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PREVALENCE OF ARTERIAL HYPERTENSION AT THE LEVEL OF PRIMARY HEALTH CARE OF THE CITY OF BUKHARA

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Annotation
This article presents the results of a study of the prevalence and state of early diagnosis of hypertension among the population of Bukhara. A high prevalence and insufficient diagnosis, cases of hyperdiagnosis of hypertension among men and women are shown.

Keywords: arterial hypertension, blood pressure, systolic pressure, diagnosis, prevalence

Objective
To study the prevalence and diagnosis of arterial hypertension in primary health care.

Materials and methods
The study involved 797 people aged 15-69 years, of whom 555 were women and 242 were men. In the study, patients 'knowledge of the disease was studied using a questionnaire method. Arterial blood pressure was determined by the Korotkov method. A comparative analysis of the detection cases of AG was performed by physicians of treatment and prevention facilities. I have to say that dyslipidemia significantly affects negatively to the effective control of blood pressure (especially systolic blood pressure). [11].

Results and their analysis
The results of the study showed that in general, the prevalence of AG was 20.54% among women, 20.66% among men, and 20.2% in the general population. The prevalence of AH among men is slightly higher than among women. The disease progresses with age. AH in the treatment of primary care of the population among the population is not sufficiently identified by the prophylactic institutions, and in some cases hyperdiagnosis of this disease is allowed.

Conclusion

AG is widespread among the population of the family polyclinic No. 4 in Bukhara. 13.66% of patients are not treated at all. Very little attention is paid to the non-drug treatment measures of AH.

Relevance

Arterial hypertension (AH) is one of the most common diseases worldwide. The prevalence of this disease in the adult population is 30-45%. [1]. AG is epidemiologically equally prevalent in almost all countries, regardless of the nature of economic development [1]. In particular, AH is slightly more common in Russian men aged 25–65 years (up to 47% in some regions), averaging 40% [2].

The frequency of AH increases with age and reaches 65–70% in adults over 65 years of age [1]. The prevalence of these diseases is particularly high in those who lead a sedentary lifestyle, are overweight, and are also projected to increase in frequency. Studies show that by 2025, the incidence of AG will increase by 15-20%, and the number of cases worldwide is likely to reach 1.5 billion [3].

AH is recognized as a major risk factor in the development of cardiovascular (myocardial infarction, coronary heart disease (CHD), chronic heart failure), cerebrovascular (ischemic or hemorrhagic stroke, transient ischemic attack) and kidney disease (chronic kidney disease (CKD)) [4–6]. In most cases, all parameters of the lipid spectrum deviate, atherogenic fractions of lipid metabolism products – 1,89 times compared with OX, LDL - 2 times, TG – 2,23 times, require a deeper approach to the problem and the development of early and effective correction methods [1].

In solving the problem of AH, the main attention should be paid to the population who are indifferent to their health, because in the population of this layer, the complications of the disease develop earlier due to uncontrolled blood pressure. Epidemiological studies show that AH accounts for 29% of the 18-74 year old population in most developed countries. In some European countries, it has been scientifically proven that the prevalence of the disease among able-bodied men reaches 44%. The incidence of the disease increases proportionally with age, ranging from 4–10% in the under-30 age group, 44% in the 50–60-year-old group, 54% in the 61–69-year-old group, and 65% in the over-70 age group. The medical district, which has a population of 2,000, has an average of 300 to 500 patients with AG. But all of these are under dispensary control and do not receive outpatient treatment on a standard basis, so a large portion is uncontrolled AG.

1. Systolic blood pressure ≥140 mm. sim. ust. the risk of death and disability from cardiovascular disease reaches 70%. In this case, the majority of deaths occur within

a year as a result of UIC, ischemic and hemorrhagic strokes [5]. There is a direct link between blood pressure and cardiovascular disease. This relationship begins with relatively low blood pressure (110–115 mm Hg systolic blood pressure and 70–75 mm Hg diastolic blood pressure) [8,10]. It was noted that among patients with GK, violations of lipid metabolism are significantly higher [11].

The purpose of the study

To study the prevalence and detection of arterial hypertension in the primary health care.

Materials and methods

A study was conducted to study the prevalence of AH among the population aged 15-69 years in the territory of the family polyclinic No. 4 in Bukhara. A total of 797 people participated in the study, of whom 555 were women and 242 were men. The survey examined participants' knowledge of the presence of AH, the duration of treatment, continuity, and where they were taking antihypertensive drugs. A comparative analysis of the detection cases of AH was performed by physicians of treatment and prevention facilities.

Measurement of blood pressure was performed 2 times with a 5-minute difference in both hands using the Korotkov method, and an average of both results was obtained. Systolic pressure ≤ 139 mm.sim.ust. and diastolic pressure ≤ 89 mm.sim.ust. as normal, systolic pressure ≥140 mm.sim.ust. and ≥90 mm.sim.ust of diastolic pressure. indicators were rated AG. The tonometry results of patients receiving hypotensive drugs were also assessed as AG regardless of blood pressure level.

Research results and their analysis

The results of the study showed that, in general, the prevalence of AH was 20.54% among women, 20.66% among men, and 20.2% in the general population.

Among women, an increase in AH frequency was observed with increasing age. It is important to note that AH increases mainly after the age of 30 (1.06% in 20-29 year olds, 16.52% in 30-39 year old women). In subsequent age groups (40–49 years, 50–59 years, and 60–69 years), AH frequency increases reliably (22.41%, 37.5%, and 62.5%, respectively). The data show that women are more likely to develop AH after the age of 30.

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Table №1 Prevalence of AH among women

Number of observations				
Gender	**Age groups**	**There is AH**	**No AH**	**Total**
Women by age groups	20-29 age	2	186	188
	30-39 ë age	19	96	115
	40-49 age	26	90	116
	50-59 age	27	45	72
	60-69 age	40	24	64
Total women		114	441	555
In percentages				
Gender	**Age groups**	**There is AH**	**No AH**	**Total**
Women by age groups	20-29 age	1,06	98,94	100,00
	30-39 age	16,52 *	83,48	100,00
	40-49 age	22,41 *	77,59	100,00
	50-59 age	37,50 **	62,50	100,00
	60-69 age	62,50 **	37,50	100,00
Total women		20,54	79,46	100,00

Note: * The table shows a reliable difference from previous age groups.

The prevalence of AH among males did not acquire features that differed significantly from those in females. The prevalence of AH among men in the 20–29 age group was slightly higher than in women (1.59%, 1.06%, respectively). In later age groups (30–39 years, 40–49 years, and 60–69 years), the prevalence of AH increased (7.69%, 15.22%, 40.63%, respectively). In short, the figures obtained show that AH is more prevalent among men than women.

Table 2 Prevalence of AH among males

Number of observations				
Gender	**Age groups**	**There is AH**	**No AH**	**Total**
Women by age groups	20-29 age	1	62	63
	30-39 age	4	48	52
	40-49 age	7	39	46
	50-59 age	13	19	72
	60-69 age	25	24	49
Total women		50	192	242
In percentages				
Gender	**Age groups**	**There is AH**	**No AH**	**Total**
Women by age groups	20-29 age	1,59	98,41	100,00
	30-39 age	7,69	92,31	100,00
	40-49 age	15,22	84,78	100,00
	50-59 age	40,63 *	59,38	100,00
	60-69 age	51,02 *	48,98	100,00
Total women		20,66	79,34	100,00

Note: * The table shows a reliable difference from previous age groups.

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The study also analyzed the detection status of AH by primary care treatment and prevention facilities in the health care system. The data obtained showed that 14.9% of women were diagnosed primary by AH studies, who were not previously registered by treatment and prevention facilities (TPI). Among men, the proportion of undetected AH in treatment-and-prophylaxis facilities was 22%. The study also found that 6.12% of women and 3.13% of men with undiagnosed AH were diagnosed with AG by primary health care providers.

Table № 3 Detection of AH by TPI physicians (%)

Gender	**AH**	**AH was detected during the study**		**AH was not detected during the study**	
		n	%	n	%
Men	Detected in TPI	39	78,0	6	3,13
	Not detected in TPI	11	22,0	186	96,87
Total men		50	100,0	192	100,0
Women	Detected in TPI	97	85,09	27	6,12 *
	Not detected in TPI	17	14,91	414	93,88
Total women		114	100,0	441	100,0

Note: The table shows the difference between the indicators for women and men.

Thus, it can be said that among the studied population, the primary link of medicine is not sufficiently identified by TPI AH, and in some cases hyperdiagnosis of this disease is allowed.

The treatment status of AH was also analyzed in the studies. More pharmacological drugs are used in the treatment of patients undergoing AH control. Nomedikamentoz therapy methods are almost ignored. In 83.7% of cases, no non-drug treatment measures were indicated in the medical records of patients. It was also found that in 43.4% of cases overdose was recommended without justification. Various metabolites, sedatives, and infusion medications were prescribed as unjustified overdose. It should be noted that 13.66% of patients do not receive any treatment.

Conclusion

1. The prevalence of AH among the population is 20.2%. It is 20.54% among women and 20.66% among men.
2. 13.66% of patients are not treated at all. Very little attention is paid to the non-pharmacological treatment of AH.
3. In most cases, the detection of AH in the population is insufficient, but in some cases, hyperdiagnosis of the disease can be observed.

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