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ЖУРНАЛ КАРДИОРЕСПИРАТОРНЫХ ИССЛЕДОВАНИЙ

ГЕРОНТОЛОГИЯ

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ОСОБЕННОСТИ ТЕЧЕНИЯ И ЛЕЧЕНИЯ СЕРДЕЧНО-СОСУДИСТЫХ ЗАБОЛЕВАНИЙ У ПОЖИЛЫХ ПАЦИЕНТОВ В ПРАКТИКЕ СЕМЕЙНОГО ВРАЧА

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АННОТАЦИЯ

В данной обзорной статье рассматриваются особенности течения и лечения пожилых пациентов с сердечно-сосудистыми заболеваниями. Особое внимание уделено ведению пожилых пациентов с артериальной гипертензией, ишемической болезнью сердца, аритмией и сердечной недостаточностью. Заболеваемость сердечно сосудистой системы в старших возрастных группах изменяется: снижается доля функциональных расстройств, снижается частота острых заболеваний, однако их появление обычно не сопровождается типичной клинической картиной, увеличивается вероятность прогрессирования хронических патологических процессов. Дополнительно представлены пути избежания полипрагмазии с учетом пожилого возраста и коморбидности, а также важно наладить и обучить врачей первичного звена навыкам межличностного отношения, именно учитывая возраст и особенности характера пациента и его коморбидных состояний.

Ключевые слова: артериальная гипертензия, ишемическая болезнь сердца, аритмия, особенности ведения и лечения, пожилой возраст.

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FEATURES OF THE COURSE AND TREATMENT OF CARDIOVASCULAR DISEASES IN THE ELDERLY PATIENTS IN THE PRACTICE OF A FAMILY DOCTOR

ANNOTATION

This review article examines the features of the course and treatment of elderly patients with cardiovascular diseases. Particular attention is paid to the management of elderly patients with arterial hypertension, coronary heart disease, arrhythmia and heart failure. The incidence of the cardiovascular system in older age groups is changing: the proportion of functional disorders decreases, the frequency of acute diseases decreases, but their occurrence is usually not accompanied by a typical clinical picture, and the likelihood of progression of chronic pathological processes increases. Additionally, ways to avoid polypragmasia are presented, taking into account old age and comorbidity, and it is also important to establish and train primary care physicians in interpersonal skills, taking into account the age and characteristics of the patient's character and comorbid conditions.

Key words: arterial hypertension, coronary heart disease, arrhythmia, management and treatment features, old age.

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OILAVIY SHIFOKOR AMALIYATIDA KEKSA YOSHDAGI BESLOMLARDA YURAK-QONTOM KASALLIKLARI KECHISHI VA DAVOLASH XUSUSIYATLARI

ANNOTATSIYA

Ushbu sharh maqolasida yurak-qon tomir kasalliklari bilan og'rigan keksa bemorlarni davolash kursi va davolash xususiyatlari ko'rib chiqiladi. Arterial gipertenziya, yurak ishemik kasalligi, aritmiya va yurak etishmovchiligi bo'lgan keksa bemorlarni davolashga alohida e'tibor qaratilmoqda. Katta yoshdagi guruhlarda yurak-qon tomir tizimining kasallanishi o'zgaradi: funksional buzilishlar ulushi kamayadi, o'tkir kasalliklar chastotasi kamayadi, ammo ularning paydo bo'lishi odatda tipik klinik manzara bilan birga kelmaydi, surunkali patologik jarayonlar rivojlanishi ehtimoli ortadi. Keksalik va komorbidlikni hisobga olgan holda polipragmaziyadan qochish yo'llari qo'shimcha ravishda taqdim etilgan, shuningdek, birlamchi bo'g'in shifokorlarini shaxslararo munosabatda bo'lish ko'nikmalarini to'g'ri yo'lga qo'yish va o'rgatish, bemorning yoshi va xarakterining o'ziga xos xususiyatlari hamda uning komorbid holatlarini inobatga olish muhimdir.

Kalit so'zlar: arterial gipertenziya, yurak tomirlari kasalligi, aritmiya, davolash va davolash xususiyatlari, keksalik.

Currently, the proportion of elderly people in the total population is increasing every year [1]. Doctors of various specialties, primarily family doctors, increasingly have to examine and treat elderly people, as life expectancy increases, and the number of patients in such age groups also increases. At the same time, the doctor faces a number of specific problems that are not characteristic of patients of other age groups. Often, the symptoms of serious cardiovascular disorders, both for the patient and those caring for them, appear to be manifestations of aging of the body and do not require examination and treatment, and this can be a signal of "disaster." For an attentive family doctor who knows a patient for many years, as well as their living conditions, changes in the elderly person's well-being and condition will not go unnoticed [21]. However, a doctor who has recently met with an elderly patient, or narrow specialists, may have difficulty interpreting age-related pathological changes in the patient's body, so communication between healthcare units is crucial. The doctor begins to experience difficulties when examining an elderly patient from the very beginning - the stage of medical history collection [18]. Excessively active and prolonged conversation with the doctor does not contribute to establishing psychological contact with the elderly patient. An elderly patient may get tired of long conversations, in which case the doctor can collect the anamnesis in parts in several stages. If contact with an elderly person is difficult, the doctor may experience difficulties in collecting the anamnesis simultaneously, as it is easier for elderly people to recall insignificant events from their professional and personal life, their well-being during a particular period, they may focus their attention not on the main, but on secondary problems. The family doctor should not limit themselves to collecting medical history from relatives caring for the elderly. It is mandatory to conduct a conversation with an elderly patient in the absence of unauthorized persons, which will allow clarifying the patient's psychological status and their position in the family [15]. A patient with sensorineural hearing loss in the daily practice of a family doctor is a serious problem for collecting medical history. When communicating with him, the doctor needs to speak clearly, clearly, calmly, somewhat slower than usual, not shouting at the patient's ear. The doctor's face should not only show interest and sympathy, but also be sufficiently illuminated, as lip movements help the hearing-impaired patient understand the problem. An elderly patient is often characterized by increased suggestibility and consciously or unconsciously gives answers that, in their opinion, the doctor wants to hear. Therefore, when examining the anamnesis of an elderly patient, it is better to ask questions in a form that suggests a negative answer [7]. For example, when determining the location of chest pain, it is advisable to ask about the absence of pain in one or another part of the body. If the answer follows: "No, in this place, on the contrary, there is pain," then such a response will be closer to the truth, since the form of the question excluded suggestibility. When collecting medical history, the doctor should avoid medical terms incomprehensible to the elderly, speaking simply and clearly. An elderly patient and doctors often understand the same words differently [16]. At the same time, many patients in old age have extensive experience working in medical institutions, consider themselves sufficiently competent in medicine, and, in an attempt to ease the doctor's task, they begin listing diagnoses when asked what is bothering them. In this case, it is important, without interrupting the patient or arguing with them, to start clarifying the symptoms, formulating questions differently to form an opinion about the diagnosis. The medical terms used by the patient should not serve as a basis for the physician to form a holistic understanding of the disease. In many cases, an elderly patient overestimates their past treatment experience, which can prevent a family doctor from suspecting, for example, a myocardial infarction in a patient with an abdominal pain attack, if the patient themselves, without the doctor's intervention, associates this pain with gastric ulcer disease, which they have suffered from for many years[14]. Chest pain can bother an elderly patient with a number of diseases not related to the pathology of the cardiovascular system organs and related to the damage to the cardiovascular system. These can be pneumonia, pleurisy, neuralgia, myositis, gastric and duodenal ulcers, esophagogastroreflux disease, hepatic and renal colic, myocarditis, cardiomyopathies, and pericarditis [6, 9]. There may also be reverse situations where cardiovascular diseases in elderly patients are masked by symptoms of other organ diseases. For example, unpleasant sensations behind the sternum, considered by the patient as a manifestation of pancreatic disease, can be the first sign of myocardial infarction or hypertrophic cardiomyopathy [2, 6]. Shortness of breath, tachycardia, chest pain in an elderly patient with a long "cardiological" history sometimes serve as a manifestation of a large diverticulum of the esophagus, gallstone disease [3, 5]. The reason for persistent coughing in an elderly patient who believes they have chronic bronchitis may be a manifestation of circulatory disorders or the use of medications that activate bradykinins [3, 4]. Usually, sudden asthenia is observed in old age, the loss of interest in the surroundings is considered by both the patient and their relatives as a natural manifestation of aging, while it can be a manifestation without painful ischemia or microvascular angina [17]. However, the family plays an important role, the doctor must pay attention to the symptoms noted by the household members, as they often indicate the development of acute or chronic coronary syndrome in the body of an elderly person due to increased tolerance of pain syndrome in the patient, even if there are no complaints. The cause of this condition can also be the development of neuropathy in

gerontology. In an elderly patient, a drop in blood pressure and the appearance of tachycardia can be the only initial symptoms of an acute accident in the abdominal cavity, for example, perforation of a ulcer, which can be interpreted by the doctor as an overdose of hypotensive agents [2, 6]. An elderly person who considers themselves to have colitis may suffer from chronic ischemic heart disease. [2, 9, 11]. A attentive doctor will pay attention to migrating thrombophlebitis in an elderly family member, as this pathology is often the first and indirect sign of internal organ cancer in elderly individuals, for example, mediastinal organ cancer [2, 6].

In people older than 65 years, the heart's blood supply indicators decrease from 30% to 40% compared to 25-year-olds. The greater the difference between systolic and diastolic pressure, the more rigid the vessel wall, which indicates a higher risk of cardiovascular catastrophes [19]. Therefore, in patients with isolated systolic hypertension, it is necessary to reduce pulse pressure. For patients over 80 years old, monotherapy should be prescribed for the treatment of arterial hypertension. Sclerosis and calcification of the heart chamber valves and coronary arteries develop. The physiological reserve function of the heart of a 70-year-old person is 50% of the heart function of a 40-year-old person[16]. The heart's blood supply decreases by 40% [20]. The risk of developing coronary heart disease increases over the years. SLE develops as a result of the weakening of the pump function of the heart. The clinical presentation and course are no different from those of young people.

The morbidity of the cardiovascular system in older age groups changes: the proportion of functional disorders decreases, the frequency of acute diseases decreases, however, their appearance is usually not accompanied by a typical clinical picture, the probability of progression of chronic pathological processes increases.

With age, the number of patients with arterial hypertension, coronary heart disease, cardiomyopathy, and myocardiodystrophy is increasing. The peculiarities of the course of hypertension: isolated systolic hypertension is more common, in which the stiffness of the vessels increases, which means that the risk of developing vascular "catastrophes" increases. Therefore, the target pressure levels, with good tolerance, should be below 120 mmHg for systolic and below 80 mmHg for diastolic blood pressure. When diagnosing and treating arterial hypertension, orthostatic hypotension must be considered. [3, 10, 11, 17]. During coronary heart disease, painless and arrhythmic forms predominate. Often, the family doctor diagnoses this on the ECG "accidentally," so an elderly patient, even without complaints, needs to undergo electrocardiography every six months annually. The reason for all this is the decrease in the threshold of pain sensations. Signs of chronic heart failure are manifested in FC III and IV. During the consultation of elderly people, during each visit, it is necessary to identify signs and symptoms of heart failure and circulatory disorders. Often, due to age, peripheral resistance decreases, and swelling appears on the legs; it is necessary to differentiate the side effects of calcium channel blockers, which are taken by patients with arterial hypertension.

Treatment of an elderly patient also presents an additional problem. An elderly patient often has their own ideas about treating most diseases of the circulatory system. They do not attach importance to organizing rational nutrition in the family, maintaining a healthy lifestyle, and fighting harmful habits, but they widely use various biologically active additives, "folk" treatment methods, and use advice from neighbors, acquaintances, and other people far from medicine [3, 10, 11]. Elderly patients more often trust medication advertisements in the media than young patients[18]. After reading the instructions independently or on the advice of friends, the drug is changed, the dosage of the drug is changed. They do not consume, dose changes, or replace the drug with another, more "effective" one, from the perspective of the patient or their loved ones [14,15]. To avoid such shortcomings in the treatment of the patient, the authority of the family doctor in the eyes of the elderly patient should be sufficiently high [19]. Unfortunately, this is not always possible, especially if the age difference between the patient and the doctor exceeds 20 years or more, or if the doctor cannot demonstrate their knowledge and skills or follows the patient's lead [16]. The elderly's problem lies in the widespread uncontrolled use of non-steroidal anti-inflammatory drugs to relieve pain. The consequences of such "treatment" are well known - this is the exacerbation of arterial hypertension, which proceeds asymptomatically and is detected when complications develop. For elderly patients, with age, microcirculation disorders, decreased blood flow rate, changes in hemostasis, and the condition of the vessel wall appear [3, 5, 10]. All of this affects the drug's pharmacokinetics and pharmacodynamics. This can lead to drug intoxication of the dose usually prescribed to elderly patients, or lead to drug accumulation. Swallowing in elderly people can also be problematic. In elderly patients with visual impairment, swallowing impairment, parkinsonism, tremor, decreased tactile sensations, sensitivity, and impaired cerebral circulation, it may be difficult, and sometimes impossible, to swallow the tablet from the vial without dissolving the rest, take it out of the blister, put it in the mouth, and swallow [12]. Often, elderly patients confuse the medications prescribed by the doctor, forget the time of the last dose, and take them again "just in case." Therefore, the family doctor faces a difficult task - to explain in detail, in many cases in writing, to the elderly patient when and what medications they should take and to monitor them by close relatives living together [20]. Oral administration of the drug in old age may be less effective than in other age groups. The reason for this may be a decrease in its absorption in the gastrointestinal tract due to involuntary changes in the digestive system, a decrease in acidity, and the development of mucosal atrophy, therefore, it is important to correctly select the dose of the drug using the titration method [21]. However, at the same time, there are more cases of overdose of the drug in elderly people than in young people due to hypovolemia, hypoproteinemia, stomach acidity, and slowing of drug metabolism in the liver and kidneys. Therefore, when prescribing drug therapy, geriatric doctors recommend reducing the generally accepted doses of medications in elderly patients by one-third [10, 11].

In conclusion, it should be emphasized that the above-mentioned features of the behavior of an elderly patient suffering from diseases of the cardiovascular system do not exhaust all the problems faced by a family doctor in a particular situation, a definitive position on a number of tactical moments has not yet been developed, many fundamental issues of elderly management. The problems of managing elderly patients with cardiovascular diseases by a family doctor remain open and largely depend on the knowledge and professionalism of the family doctor and the patient's commitment, as medications are taken for a long time. These points remain debatable and far from being resolved. It is very important to establish and train primary care physicians in interpersonal skills, precisely taking into

account the age and characteristics of the patient and their comorbid conditions.

References / Список литературы /Iqriboslar

1. Абдухамидова Д., Аблакулова М. Роль врача общей практики в профилактике ожирения //Журнал вестник врача. – 2011. – Т. 1. – №. 2. – С. 27-30.
2. Аблакулова М.Х., Абдухамидова Д.Х. Особенности стареющего организма и фармакотерапии в гериатрии //InterConf. – 2020.
3. Дж. Нобель Обще врачебная практика. Москва, Издательский дом практика, 2005г.
4. Захидова М.З.,. и др. Сборник клинических протоколов №4. Учебно-методическое пособие для общепрактикующих врачей. Ташкент 2015 г. I,II части
5. Тинсли Харрисон. Внутренние болезни, Москва, «Практика», том 1 и 2, 2002 г.
6. Хакимова Л.Р., Абдухамидова Д.Х., Аблакулова М.Х., Узбекистонда бирламчи тиббий бугинида гериатрия хизматини йулга куйишда килинган харакатлар(адабиетлар шархи) Ж: «Проблемы биологии и медици-ны», № 4 (113), 2019 г., с. 269-272
7. Alexander K.P., Roe M.T., Chen A.Y., Lytle B.L. et al.; CRUSADE Investigators. Evolution in cardiovascular care for elderly patients with non-S7~-segment elevation acute coronary syndromes: results from the CRUSADE National Quality Improvement Initiative // J. Am. Coll. Cardiol. 2005. Vol. 46. P. 1479-1487.
8. Amsterdam E.A., Wenger N.K., Brindis R.G., Casey D.E. Jr et al. 2014 AHA/ACC guideline for the management of patients with non-5T-elevation acute coronary syndromes: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines // Circulation. 2014. Vol. 130. P. e344-e426.
9. Avezum A., Makdisse M., Spencer F., Gore J.M. et al.; GRACE Investigators. Impact of age on management and outcome of acute coronary syndrome: observations from the Global Registry of Acute Coronary Events (GRACE) // Am. Heart J. 2005. Vol. 149. P. 67-73. doi: 10.1016/j. ahj.2004.06.003.
10. Bragazzi, NL · Zhong, W · Shu, J ...Burden of heart failure and underlying causes in 195 countries and territories from 1990 to 2017Eur J Prev Cardiol, in press. 2021; doi.org
11. Centers for Disease Control and Prevention. Heart failure. Available at: https://www.cdc.gov/heartdisease/heart_failure.htm#:~:text=Facts%20About%20Heart%20Failure%20in,estimated%20%2430.7%20billion%20in%202012. Last accessed 4 Mar 2021.
12. Dodson J.A., Geda M., Krumholz H.M., Lorenze N. et al.. Design and rationale of the comprehensive evaluation of risk factors in older patients with AMI (SILVER-AMI) study // BMC Health Serv. Res. 2014. Vol. 14. P. 506. doi: 10.1186/s12913-014-0506-4.
13. Forman D.E., Arena R., Boxer R., Dolansky M.A. et al.; American Heart Association Council on Clinical Cardiology; Council on Cardiovascular and Stroke Nursing; Council on Quality of Care and Outcomes Research; and Stroke Council. Prioritizing Functional Capacity as a Principal End Point for Therapies Oriented to Older Adults with Cardiovascular Disease: a Scientific Statement for Healthcare Professionals from the American Heart Association // Circulation. 2017. Vol. 135, N 16. P. e894-e918.
14. Groenewegen, A · Rutten, FH · Mosterd, A ...Epidemiology of heart failure Eur J Heart Fail. 2020; 8:1342-1356
15. Jones, NR · Roalfe, AK · Adoki, I ...Survival of patients with chronic heart failure in the community: a systematic review and meta-analysisEur J Heart Fail. 2019; 11:1306-1325
16. Virani, SS · Alonso, A · Benjamin, EJ ...Heart disease and stroke statistics –2020 update: a report from the American Heart AssociationCirculation. 2020; 141:e139-e596
17. Руководство ESH по лечению артериальной гипертензии Целевая группа по лечению артериальной гипертензии Европейского общества гипертонии.(ISH), Милан, июнь 2023 Ж: «Гипертензия» https:// journals (ww.com/hypertension/Fulltext/9900/2023_ESH_Guidelines_for_the_management_of_arterial.271.aspx
18. Shoira, Khusinova. "FEATURES OF THE COURSE OF DISEASES OF THE DIGESTIVE TRACT IN THE ELDERLY." International journal of artificial intelligence 4.03 (2024): 370-373.
19. Хусинова, Ш. А., Н. А. Нармухамедова, and Н. Э. Юлдашова. "СОВРЕМЕННЫЕ ПРОБЛЕМЫ ПРОФИЛАКТИКИ НЕИНФЕКЦИОННЫХ ЗАБОЛЕВАНИЙ: Хусинова ША, Нармухамедова НА, Юлдашова НЭ." Лучшие интеллектуальные исследования 22.2 (2024): 70-76.
20. Shadieva, G. M., and Khusinova Shoira Akbarovna. "THE CONCEPT OF" FAMILY ECONOMY", ITS DEVELOPMENT." Journal of new century innovations 20.3 (2023): 32-41.
21. Akbarovna, K. S., Mamarasulovna, R. K., Rafikovna, K. L., Egamberdievna, Y. N., & Khalimovna, A. D. (2022). ASSESSMENT OF THE PREVALENCE AND QUALITY OF CARE OF PATIENTS WITH HEART FAILURE IN PRIMARY CARE. Thematics Journal of Education, 7(3).
22. Akbarovna, K. S., Mamarasulovna, R. K., Rafikovna, K. L., Egamberdievna, Y. N., & Khalimovna, A. D. (2022). REVIEW OF THE COURSE AND TREATMENT FEATURES OF COVID-19 PATIENTS WITH CONCOMITANT CARDIOVASCULAR DISEASE. Asian journal of pharmaceutical and biological research, 11(2).
23. Аблакулова М., Хусинова Ш., Юлдашова Н. Качество жизни и хроническая сердечная недостаточность //Общество и инновации. – 2022. – Т. 3. – №. 1. – С. 171-179.