



## BODY MASS INDEX AND CORONARY HEART DISEASE IN THE ASSESSMENT OF THE LEVEL OF COMORBIDITY

Nagaeva G.A., Zhuraliev M.Zh., Abdunugmanova M.Kh., Olimov Kh.A.

JV LLC multidisciplinary medical center "EzguNiyat"

Tashkent, Uzbekistan

**Purpose:** comparative analysis of clinical, laboratory and angiographic parameters in patients with coronary artery disease, depending on the body mass index (BMI).

**Material and Methods:** 71 patients with coronary artery disease were examined. All underwent general clinical laboratory functional studies and coronary angiography with stenting of the coronary arteries. Depending on the level of BMI, 2 groups of patients were identified: 1 gr. - 36 patients with BMI <30 kg / m<sup>2</sup> and 2 g. - 35 patients with BMI ≥ 30 kg / m<sup>2</sup>.

**Results:** the BMI ≥ 30 kg/m<sup>2</sup> was characterized by a greater comorbidity, while hypertension was more often noted among the comorbidities; DM; GDZ diseases (p<0.05); COPD and past history of Covid-19. The total comorbidity index in group 1 was 3.1±1.4, which is 0.4 units. was less than in group 2 (p>0.05). Higher gradations (3A and 3B stages of CKD) turned out to be the prerogative of group 1 patients with BMI < 30 kg/m<sup>2</sup>. Namely, CKD of the 3rd stage among patients of group 1 was noted in 30.5% of cases, which was 2.13 times higher than in the comparison group (p=0.296 and  $\chi^2=1.094$ ). For individuals with BMI ≥ 30 kg/m<sup>2</sup>, AG-3st was the most characteristic. (p=0.001 and  $\chi^2=10.582$ ).

**Conclusion:** there are still many controversial points in the assessment of the relationship between excess weight and cardiovascular pathology. Nevertheless, the significance of the BMI indicator has its prerogatives in this direction, especially in primary health care at the first contact with a patient.