STUDY OF RISK FACTORS OF ISCHEMIC HEART DISEASE IN PATIENTS WITH GOUT

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Introduction. Cardiovascular diseases are the leading cause of death worldwide. According to the report of the study An estimated 17.9 million people died from CVDs in 2019, representing 32% of all global deaths. Of these deaths, 85% were due to heart attack and stroke. An increase in serum uric acid leads to the formation of sodium monourate crystals and the development of gout. Gout is the most common form of arthritis in the world, and the risk of cardiovascular system is the highest in the population and one cause is chronic crystal-induced inflammation In addition, according to epidemiological studies and meta-analysis, hyperuricemia is associated with hypertension, ischemic heart disease, and chronic heart failure. In addition to damaging the musculoskeletal system, the development of gout increases the risk of cerebrovascular disorders, cardiovascular disease, and, in turn, myocardial infarction and death. Thus, timely monitoring of purine metabolism, lipid and carbohydrate metabolism in patients with gout or hyperuricemia can prevent cardiovascular complications. It should be noted that in recent decades, gout an increasing trend is observed.

Purpose. Identifying the frequency of occurrence of the main risk factors in patients have CHD and gout.

Materials and methods. The trials included 50 patients hospitalized in the Intensive care unit of the Republican Center of Cardiology . Clinical-demographic, laboratory and instrumental indicators, outcomes and associated factors were studied. Average age group of is from 55 to 75 men and women . 1- group (n=26) Patients with IHD and Gout. 92% of Patients from 1- ehamined group have hypertension and 8% of them have diabetes . Average age is 65±1,7, 25 of them is men, 1 of them is women. 2- controlled group (n=24) patients with only IHD. 88% of Patients from 2- group have hypertension and 11,5% of them have diabetes . Average age is 58 ±1,2 and 18 of them is men, 6 of them is women. Diagnostic investigation: Biochemical blood analysis (with assessment of uric acid level), lipid spectrum (XS, TG, LDL, HDLP) , C-reactive protein, Radiography of joints, ECG , echoKG, BP, BMI. Research results: the study of blood pressure stages in percentage patients with CHD and gout . 11,50% of them normal stage , 23%of them elevated stage, 46% of them first stage , 19% of them 2nd stage, 7,7 % of them 3th stage. However , the study of blood pressure stages in percentage of patients who have only CHD shoved that 20% of them normal stage , 26% of them elevated stage, 36% of them first stage , 10% of them 2nd stage, 8 % of them 3th stage . Evaluation of Body Mass Index (BMI) in both group. It was noted that a significant deterioration in the course of evaluation of Body Mass Index (BMI) in both group. 56% of patients from 1st group have Obese class II, only 1 patient (3,9%) of them have normal range of BMI. By contrast 2nd controlled group, 8 (33,3%) of them have Obese class II and the normal range of BMI is 3 (12,3%). Evaluation of Blood Cholesterol Levels (mg/dl) shoved that the level of Very low LDL and total cholesterol are higher in the first group than 2ng group patients(189,57±0,131±0,1 respectively). The level of uric acid in the patient who have gout and CHD is increased about 9.7±0,1

Conclusion. 1.The relative risk of fatal cardiovascular disease was increased in men with gout compared with men without gout, after adjustment for other cardiovascular risk factors .In men with gout with history of cardiovascular disease, the cardiovascular risk was higher in those

regularly dispensed and those with serum urate levels at the recommended treatment target. The authors included people with a history of cardiovascular disease, and found that gout was also associated with an increased risk of other conditions. In addition , we found link between gout and CHD and other influencing factors including hypertension, hyperlipidemia, and diabetes mellitus. We also found that gender and age were associated with CHD. The potential causal mechanisms of these associations require further exploration, including casual inference modelling in future studies.