

CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND EARLY DIAGNOSIS OF CARDIOVASCULAR PATHOLOGY AND PROGNOSIS OF CONCOMITANT DISEASES

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Abstract

Chronic obstructive pulmonary diseases are mainly caused by airway obstruction, characteristic of chronic obstructive bronchitis and lung, resulting from the use of emphysema. Check the epidemiological diagnosis of SOO'K in European countries from 5 to 16% of the adult population registered in the world for temporary and unfit work, unhappiness and is the main cause of disability. The total number of deaths in the world, which amounted to 4% of the organization, took the 4th position due to death, and by 2020 – by 6.8% (4.7 million man) it was supposed to be a cover. Early periods of the disease development, early clinical signs of the disease, prediction of calving is a complex problem, traditional clinical and functional methods using sensitive methods such as mathematical modeling and immunofermentation are an urgent task.

KEYWORDS: chronic, lung, treatment, diagnostics.

INTRODUCTION

In patients with chronic obstructive pulmonary diseases in the world, cardiovascular comorbidity is based on clinical and diagnostic studies aimed at improving scientific research and their treatment, with special attention to the clinical assessment of chronic obstructive pulmonary and cardiac diseases in various clinical forms of the disease and the functional properties of early detection and prediction of night operations, clinical-determination of functional markers; early detection and prediction of the risk of developing the disease; conducts research on the development of procedures. All these patients in a number of clinical, functional processes, methods of objective assessment of improvement and prediction of disease development played an important role in the development of the style.

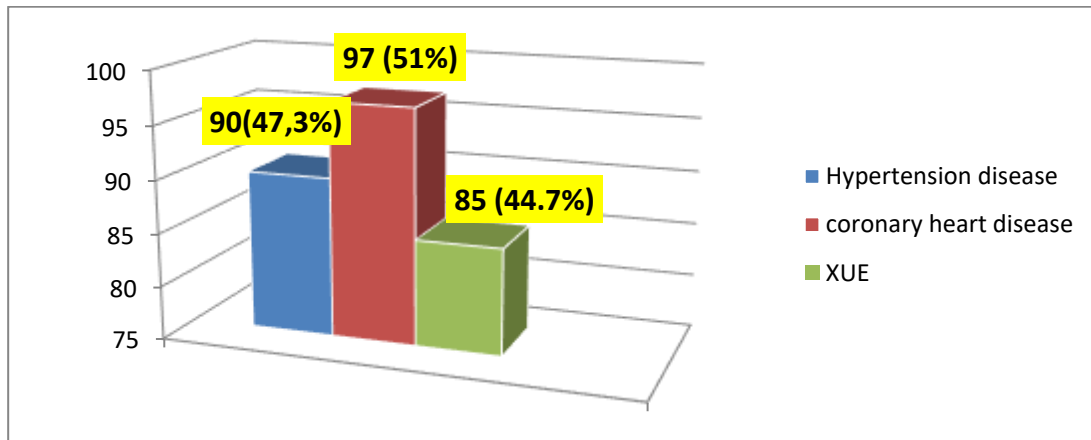
In the medical sector of the country, the development of a global system of adaptation to the requirements of health services, in particular to cardiovascular diseases, is being implemented through early diagnosis of complex measures aimed at reducing its complications. On improving the healthcare system in this regard, "... the effectiveness of medical care provided to the population in the country, improving the quality and ommaboplic, as well as the formation of a system of medical standardization, diagnosis and treatment with high-tech methods for the introduction of an effective model through the creation and patronage of dispensary services, healthy lifestyle support and disease prevention ", such as certain functions. Implementation of this function in chronic diseases with heart failure linical and genetic diagnosis of the disease and the risk of development of forecasting changes and improvements for conducting research to reduce the negative consequences of the causes of disability and expediency.

The distribution of patients according to the severity of the disease was as follows: 13 (6.8%) patients with level I, 57 (30%) patients at level II, 81 (42.6%) patients of level III and 39 (20.5%) patients of level IV.

Analysis of the analysis showed that clinical signs of the disease in patients, 169 (up to 88.9%) patients with hansirash, 183 (up to 96.3%) in patients with chronic cough, 110 (57.9%) in the chest with discomfort, 87 (45.7%) and chest pain than 165 (86.8%) were registered in patients with complaints such as fatigue (2-Figure). 65% of patients used the nazoratli Su'K group, and 35% of patients made up the nazoratlanmagan group. The Hansirash mMRC (Modified Medical Research Council) scale was determined by. Light levels of hansirash are 21.5% in patients with an average level of hansirash, severe – 22.6%, and in patients with the most severe levels of hansirash ko'uchrab – 45.8%, respectively. At the most severe level, hansirash was observed in 7.8% of patients.

One of the risk factors for the disease in patients with SOO'C UC (postpartum reception) is heredity 68 (35.7%), smoking – 49 (25.7%), AS 71(37.3%), AG – 90 (47.3%), gx – 52 (27.4 %), physical inactivity 104 (54.73%) patients were identified.

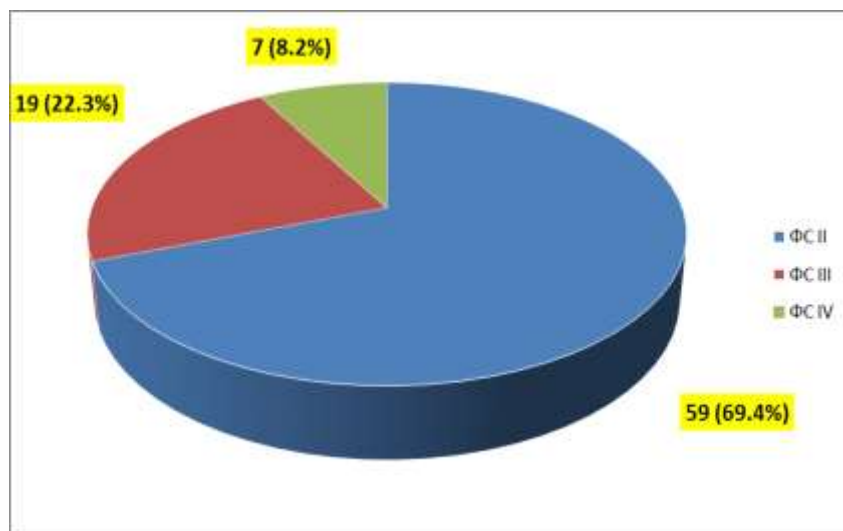
In patients with diseases of cardiovascular comorbidity, the analysis is carried out with ah comorbidity of 90 (47.3%) cases detected with yu – 97 (51%) with chronic heart failure and 85 (was 44.7%) to meet together in the position to be determined (3-image).



This analysis is an analysis of the disease in patients with arterial hypertension AG stage I 33.4%, in patients with stage II 54.4% of patients, in phase III 12.2% of patients were registered.

Chronic heart failure (CHF) status II in patients with FS, comorbid analysis decreased sharply by 69.4%, which is found in the kits. Fs iii xuan comorbidity in 22.3% of patients with fs and in iv patients was registered in li 8.2%, respectively (Figure 5).

The results of tests for six-minute walking (ODYUS) in patients with SOOK 382.6 ± 37.8 hours, respectively. This indicator is low in patients with cardiovascular diseases comorbid to the existing condition, it was significantly 296.4 ± 49.3 meters ($p < 0.01$), respectively.



The results of the assessment of quality of life indicators in patients with COE indicate a high level of this indicator in cases of patients with comorbid cardiovascular diseases (up to 30 points in 21 patients 61.6% and the highest level, that is, from 31 to 40 points in patients who had a significant deterioration in 13.3% than in patients who had this condition and who made a concomitant diagnosis.

Brief information

"Chronic obstructive pulmonary disease and early diagnosis and concomitant pathology determining the prognosis of cardiovascular disease" dissertation work was performed on the following conclusions were obtained as a result of the study:

1. Analysis of risk factors for cardiovascular diseases Xpastalangan in patients with chronic obstructive pulmonary disease, 81.3% determine the presence of risk factors in patients. One of the risk factors is the high prevalence of hypertension among patients, 71.4% of what, then physical inactivity is 54.73%, as 34.4%, hereditary predisposition 35.8%, abdominal obesity - 37.3%, gx - 27.4%, smoking - 25.7% of cases occurs in the observed cases.

2. Risk factors for cardiovascular diseases in patients diagnosed with chronic obstructive pulmonary disease in a patient who occurs during the analysis, 1xavf, in which 13.7% of patients, 2, in which the risk is 15.1% of patients with 3 or more risk factors in patients with 51.5%, respectively. Patients who have extremely high risk factors of 50-60-year-old patients, respectively.

3. In chronic obstructive pulmonary disease, diseases with the quality of cardiovascular comorbidity were registered in% of cases, respectively, hypertension, including comorbidity in 47.3% of cases, yu comorbidity in 51% of cases, Xuan - in 44.7% of cases. Chronic heart failure (CHF) status II in patients with FS, comorbid analysis decreased sharply by 69.4%, which is found in the kits. Fs iii xuan comorbidity in 22.3% of patients with fs and in iv patients was registered in li 8.2%, respectively.

4. The Charleston index for chronic obstructive pulmonary disease was 4.07 ± 0.12 points on the comorbidlik scale and 8.86 ± 0.22 points on the cis scale. In addition to these indicators, risk factors, deviation of the exocardiography fraction from the index, hypertrophy of the left ventricle and the cavities of the left and right ventricles of the heart are a reliable forecast of the volume of meso-show, which will determine the matrisaning.

5 chronic obstructive pulmonary disease in patients diagnosed with primary prognosis using a mobile application developed in the healthcare system, risk factors and patients with concomitant cardiovascular diseases satisfactory forecasts of control points, consistent adherence to the treatment regimen and early detection of the disease as a result of the introduction of the order of complications were accompanied by a decrease in the description.

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