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PREVALENCE OF RISK FACTORS OF CARDIOVASCULAR DISEASES AMONG WOMEN.

Annotation. The article presents the results of studying the prevalence of risk factors of cardiovascular diseases among women and the characteristic features of dyslipidemia in them in various age categories. The main indicators of DLP among women were LDL and, especially, HDL. When comparing DLP in different age groups, it was found that low values of HDL increased 1.7 times with age in women (p<0.001), and no special changes were detected for the remaining lipid fractions.

Key words: risk factors, cardiovascular diseases, dyslipidemia, low-density lipoproteins, high-density lipoproteins.

Actuality of the theme. Atherosclerosis with its basic clinical manifestations keeps leading in structure of illness and death. At the same time in last years achieved high advances in decreasing of cardiovascular death in many developed countries. In experts' judgment, this effects show introduction of atherosclerosis primary prophylaxis rules, healthy life-style, basic principles of conclusive medicine and so results of polycentric clinical researches [1].

Disturbance of lipids' metabolism is one of the important risk factors in developing and progressing of cardiovascular disease (CVD). Showed, that there is distinct correlation between cholesterol concentration and death level from ischemic heart disease (IHD) [2].

Atherosclerotic vascular disease is the leading cause of mortality in women. Although biology of the disease is the same, the risk factors (RF) may differ, and gender specific risk factors and conditions alter the course of the disease. With worsening epidemics of diabetes and obesity, women are getting the disease in younger ages especially in middle income countries [3].

Dyslipidemia is prevalent among women who undergo a number of hormonal changes throughout their lives that have significant effects on lipoprotein metabolism. With menopause, women not only experience a worsening of their lipid profile, with transition to higher and more atherogenic dyslipidemia, but also have an increased tendency to gain weight and blood pressure. Despite some improvement in recent years, underdiagnosis and undertreatment in women is still an issue [4].

In Uzbekistan part of women dead from cardiovascular disease, in able-bodied age, was 26% in 2000 year and to beginning 2010 y. it increase till 32.2% [5]. In spite of timely professional examination, which gives opportunity to escape mortality raising from CVD, possibly main factor which determines given condition are poor awareness of population about RF and their interaction, absence of fatal risk assessment and training patients with high risk level, supporting they for correction RF and reducing cardiovascular mortality, which defined purpose and tasks of the research [6].

Important aspect of CVD prophylaxis is detection of persons with disturbance of lipids' metabolism and without clinical symptoms of ischemic heart disease. Estimation of individual fatal risk, so possibility of death from IHD, peripheral atherosclerosis and stroke on persons without clinical symptoms of enumerated diseases in 10 years takes on table of Systemic Coronary Risk Evaluation. Is shown that, decrease of a level such powerful risk factors such as, hypercholesterolemia (HChE) and arterial hypertonia (AH) - leads to significant (to 20-40%) reduction of total death from CVD [7].

Aim of the research were to study the frequency of CVD RF, such as smoking, AH, HChE among women of Ferghana valley in different age, as well as performing comparative analysis of lipid spectrum depending on the age of women.

Materials and methods of the research. The object of study is based on 255 women, in the age of 30-69 years, which haven't clinical signs of atherosclerosis. Performed one-timely patient examination, with method of random sample and filling specially prepared questionnaire. Questionnaire contains passport details of the patient (N.S.P., age, gender and address), smoking, blood pressure (BP) and laboratory-biochemical data: total cholesterol (TCh), high density lipoproteins (HDL), low density lipoproteins (LDL), very low density lipoproteins (VLDL), triglycerides (TG), glucose and creatinin in blood according to testimony. Showed principal diagnosis and its complications, and associated diagnoses.

Results and discussion. Analysis of RF in women of different age showed, that among 31-40 years and 41-50 years obesity and AH revealed in 47,8 % (11 per.) и 45,8% (27 per.) and in 21,7% (5 per.) and 28,8% (17 per.), accordingly. In women aged 51-60 years determined sharp arise of RF, especially AH. The prevalence of RF at the age of 51-60 years and over 60 years was as follows: obesity revealed in 56,9% (62 per.) and 59,7% (37 per.), AH in 64,2% (70 per.) and 80,6% (50 per.) (P <0,05), diabetes mellitus (DM) in 16,5% (18 per.) and 20,9% (13 per.), accordingly (Figure 1).
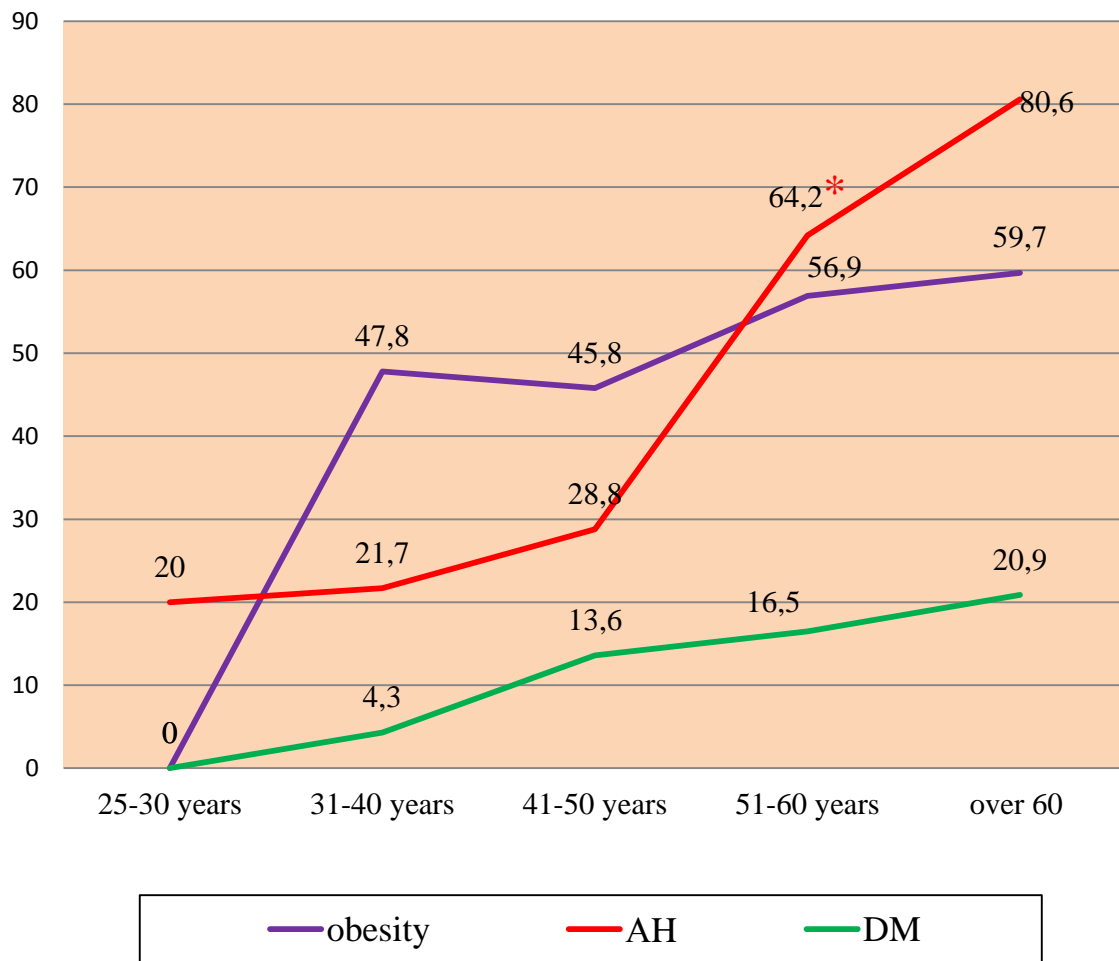
The dynamics of risk factors in women

Figure 1. The dynamics of RF in women, depending on the age.
Note: * - P<0.05.

Among women DLP was revealed in following order: low index of HDL had 54.5% (102 per.), high index of LDL 47.1% (78 per.), high index of TG 41.7% (78 per.), HChE 24.1% (45 per.) and high index of VLDL had 12.3% (23 per.) of examined women (Table 1).

Table 1.

Structure of dyslipidemia in women.

Dyslipidemia	↑TCh	↓HDL	↑LDL	↑VLDL	↑TG

women	авс	45	102	88	23	78
	%	24,1	54,5	47,1	12,3	41,7

On comparative analyses of lipidic spectrum in different age groups (1st group – younger 40 years and 2nd group – elder 40 years), in women of senior group low index of HDL 1.7 times more revealed (p<0,001), in the rest lipid fractions particular changes weren't defined (Figure 2).

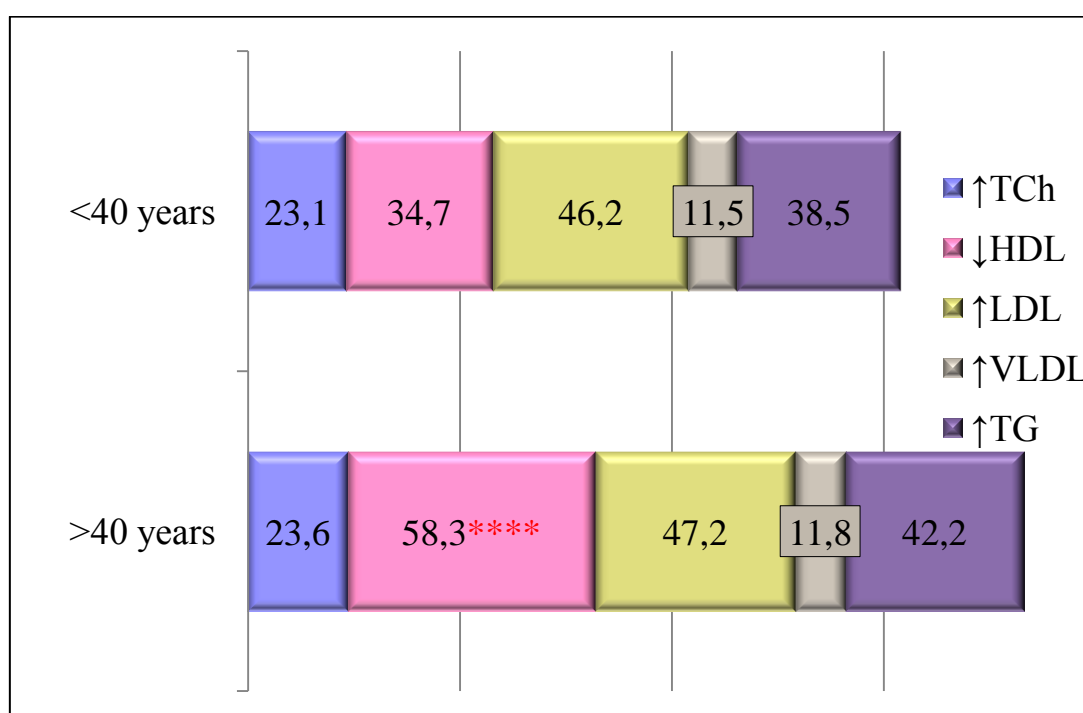**Figure 2. Characteristic features of dyslipidemia**

in different age groups.

Conclusion.

1. Frequency of risk factors of CVD increased with the age of the women, almost 60% of women over 60 yearas had obesity and 80% had AH.

2. Key indicators of DLP women were LDL and, especially, HDLP (p<0,001). In a moment TCh was less informative, and revealed on lesser values than other lipid fractions.

3. Comparative analyze of DLP in different age groups showed, that in women of senior group low index of HDL 1.7 times more revealed (p<0,001), in the rest lipid fractions particular changes weren't defined.

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