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RISK FACTORS FOR MYOCARDIAL INFARCTION IN YOUNG PEOPLE IN ANDIJAN REGION

Annotation.

In the 21st century, the number of some diseases, including cardiovascular diseases, is changing. Risk factors are increasing in young people. It should be noted that there are no effective measures for the primary prevention of cardiovascular disease in young patients, and the use of resources is limited because they are mainly aimed at elderly patients. It is used to determine the further diagnostic path of objective diagnosis and examination of the patient in traditional cardiovascular diseases. In young patients with chest pain, certain caution regarding traditional and non-traditional risk factors makes the doctor to monitor the patient's condition in more detail. Timely help significantly improves the prognosis of patients and preserves their ability to work, which is especially important for young patients. All these characteristics require a strict approach in identifying young patients. Thus, the problem of cardiovascular diseases in young patients is urgent at present.

Key words: cardiovascular diseases, traditional, working capacity, young patients.

Introduction

Heart failure (HF) is one of the most inconvenient complications of cardiovascular disease (CVD). Among the adult population, the prevalence of the disease is 1-2%, significantly increased by the age of the patients. The prevalence of the disease among people over 70 years of age is more than 10%. The main

causes of CVD are coroner heart disease (CHD) and arterial hypertension , and a combination of them occurs in approximately half of patients. This leads to the need to improve the provision of assistance to people with this pathology. It is very effective to prevent patients with acute miocardial infarction (MI) from appearing through adequate treatment and rehabilitation of cardiovascular disease in a timely manner. At the same time, despite a well-developed system of treatment and rehabilitation, not everyone can prevent acute coronary pathology, including complications [1].

Traditional CVD RFs in Young Adults Smoking acts synergistically with hypertension, diabetes mellitus (DM) and dyslipidemia, increasing the risk of CVD, causing vasoregulatory dysfunction, increased inflammation (increased levels of leukocytes in the blood, C-reactive protein and inflammatory cytokines), contributing to the formation of a proatherogenic lipid profile. It should be noted that combustible tobacco products, in addition to cigarettes, also increase the risk of CVD. [2-3]

Obesity. The high prevalence of overweight and obesity, the main components of MS, among children and adults increases the risk of health complications. According to the World Health Organization, the overall prevalence of obesity worldwide has almost tripled since 1975. In 2016, 39% of adults aged 18 years and older were overweight, 13% were obese. Obesity is associated with a high incidence of well-known cardiovascular risk factors: dyslipidemia, hypertension, and diabetes. It has been shown that the existence of a continuum associated with these conditions, when pathological processes begin as a result of the action of several risk factors, leads to irreversible changes and cardiovascular complications through endothelial damage, vascular and myocardial remodeling, and leads to the progression of atherosclerosis. These changes can begin already in childhood and over time significantly increase the risk of CVD, including MI, in young people [5]. Dyslipidemias are quantitative changes in the concentration of total cholesterol, corresponding fractions, or triglycerides in plasma. Dyslipidemias can

result from primary changes in lipoprotein metabolism caused by various genetic reasons (primary dyslipidemias) or as a consequence of exogenous factors or other pathologies (secondary dyslipidemias). Combined dyslipidemias are the result of the association of important epigenetic effects and environmental factors with CVD risk factors. [6].

Genetic predisposition. It should be noted that in most cases, genetic predisposition is only a prerequisite for the development of pathology under the influence of other environmental risk factors. Analysis of molecular genetic markers can increase the effectiveness of early disease prevention measures in their carriers, which will at least lead to a shift in the timing of the onset of the disease and reduce the severity of the course [7].

Psychoemotional factor. Stress (acute or chronic) can lead to MI, this is the most typical risk factor for the development of CVD in young women. The effect of stress, activating the sympathoadrenal system and inflammation, leads to endothelial dysfunction, changes in vascular reactivity, increased blood clotting and atherogenesis.

Hyperhomocysteinemia. Research conducted over the past two decades highlights hyperhomocysteinemia as a major factor contributing to the development of atherosclerotic vascular diseases. The study found that hyperhomocysteinemia is reliably associated with the presence of acute coronary syndrome and the severity of coronary artery stenosis in young patients under 35 years of age. Conclusion

Myocardial infarction is considered a serious problem among the youth of Andijan. Doctors do not rely on acute coronary syndrome in this category of patients, it should be borne in mind that early awareness of the risks of development helps in their further treatment, which reduces the likelihood of developing myocardial infarction and improves the condition of patients in this category. When myocardial infarction is limited at a young age, the consequences can be severe (psychological, physical, economic), therefore, with a decrease in the risk of recurring episode occurrence, focusing on the main etiological cause, proper

and timely individually directed treatment of this disease is important. There are many traditional and non-traditional methods that have a successful treatment.

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