



DETERMINING ADHERENCE TO THERAPY AND METHODS OF INCREASING IT IN PATIENTS WITH ARTERIAL HYPERTENSION

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Introduction. Today, cardiovascular diseases are the leading cause of disability and premature mortality in the population. The prognosis of arterial hypertension depends on the state of target organs, the presence of risk factors and associated clinical conditions, as well as on the patients' adherence to the therapy.

The aim of the study was to assess adherence to therapy in patients with arterial hypertension and to develop methods for improving it.

Material and methods of the study: A group of 40 patients with hypertension hospitalized in the cardiology department of the Altai State Medical Institute clinic was examined. Among the patients, there were 18 women and 22 men aged 44 to 74 years (mean age 50.6 ± 0.7 years). The first group consisted of 15 relatively healthy individuals aged 39-50 years. The second group consisted of 20 patients diagnosed with hypertension stage II . AG II - III degree. Risk 3 (high), the third group - 20 patients diagnosed with hypertension stage II . AG II - III degree. Risk 4 (very high) + coronary heart disease. Stable angina pectoris, FC II . As part of the general clinical examination, all patients underwent 24-hour blood pressure monitoring (ABPM), intervisit BP variability was assessed , calculated as the standard deviation from the mean BP values. To study the quality of life, each patient completed a questionnaire representing a version of the MOS-SF-36 questionnaire (MO S- SFItem Short Form Health Survey).

Results and discussion. There were no differences in age between the patients in the compared groups. The values of the quality of life parameters according to the vitality scale (VT) were significantly lower in the third group than in the control (62.4 ± 16 and 73.6 ± 13.6 , respectively; $p = 0.01$). Similar differences between groups I and II were recorded according to the mental health scale (MH): 68.2 ± 15.6 and 79.3 ± 10.7 , respectively, $p = 0.01$. Half of the patients with AD had increased values of intervisit variability of SBP (> 4.8 mm Hg), while 24.4% had high variability (> 8.35 mm Hg). According to 24-hour blood pressure monitoring, increased variability of SBP (> 15 mm Hg) at night was recorded in 26% of patients in group II; increased variability of DBP during the day and at night was detected in 5% of the subjects in Group II. In addition, in





group of patients with hypertension + coronary heart disease, circadian rhythm disorders of the non- type dipper was recorded in 47.4% of cases, which is probably due to excessive activation of the sympathetic nervous system.

Conclusions . In the analyzed studies, using special software, AG in 95% of patients with arterial hypertension was determined to have a need for antihypertensive therapy, while combined antihypertensive therapy was prescribed taking into account the indications and contraindications for certain pharmacological groups . The study revealed low adherence to therapy in patients with hypertension and coronary heart disease due to the interaction of a complex of various social, demographic, psychological and clinical reasons. It is necessary to develop new ways to increase adherence to therapy, such as the use of traditional and new methods to increase adherence.

