

# STUDY OF PROFESSIONAL KNOWLEDGE OF FAMILY DOCTORS ON CHRONIC HEART FAILURE AT THE OUTPATIENT STAGE

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**Abstract:** The relevance of the study is also determined by the need to adapt international experience in managing patients with CKD to the conditions of the domestic healthcare system, taking into account the peculiarities of the organization of medical care, material and technical support, and professional training of medical personnel.

**Key words:** chronic heart failure, family medicine, general practitioner, primary health care, professional competence, outpatient management, diagnosis of CHF, medical education, clinical recommendations, quality of medical care, continuous professional development, cardiovascular diseases.

**Introduction.** Chronic heart failure (CHF) is one of the most pressing problems in modern cardiology and public health. According to epidemiological studies, the prevalence of CKD in the general population is 1-2%, increasing to 10% among individuals over 70 years of age. In the Russian Federation, there are more than 8 million patients with CHF, with about 880 thousand new cases of the disease being registered annually. Despite significant achievements in understanding the pathophysiology of SLE and the development of effective treatment methods, the prognosis for patients remains unfavorable. The five-year survival rate of patients with CHF is less than 50%, which is comparable to the indicators for many oncological diseases. High mortality and disability rates, frequent hospitalizations, and significant economic costs for treatment make CHF a priority medical and social problem.

Primary healthcare plays a key role in the system of providing medical care to patients with SLE. Family and general practitioners carry out early diagnosis of the disease, differential diagnosis with other conditions accompanied by shortness of breath and edema, initiate basic therapy, and ensure long-term patient monitoring. According to foreign studies, up to 85% of patients with CHF receive primary medical care at the outpatient level.

The effectiveness of managing patients with CKD in primary care is largely determined by the level of professional training of doctors, their awareness of modern approaches to the diagnosis and treatment of this disease. International and domestic clinical recommendations emphasize the importance of early detection of SLE, timely prescription of evidence-based drug therapy, and regular monitoring of patients' condition.

However, the results of numerous studies indicate significant shortcomings in the management of patients with CHF at the primary care level. Among the main problems are: late diagnosis of the disease, insufficient use of instrumental examination methods (echocardiography, determination of natriuretic peptides), inadequate prescription of drug therapy, non-compliance with the recommended dosages of drugs, and lack of proper control over the effectiveness of treatment. Analysis of the reasons for the unsatisfactory quality of medical care for patients with CKD shows that a significant part of them is associated with insufficient knowledge of primary care physicians. Many family doctors experience difficulties in interpreting the clinical symptoms of SLE, especially in the early

stages of the disease, do not always correctly use diagnostic criteria, and make mistakes in the selection and dosing of medications.

The problem is exacerbated by the fact that cardiology is not the main specialization of general practitioners who should have extensive knowledge in various fields of medicine. At the same time, the volume of cardiological pathology in the practice of a family doctor is quite significant, and SLE requires special attention due to the severity of the prognosis and the complexity of managing such patients.

The system of continuous medical education should ensure the regular updating of doctors' knowledge in accordance with the development of medical science and changes in clinical recommendations. However, the effectiveness of educational programs can only be assessed if there is objective information about the current level of knowledge and competencies of doctors.

In this regard, it is relevant to conduct a comprehensive assessment of the professional knowledge of family doctors on the issues of diagnosis, treatment, and prevention of SLE. Such a study will allow us to identify the main gaps in the training of primary care physicians, determine the priority areas of educational work, and develop targeted professional development programs.

This problem is of particular importance in the context of reforming the domestic healthcare system, developing primary healthcare, and introducing the principles of family medicine. Improving the quality of medical care for patients with SLE at the outpatient stage can contribute to improving the prognosis of the disease, reducing the frequency of hospitalizations, and optimizing the use of healthcare resources.

Chronic heart failure (CHF) is one of the pressing medical problems, characterized by high morbidity and mortality rates among the population. The level of awareness of family doctors working at the primary healthcare level is of great importance for the effective control of this disease. The purpose of this article is to assess the level of knowledge of family doctors working in Family Polyclinic No. 3 of the city of Samarkand about chronic heart failure in primary care. During the study, the awareness of family doctors about clinical signs, principles of diagnosis and treatment of CHF, as well as patient management tactics was analyzed. The obtained results indicate the need to strengthen the professional training of family doctors to improve the quality of management of patients with chronic heart failure in primary health care.

**Materials and research methods:** the study was conducted at Family Polyclinic No. 3 of the city of Samarkand during 2024-2025. 20 family doctors were involved in the study. The age of the participants ranged from 27 to 60 years, and by gender composition, 12 women (60%) and 8 men (40%) participated.

The main material of the study was questionnaire data aimed at assessing the level of awareness and knowledge of family doctors about CHF (systemic heart failure). The questionnaire included a number of important aspects: clinical manifestations, diagnostic criteria, principles of treatment, and issues of monitoring the condition of patients through dispensary observation.

Microsoft Excel was used for data analysis. Calculations and statistical analysis were mainly carried out using percentage indicators. This method made it possible to systematically and accurately present the research results and visually compare the level of knowledge and practical skills in CHF among family doctors.

Also, when analyzing the survey results, such demographic parameters as the age and sex composition of the participants were taken into account, which made it possible to compare the level of professional awareness of family doctors by different age groups and sex.

In general, this method ensured the scientific validity of the research and the reliability of the results, and also made it possible to objectively assess the level of awareness and knowledge of family doctors about CHF.

**Results:** As the survey results showed, the level of knowledge of family doctors in understanding and identifying signs of CHF (systemic heart failure) was at an average satisfactory level. At the same time, it was revealed that doctors' knowledge of some clinical aspects and specific symptoms of the disease is insufficient.

The level of complete understanding of diagnostic methods and treatment principles was also very and moderate, and only 60% of the survey participants had complete knowledge. At the same time, it was noted that only 45% of the participants had fully formed practical skills in dispensary observation and continuous monitoring of the condition of patients.

According to the survey results, it was found that the insufficient level of awareness and knowledge among family doctors is mainly due to a lack of familiarity with modern clinical guidelines and manuals. This limits the possibilities of timely and correct diagnosis and effective treatment of diseases, and also makes it difficult to effectively conduct dispensary observation and preventive measures.

In general, the results indicate the need for further strengthening the knowledge of family doctors in the diagnosis and treatment of CHF and the development of skills in working with modern clinical guidelines.

**Conclusion:** It was established that the level of awareness of CHF (systemic heart failure) among family doctors working in primary health care is average. The results of the survey and practice showed that doctors have limited knowledge in terms of a full understanding of diagnostic methods and treatment principles, and practical skills for dispensary observation and continuous monitoring of the condition of patients have also been formed only partially. This situation significantly limits the ability for early detection, effective treatment, and implementation of preventive measures. Therefore, it is important to strengthen the knowledge and skills of family doctors in the treatment of CHF. This includes:

Regular familiarization with and effective use of modern clinical guidelines and manuals;

1. Reinforce diagnostic methods and treatment principles through practical exercises;
2. Development of skills in dispensary observation and monitoring of patients' condition.

These measures play an important role in the timely detection and effective management of CHF, reducing complications, and improving the quality of life of patients. In addition, improving the professional qualifications of family doctors will also improve the effectiveness of prevention and early treatment of diseases in the entire medical system.

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