



FEATURES OF THE CLINICAL COURSE OF UNSTABLE ANGINA ON THE BACKGROUND OF COPD

Samadova Nigina Alisherovna

Resident of the Magistracy of the Department of Internal Medicine 2
Samarkand State Medical Institute Samarkand, Uzbekistan
niginasamadova0810@gmail.com

Madjidova Gulbahor Tolibovna

Assistant of the Department of Internal Medicine No.2
Samarkand State Medical Institute Samarkand, Uzbekistan

Xaydarova Dilrabo Davronovna

Assistant of the Department of Internal Medicine No.2
Samarkand State Medical Institute Samarkand, Uzbekistan

Xudoynazarov Daler Anvar O'g'li

Residents of the Magistracy of the Department of Internal Medicine No. 2
Samarkand State Medical Institute Samarkand, Uzbekistan

Annotation

Chronic obstructive pulmonary disease (COPD) is one of the most common respiratory diseases. According to a study conducted by the World Health Organization, by 2022 COPD will take the 5th place in terms of incidence and the 3rd place in the structure of mortality among all diseases [2; 3]. It is also noteworthy that, according to the findings of a systematic analysis of mortality from 235 causes worldwide, published in 2015 [2], COPD entered the top three leading nosologies in terms of the number of deaths already in 2017, and is second only to diseases of the heart and blood vessels (ischemic disease heart - coronary artery disease, and acute cerebrovascular accident - stroke).

A steady decline in spirographic parameters is an independent prognostically unfavorable factor of both total and, characteristically, cardiovascular mortality [7]. The comparative risk of death in patients with COPD from vascular accidents is 2-3 times higher than in the rest of the population, and is approximately estimated at 50% of all deaths [1,9].

Keywords: chronic obstructive pulmonary disease, cardiovascular diseases, arterial hypertension, coronary heart disease, Thiotriazoline .





Introduction

The mentioned diseases of the cardiovascular profile still occupy the first places in the structure of mortality in the developed countries of the world, both 20 years ago and today. Ischemic heart disease leads among cardiovascular causes of death, and in Uzbekistan its share is 40% [4; 6]. The percentage of patients with coronary artery disease who are aware of the presence of this disease is estimated at less than 45% [5]. These patients can count on appropriate treatment; in other cases, the disease is not diagnosed.

Purpose of the Study

To identify the features of the clinical manifestations of the combined pathology of coronary artery disease and COPD, as well as changes in indicators characteristic of such patients, assessed during functional research methods (echocardiography and spirometry).

Materials and methods

This study was conducted on the basis of the Samarkand branch of the Republican Scientific Center for Emergency Medical Care and on the basis of the Cardiology Dispensary. Patients with isolated coronary artery disease or COPD, as well as their combination, were studied.

73 male patients who were hospitalized in the cardiology or pulmonology departments of the hospital were examined.

Patients were divided into 3 groups: group 1 - includes 24 people diagnosed with coronary artery disease (including patients with exertional angina and unstable angina); group 2 consisted of 23 people diagnosed with COPD (stages 2-4 according to the global GOLD strategy [9]); group 3 is represented by 25 patients with a combination of coronary artery disease and COPD.

All patients underwent a comprehensive clinical, instrumental and laboratory examination with an analysis of complaints, anamnesis data and objective research methods. Body mass index, smoker's index, ankle-brachial index (ABI) were calculated. Questionnaires were filled out to assess the severity of dyspnea: MRC (Medical Research Council Dyspnea Scale), CAT (COPD Assessment Test), an auxiliary Borg scale. During hospitalization, a complex of standard laboratory and instrumental studies was carried out: profile of biochemical tests, complete blood count, complete urinalysis, electrocardiography, spirometry, transthoracic echocardiography.

Statistical processing of the material was carried out using the IBM SPSS statistics software package version 20.



Results

Duration of smoking experience, known as a significant risk factor for the development of both studied pathological processes, did not differ in the 2nd and 3rd groups - respectively, 41.9 CI 0.95 : [33.5 ;50.4] and 51.2 CI 0.95 : [44.5;58.0] years, but was significantly higher in them compared to group 1 (smoking experience 18.4 years, CI 0.95 : [10.8;26.0]. p 0.05). However, according to the CAT questionnaire, among our patients there was a significantly greater severity of dyspnea in patients in the group of patients with combined pathology of IHD + COPD: an average of 17.1 points CI 0.95 : [11.2 ;23.0] in comparison with the group of patients with isolated COPD : 10.7 points CI 0.95 : [6.8;14.5]. p 0.05. Differences of group 3 from group 2 (LVMI=130.3, CI 0.95 : [111.7 ;149.0]) are significant, p The treatment of patients with a combination of coronary heart disease and chronic obstructive pulmonary disease was considered. It has been shown that nebivolol in doses required for the effective treatment of cardiovascular pathology does not impair functionality.

Currently, the issues of rational pharmacotherapy, the optimal choice of drugs for various diseases are of particular relevance. This is determined, on the one hand, by the expansion of the pharmaceutical market and the emergence of a large number of more and more new drugs, on the other hand, by an increase in the prevalence of various comorbid conditions that greatly complicate drug therapy and require special attention to monitoring the effectiveness and safety of drugs.

Findings

Today, the two main causes of cardiovascular complications (CVD) and mortality - coronary heart disease (CHD) and chronic obstructive pulmonary disease (COPD) often coexist in the same patient.

An analysis of literature data indicates a high frequency of combinations of coronary heart disease and COPD: from 47.5% among patients with COPD to 61.7% among patients with coronary artery disease [1–3]. For example, research data obtained by Chen J. et al . with the participation of 201,752 patients with coronary artery disease, showed that COPD occurs in such patients in 21%, and bronchial asthma (BA) - in 2% [4]. In the study of A. M. Shilov et al . with the participation of 70 patients, the incidence of IHD was studied in patients with a prevailing diagnosis of COPD and COPD in patients with a leading diagnosis of IHD. According to the anamnesis, complaints and functional examination in the COPD group out of 40 people, 19 - almost half of the patients (47.5%) - had comorbidities of coronary artery disease. In the group of patients with coronary artery disease of 30 people, 11 cases (36.8%) had



COPD. This requires optimization, first of all, of cardiovascular therapy to reduce cardiovascular risk (CVR) [5,10].

Among all drugs that have proven their positive effect on cardiovascular system, beta-blockers (beta-blockers) occupy a leading position in patients with arterial hypertension (AH), coronary artery disease (angina pectoris, myocardial infarction), heart failure, tachyarrhythmias. They reduce the risk and frequency of cardiovascular complications, have a positive effect on the clinical manifestations of the disease, and improve the quality of life of patients with various cardiovascular diseases, as well as in comorbidities [6–8-11].

The effects of beta - blockers have been proven in patients with various forms of coronary artery disease and lung diseases.

Currently, in developed countries, chronic obstructive pulmonary disease (COPD) ranks third among the causes of death, behind coronary heart disease (CHD) and arterial hypertension (AH). The combination of COPD and coronary artery disease is recorded, according to various sources, in 7–38% of patients with coronary pathology. It was found that AH was registered in 34% of the examined patients with COPD. The article discusses the main pathogenetic mechanisms of development, diagnosis and prognosis of COPD. Particular attention is paid to the pathogenesis of the development of cardiovascular diseases in patients with concomitant COPD. The treatment of cardiovascular pathology is presented with an emphasis on drugs that positively affect the course of COPD. These drugs include selective beta-blockers, diuretics, calcium channel antagonists, angiotensin -converting enzyme inhibitors, angiotensin receptor blockers, nitrates, nitrate- like substances, and metabolic drugs. It is known that COPD develops systemic inflammation with the production of cytokines and free radicals. Metabolic therapy is aimed at preventing free radical oxidation, exemplified in this article by the drug Thiotriazolin (Thiazoic Acid). Thiotriazoline is an antihypoxant that affects the energy processes in the myocardium, supporting its metabolism under hypoxic conditions, which is a pathogenetically justified indication for use in patients with a combination of COPD and cardiovascular pathology.

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