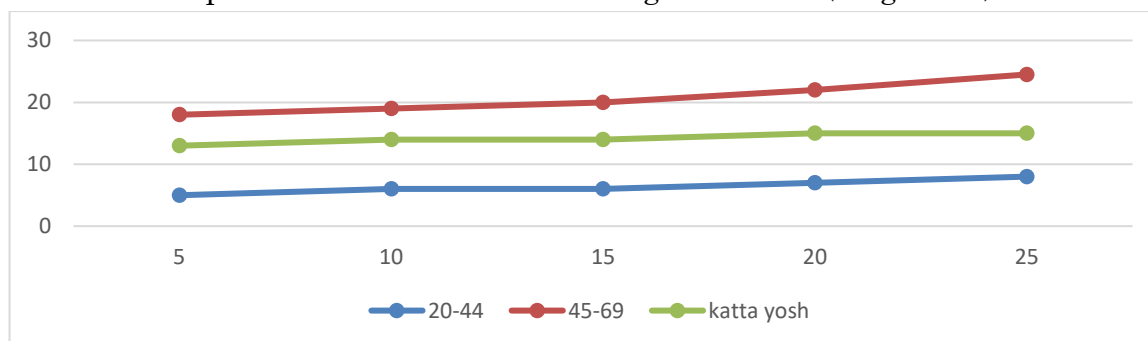


Diagram 2

In recent years, researchers have noted that the incidence of MI is increasing, especially among young and middle-aged people. Especially in the pre-hospital stage with 30-50% mortality [2]. The other side of MI is becoming more and more relevant and proves that, firstly, it is necessary to distinguish its bright diagnostic criteria and, secondly, to create and introduce effective measures for the prevention of myocardial infarction. despite being gone, it is clearly felt.

Because of this, the frequency of complications after cardiosurgical treatment exceeds 30%, myocardial infarction caused by surgery (perioperative) is determined from 1.9% to 18.3%, and even more - up to 30%. Therefore, it is necessary to continue special research to study and clarify many aspects of these processes and mainly preventive directions.

In terms of MI epidemiology, the prevalence of myocardial infarction and comorbidity is associated with risk factors, the study and determination of the features of prevention in different regions, an aggravated situation is observed by researchers in the modern population and, moreover, it is predicted to remain for the next decades:

- 1) One in six men and one in seven women die of myocardial infarction in Europe;
- 2) the form of MI represented by the elevation of the ST segment on the electrocardiogram (YUMn ST) is particularly severe, is characterized by high mortality and in most cases leads to disability;
- 3) Types of MI YUMn ST and ST segment without increase are determined by the type of prevalence levels: the first has decreased in the last 8 years in most countries (Sweden, the Czech Republic, Belgium and the USA), and the second is from 126 to 132 cases per 100,000 population;
- 4) Mortality from MI depends on age, risk factors, size and location of necrosis, and comorbid background (diabetes mellitus, renal failure, etc.);
- 5) In-hospital mortality is observed from 6% to 17% of YUMn ST.

Early diagnosis of MI in the elderly is also difficult, because complex physiological and pathological changes due to aging processes seem to hide many symptoms of the disease, making diagnosis difficult. In addition, in elderly clients, the disease almost always occurs and persists with comorbid pathology. According to foreign studies, only 3-6% of the elderly are considered healthy (physiological elderly).

With the passage of age, a person is diagnosed with more than 2-3 independent diseases (at the age of 60) to 4-6 (after the age of 75) [Butuhanova IS et.al, 2016]. This comorbid condition is mainly characterized by the high frequency of arterial hypertension (AG), diabetes mellitus type 2 (KD2), chronic kidney disease, chronic obstructive pulmonary disease, obesity, and oncological pathology. These increase the risk of atypical forms of MI, complications of the acute period, and the risk of death. In particular, the NRMI registry (National Registry of Myocardial Infarction) shows that only 40% of people over 85 years old have a traditional anginal attack. showed and confirmed that among the atypical types, collapton (30.8%) and asthmatic variants (22.4%) are relatively common.

Therefore, these aspects should also be taken into account in patients with MI, studied in different populations and regions, and researches on creating an active preventive system should be carried out, including in different regions of Uzbekistan. Prospective trend-epidemiological studies are particularly valuable, and such research has not been carried out in the context of MI in Uzbekistan.

According to WHO experts, joint pathologies (polypathy) occur not only in the elderly, but also in different age ranges, and studies have been conducted on this. Most cardiovascular diseases (CVDs), including MI, are diagnosed in addition to AD, KD type 2, metabolic syndrome, and liver disease. However, there are few sources regarding the frequency of their spread, and long-term epidemiological studies have not been studied or evaluated separately in Uzbekistan.

However, in other countries, the frequency of co-occurrence of ischemic heart disease with other non-infectious diseases has been published, indicating the urgency of this problem:

- 1) an average of 2.5 cases per examined in the elderly population;
- 2) the prevalence of ischemic heart disease (IHD) is associated with an increase in comorbidity and, depending on it, doubles every ten years (in 55-64 years, it is determined with a frequency of up to 77%);
- 3) in the combination of AG, diabetes mellitus and liver disease, the occurrence in YUIK increases 8.7 times;
- 4) YUIK increases or increases with age, in connection with common risk factors.

Therefore, it is necessary to study the prevalence of myocardial infarction and comorbidity symbiosis, association with risk factors and prevention in the conditions of Uzbekistan, to study and identify in different regions, including the modern population of the Fergana Valley, new approaches to reduce these conditions and or clinical development of preventive technologies is considered one of the current areas of science.

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