

MAIN RISK FACTORS FOR CARDIOVASCULAR DISEASE

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For many years, cardiovascular disease (CVD) has firmly held the leading position among all causes of death worldwide. Three cardiovascular risk factors—hypertension, smoking, and dyslipidemia—are known to account for more than 75% of all cardiovascular mortality. The likelihood of developing coronary heart disease and other cardiovascular diseases increases with the number and severity of these risk factors.

The objective of the study was to analyze the main risk factors, study their prevalence, assess the dynamics of cardiovascular risk factors, and implement preventive measures to reduce the risk of cardiovascular disease. In our country, obesity occurs in 20–30% of the adult population. In 80% of cases, the primary causes are excessive food consumption, increased consumption of refined and high-calorie foods, and physical inactivity. Physical inactivity is currently considered an independent risk factor for coronary heart disease. Some sources indicate a higher risk of developing coronary heart disease in the presence of physical inactivity. For example, it has been found that the incidence of coronary heart disease and its mortality is significantly higher among people with sedentary occupations than among people with blue-collar jobs.

Study materials and methods: The prevalence of traditional cardiovascular risk factors was assessed in a representative sample of 76 individuals aged 30 to 59 years. A full analysis of the data was conducted, taking into account age, gender, and social status. A medical history was collected, a physical examination, blood pressure measurements,

anthropometric parameters, body mass index, heart rate, and respiratory rate were assessed, pathological symptoms were determined, and a diagnosis was made.

Results. The average age at diagnosis of CVD in the study was 46.3 years, with the prevalence of overweight and obesity at 35.0% and 30.3%, respectively. Abdominal obesity was detected in 53.8% of the subjects, and a family history of early CVD was present in 59.0% of the subjects. Smoking was reported by 21.2%, and quit smoking (having not smoked for more than a year) by another 20.0%. Alcohol consumption more than twice a month was noted in 10.5% of the respondents. It should be noted that the prevalence of arterial hypertension (AH) was 27.9% of those examined, and 4.8% of those examined had newly diagnosed elevated blood pressure. The prevalence of type 2 diabetes mellitus (DM) was 4.7%. It was found that the majority of studies focused on cardiovascular disease, hypertension, and coronary heart disease (CHD).

Conclusions: Currently, the concept of prevention of non-communicable diseases is based on the principles of risk factor prevention [1,8]. Widespread implementation of preventive measures based on the elimination of risk factors with the aim of forming a healthy lifestyle reduces the risk of developing CVD. Epidemiologically confirmed and clinically proven scientific facts indicate that with properly organized preventive and therapeutic care for patients with CVD, the number of complications of the disease decreases, its prognosis improves and the quality of life of patients increases. .

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