"PRINCIPLES OF IMPROVING QUALITY OF LIFE IN PATIENTS WITH HYPERTENSION"

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Abstract: *In this thesis, it is briefly discussed about Hypertension - hypertensive heart disease and its treatment, arterial pressure in hypertension, symptoms of hypertension, symptoms of development of hypertension, risk factors for arterial hypertension, causes of arterial hypertension and risk factors for cardiovascular complications in hypertension.*

Key words: *Hypertension, heart, blood, vessel, ischemic blood, kidney, aortic aneurysm, electrocardiogram, lipoprotein, cholesterol, triglyceride.*

Hypertension (hypertensive heart disease) is the most common disease of the cardiovascular system. Hypertension refers to persistently high blood pressure. An increase in blood pressure occurs when vessels narrow or (and) their small branches - arterioles. In some people, the arterioles often become narrowed, first due to spasm, then their thickness is continuously narrowed due to thickening of the wall, then the heart has to work harder to overcome these narrowings, and blood is pumped into the vessels in greater volume. Such people develop hypertension.

Approximately 40% of the adult population in our country has increased blood pressure. However, about 37% of men and 58% of women know they have the disease, and only 22% and 46% of them receive treatment. Only 5.7% of men and 17.5% of women control their blood pressure correctly.

Hypertension is a chronic disease characterized by a constant increase in blood pressure above acceptable limits (systolic pressure above 139 mm Hg and/or diastolic pressure above 89 mm Hg).

In approximately one in ten hypertensive patients, high blood pressure is caused by organ damage. In such cases, it is called secondary or symptomatic hypertension. About 90% of patients suffer from primary or essential hypertension.

There are two indicators of blood pressure:

Systolic blood pressure - reflects the pressure of the vessels, which is formed as a result of the contraction of the heart and the outflow of blood into the arterial part of the vascular system;

Diastolic blood pressure - reflects the pressure in the vessels during relaxation of the heart, during which it is filled before the next contraction.

There are no specific symptoms of hypertension. For many years, patients do not know about their disease, have no complaints, have high vitality, sometimes "dizziness", severe weakness and dizziness. But many patients think that these symptoms are from overwork.

Complaints in hypertension occur if the organs are affected, the organs that are most sensitive to the increase in blood pressure. Dizziness, headache, tinnitus, loss of memory and performance in the patient indicate initial changes in cerebral circulation. Double vision, squinting, weakness, weakness of limbs, difficulty speaking are added later, but in the initial stage, changes in blood circulation are temporary.

The advanced stage of hypertension can be complicated by cerebral infarction or cerebral hemorrhage. The main symptom of persistent high blood pressure is the enlargement or hypertrophy of the left ventricle of the heart with an increase in its mass due to the thickening of heart cells, cardiomyocytes.

First, the thickness of the wall of the left ventricle increases, and then the chamber of the heart expands. It should be taken seriously that left ventricular hypertrophy is a prognostic sign. A number of epidemiological studies have shown that the occurrence of left ventricular hypertrophy significantly increases the risk of sudden death, coronary heart disease, heart failure and ventricular arrhythmia.

Progressive left ventricular dysfunction causes symptoms such as shortness of breath, paroxysmal nocturnal dyspnea (cardiac asthma), pulmonary edema, and chronic heart failure during exertion. Against this background, myocardial infarction and ventricular fibrillation often develop.

If there are morphological changes in the aorta (atherosclerosis), it expands and its rupture may occur. Kidney damage is expressed by protein in urine, microhematuria, cylinduria. However, renal failure in hypertension rarely develops if there is no harmful course.

Damage to the eyes can be manifested as a deterioration of vision, a decrease in light sensitivity and the development of blindness. In such cases, hypertension should be treated more carefully.

Nonmodifiable risk factors include:

Heredity - people with hypertensive patients among their relatives are most prone to the development of this pathology.

Male gender - arterial hypertension is more common in men than in women. In women, sex hormones - estrogens prevent the development of hypertension. Unfortunately, this protection is short-lived. When the

climacteric period begins, the effect of estrogens ends, and the incidence rate of women is equal to that of men.

Those in the main risk group:

Men over 55 years old;

women over 65;

total blood cholesterol > 6.5 mmol/L, low-density lipoprotein cholesterol (> 4.0 mmol/L) and low-density lipoprotein cholesterol;

family history of early cardiovascular disease (women <65 years, men <55 years);

abdominal obesity (waist size ≥ 102 cm for men or ≥ 88 cm for women);

level of S-reactive protein in blood ≥1 mg/dl;

diabetes (fasting blood glucose > 7 mmol/l).

complications and death from them. This is achieved through long-term therapy:

- lowering blood pressure to a normal level (below 140/90 mm Hg). Blood pressure <130/80 mm Hg is recommended when arterial hypertension is combined with diabetes or kidney damage. (but not lower than 110/70 mm Hg);

- "protecting" the target organs (brain, heart, kidneys), preventing their further damage;

- an active effect on adverse risk factors that contribute to the development of hypertension and its complications (obesity, hyperlipidemia, impaired carbohydrate metabolism, excessive salt intake, physical inactivity).

Drug treatment in hypertension should be started with minimum doses of antihypertensive drugs of any class (taking into account relevant diseases), the dose is gradually increased until a good therapeutic effect is achieved.

The choice of the drug should be based on the fact that the hypertensive drug should have a stable effect throughout the day and be well tolerated by the patient.

In order to achieve a 24-hour effect in a single dose, it is optimal to use long-acting drugs. The use of such drugs provides a milder hypotensive effect by protecting the organs more tightly. Due to the low effectiveness of monotherapy (treatment with one drug), it is advisable to use optimal combinations of drugs to achieve maximum hypotensive effect and minimum side effects. It is necessary to take long-term (almost lifelong) medications to maintain blood pressure at an acceptable level and prevent complications of arterial hypertension.

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