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## **FEATURES OF HORMONAL STATUS, COURSE AND DIAGNOSIS OF MYOCARDIAL INFARCTION IN WOMEN OF MIDDLE AGE**

**Summary.** However, even the frequency of myocardial infarction in different age groups in women is still unclear. The possibilities of different methods of diagnosis and treatment of myocardial infarction in women of different age groups have not been sufficiently studied.

This is due to the peculiarities of the coronary blood supply in women, in which angioplasty and stenting are often technically difficult, which dictates the need to develop effective therapeutic strategies aimed at improving the prognosis for the development of MI in women. Currently, great hopes are associated with the early appointment of angiotensin-converting enzyme inhibitors (ACE inhibitors), which have a high affinity for tissue myocardial ACE.

**Key words.** angioplasty, stenting, bisoprolol, metoprolol.

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## **ОСОБЕННОСТИ ГОРМОНАЛЬНОГО СТАТУСА, ТЕЧЕНИЯ И ДИАГНОСТИКА ИНФАРКТА МИОКАРДА У ЖЕНЩИН СРЕДНЕГО ВОЗРАСТА**

**Резюме.** Однако, до настоящего времени неясна даже частота инфаркта миокарда в различных возрастных группах у женщин. Недостаточно изучены возможности разных методов диагностики и лечения при инфаркте миокарда у женщин различных возрастных группах.

Это объясняется особенностями коронарного кровоснабжения у женщин, при котором нередко выполнение ангиопластики и стентирования технически затруднено, что диктует необходимость выработки эффективных терапевтических стратегий, направленных на улучшение прогноза при развитии ИМ у женщин. В настоящее время большие надежды связываются с ранним назначением ингибиторов ангиотензинпревращающего фермента (ИАПФ), обладающих высокой тропностью к тканевому миокардиальному АПФ.

**Ключивая слова.** ангиопластики, стентирования, бисопролол, метопролол.

**Introduction.** The relevance of the work is determined by the increasing frequency and poor prognosis of myocardial infarction (MI) in women. The mortality of female patients during the first year after acute coronary events culminating in the development of myocardial necrosis is 1.5 times higher than the mortality of men and leaves about 30%. According to the results of the analysis of the register of acute coronary syndromes, this figure is 44% for women and 28% for men. Unfortunately, the introduction of invasive methods aimed at myocardial revascularization in acute coronary syndromes and the planned treatment of coronary heart disease in women did not give the expected result in reducing in-

hospital and post-hospital mortality (1). This is due to the peculiarities of the coronary blood supply in women, in which angioplasty and stenting are often technically difficult, which dictates the need to develop effective therapeutic strategies aimed at improving the prognosis for the development of MI in women (2). Currently, great hopes are associated with the early appointment of angiotensin-converting enzyme inhibitors (ACE inhibitors), which have a high affinity for tissue myocardial ACE. Zofenopril is considered a priority in the containment of pathological left ventricular remodeling in the post-infarction period, its effectiveness was proven in the large randomized SMILE study, which showed that the use of zofenopril reduces mortality in MI by 90% when administered in the first 24 hours of MI and by 56% when prescribed in first 48 hours of MI.

**Purpose of the study.** Study of the course and hormonal status in middle-aged women with myocardial infarction.

**Materials and methods of the study.** The study included 40 women who had had myocardial infarction, aged 44 to 59 years. 40 women under 60 were under observation at the inpatient and outpatient stages.

**Inclusion criteria:** female; verified myocardial infarction (MI): significant ST segment elevation, presence of a Q wave, or diagnostic troponin level during hospitalization.

The diagnosis of MI was made on the basis of a comprehensive clinical, instrumental and laboratory study. The standardization of drug therapy was carried out in accordance with the recommendations of the European Society of Cardiology and VNOK. All patients after admission to the department from the first day took bisoprolol 2.5-10 mg or metoprolol 50-200 mg / day, after stabilization of hemodynamics, ACE inhibitors (lisinopril, ramipril, enalapril, zofenopril, perindopril), atorvastatin 40-80 mg, clopidogrel in a daily dose of 75 mg was taken for 12 months, as well as aspirin 100 mg/day and then 75-100 mg/day. In MI, thrombolysis was performed with tissue plasminogen activator in

the absence of contraindications; in MI, unfractionated and low molecular weight heparins (enoxaparin) were performed for 3-7 days.

**Research results and discussion.** In the groups of young and middle age, among those who are about the timing of the picture, 40.3% of the patient has a disorder of degenerative-dystrophic diseases, exacerbation of the pain of Ostalenty (39.5%), services Vulcantorno, including coronary artery disease, hospitals to rent. that it was acrame in nick

Right for the period of ococt, cpemie premium from the moment of polyperic angina pectoris in young wives, on average 8.1+2.7 days, in middle-aged women 5.5 1.1 days, in women older than 3.8+0.8 days (post-verity between films of young and older age  $p<0.05$ ). At the same time, the average duration of hospitalization during the rut of a full attack in young women was 4.240 hours, in sick women 0.4 hours, in persons of the older group 5.73 1.4 hours (significance between layers of average and older growth  $p<0, 05$ ). I found a significant relationship between hospital stays ( $r=0.05$ ) and long-term ( $r=0.32$ ) DM - patients with long-term apesis of DM were hospitalized. It is shown that women with higher education ( $p 0.05$ ), as well as women separated from the family ( $p <0.05$ ), were hospitalized in the old towns significantly earlier, which may be accompanied by fear of not having time for an ambulance and meeting

When evaluating the features of the clinical map of other angina pectoris, it was found that reliably - 87.5% of cases - high-quality wall-paper smell of an older papient, while 42% of young patients and 28.2% of middle-aged patients had discomfort for a chest injury and moderate intense

In case of copious charyngealangular attack, the sex that is not the case is 6679 young age 60.0% of middle-aged patients and 71.4% of older patients (significance between all groups  $p<0.05$ ). Only in 14.9% of the sick groups, which typically had no pain, while in the majority - 65.15% pain pain was accompanied by weakness, with three knocks - loss of consciousness. In 47.5% of the hearings, the above-mentioned complaints are undoubtedly greater than the doctor's annoyance. In the literature, pictures of the onset of acute MI in some parts.

**Conclusion.** Acute myocardial infarction in 81% of young women and 65% of middle-aged patients is the debut of coronary heart disease; in 30-40% of cases it develops without a typical clinical picture, which leads to late hospitalization. In 70% of young and middle-aged women and 61% of older patients, Q-myocardial infarction develops, the anterior wall of the left ventricle is most often affected. The complicated course of myocardial infarction is observed equally often in all age groups.

The levels of inflammatory blood markers do not depend on the age of women with myocardial infarction and are associated with the development of such complications as recurrent myocardial infarction, acute heart failure, ventricular arrhythmias. C-reactive protein in women with myocardial infarction is increased in all age groups. Anemic syndrome occurs most often in young and old people and is associated with the development of complications. The level of NT proBNP on the 5th day of myocardial infarction was increased in all age groups.

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