

Diagnostic methods and criteria for the diagnosis of hypertension in patients at risk of cardiovascular complications

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Abstract: Study of modern methods for diagnosing arterial hypertension in people with COVID-19. Materials and methods: in the study, 221 patients with COVID-19 were divided into three groups, the 1st - 94 patients with COVID-19 and arterial hypertension receiving standard treatment, and the 3rd group consisted of 35 healthy controls. The comparison group consisted of 92 patients with COVID-19 without arterial hypertension. Results: in patients in the control group with progressive COVID-19 on the background of arterial hypertension, the quality of life after treatment was assessed from 36.2 ± 0.7 to 27.3 ± 1.3 points in stage II of the disease, and from 46.2 ± 1.7 to 30.2 ± 1.6 points in stage III. Conclusion: patients with arterial hypertension are a risk group for the development of cardiovascular complications and require constant monitoring and specific therapeutic approaches.

Keywords: COVID-19, arterial hypertension, comorbid conditions

Introduction

In all the countries of the world, COVID-19 has spread at great speed and view it with millions of pandemiya kasallanmoqda the population of the world. Naturally this comprehensive and deep in front of the researchers in all cases of this disease has made the day to learn in detail the structure of the main task. The current track of the process according to earth scientists, in some cases without a sign in the night, in many cases with symptoms of acute respiratory infection of the upper respiratory tract appears [2,8,10,11,14]. Zotiljam after him in a part of patients, acute respiratory distress syndrome, sepsis in developing the ultimate effects of all members (poliorgan) failure will occur [3,5,7,8]. All researchers today by the COVID-19 disease in patients with severe diseases and various ulug'kishilar the age of yondosh that are available are acknowledged to be the cause of more death deny. Qontomir komorbid his heart diseases among them on the basis of the development until now, but also be given special attention to COVID-19 miokardning various diseases, particularly in chronic heart failure (Syuan) and did not come to a final conclusion on the effects of changes on the kidney [1,4,6,7,8,20] of these cases, early diagnosis, effective treatment and prevention medicine to build the principles of the pressing problem is considered. All the countries in world in COVID-19 in the form of the head of the patient in the following pandemiya get millions of people on earth the rapid proliferation in the developing come with the incidence of this disease. A comprehensive study of this process in front of all researchers naturally deep of this disease have been put to their main task. Talkikotlariga disease than in some of the world go in the night, without sign of scientists who, in many cases the lesions appear with signs of acute respiratory infection of the upper respiratory tract [4,6,8,9,13,16]. After that, zotiljam in a part of patients, acute respiratory distress syndrome, sepsis in developing the ultimate effects of all members (poliorgan) failure will occur [11,15,17,19,20].

Purpose of the study

COVID-19 is to study the methods of diagnosis in patients with arterial hypertension

Material and methods

The research work Samarkand city, specialized in the year of 2020 and 2021 special COVID-19 in the center of karshi fight to the conditions of the hospital, being treated at AG infected with COVID-19 and ag spent infected with COVID-19 utkazmagan and "clinical cure" the patient was conducted. Has the implementation of the solution of the task set before us for the purpose of scientific research work was carried out as follows. Research COVID-19 was conducted with the patient and in patients with arterial hypertension. Patients obtained ag research infected with COVID-19 and the control group was allocated to allow for utkazib utkazib. Research 94 students from the patient if their age $63,2 \pm 1.2$ is equal to. 54 of them (60%) males and 40 (40%) women, respectively. In this group, 58 patients (45%) students in AG ii, 36 (55%) will determine III disease in persons. Available in the b group AG COVID-19 and conducted standard treatments (Apfi or β -adrenergic) consists of 91 patients who are recommended if their average age $64,1 \pm 1.2$ years, respectively. 51 of them (56%) males and 40(44%) women, respectively. In this group of patients 47,5% of the students in AG II, 52,5% of persons will determine ag III of the disease. On the basis of the following criteria was conducted and clinical uz tadikot include the following: patient's complaints and the duration of life was anamnezida ag and risk factors, as well as xamrox diseases, physical inspections at kursatkich of antropometrik, kurik objective objects, and palpasiyasi auskultasiyasi upka heart and was conducted in conjunction with korin.

The analysis of the results obtained

Exokardiografiya (Exo) controller transtorakal in the style of the Mindray DC-40 equipment (China), li MGs 5-1 using sensors was carried out in the sector S. On examination of the structure of the heart in patients tekshiriluvchi to provide a clear view of the different mode, M-mode and v dopplerografiya exokardiografiya American association (ASEAN) at the time of check has been completed on the basis of the recommendations of utkazib the following indicators were identified: of left ventricular (chqa) sistolik diastolik the size of last and last (and an SDH), sistolik diastolik recent and last measure (LOAN and sd), chqa the back wall (CHQODQ) and inter-ventricular barrier within the department (qatq), left bo'lmacha (ch focusing) the measure of chqa throw blood faction (chqa Qof), the size of the tattoo (zh) - The difference between SDH and r. b. deveureux and myocardial chqa from using the formula weight (CHQMV) is:

Available arterial hypertension COVID-19 and spent arterial hypertension is available inside the heart to change the standard treatment of patients who recover and clinical gemodinamikasi the next and previous indicators and comparable analysis was studied.

Thus, our main group of the left ventricle in patients diastolik track of the amount of the average size of 6.5 ± 0.1 cm 6.0 ± 0.1 smga recent turn in sistolik size 5.4 ± 0.1 4.7 cm ± 0.1 cm to a positive reduction in the left ventricular blood faction throw $49.5 \pm 1.1\%$ and $52.5 \pm 1.2\%$ increase by a highly reliable, recent diastolik size 218.5 ± 5.9 ml 190.4 ± 9.0 ml, recent sistolik volume while 139.1 ± 4.9 ml 104.4 ± 5.6 ml to positive change.

Index content comparable in the group last diastolik 6.7 ± 0.09 cm 6.3 ± 0.08 smga, recent while sistolik size 5.5 ± 0.1 5.2 cm ± 0.1 cm kammayib positive blood faction, while throw $51.9 \pm 1.2\%$, from $59.0 \pm 1.04\%$ increase last diastolik size 210.9 ± 4.8 ml 194.4 ± 4.9 ml ha last sistolik size 146.9 ± 5.0 ml 134.8 ± 5.1 ml changed.

The standard treatment in the control group, left ventricular size in patients on the basis of recent diastolik 6.2 ± 0.1 cm, 5.9 ± 0.1 smga recent sistolik size 4.9 ± 0.1 cm, 4.6 ± 0.2 smga blood faction throw $55.5 \pm 1.2\%$, from was $62.9 \pm$ increase by 1.3% last diastolik size 186.8 ± 11.2 ml 179.6 ± 11.2 ml, recent sistolik size 112.0 ± 8.6 ml 104.7 ± 8.5 ml changed.

The quality of life of patients in the control group price index research at FS II $36,2 \pm 0.7$ points to fs iii $49,8 \pm 1.7$ points was equal to. These key indicators of osh fs fs ii and iii patients in the main group in this indicator compared to the control group patients, respectively 9.6% and 13,1% more reliable, on average $39,7 \pm 1.1$ and $56,3 \pm 1.1$ ballnitashkil was. Takkoslama are indicators of the quality of life in patient group compared to the control group, while 4.8% and 17,3% and more $34,8 \pm 1.7$ and was extended to 54.2 ± 1.5 points.

Main indicators of the patients in the comparison group research and KHBSH COVID-19 patients compared to the control group 24,6% had worsened observed.

In the main group and the patient group before treatment therapies are comparable from one of the clinical condition of an indicator was dramatically different. In the control group and comparable between the patients clinical condition of the patients in the main group, no reliable difference will determine the group. This in turn COVID-19 infection in the long term, that is, a negative impact on patients after clinical and clinical healing confirms the position of the point.

Patients in group dynamics in the basic procedures and then learn from comparable clinical status of the patient clinical condition indicators in the control group $5,8 \pm 0,3$ manuals from 3.1 ± 0.2 points to positive changes were noted. On this indicator in patients in the main group $6,2 \pm 0,2$ manuals from 3.1 ± 0.4 to score, while the comparable group of patients $6,0 \pm 0.3$ from a score of $5,2 \pm 0.4$ in the control group of score and $5,8 \pm 0.3$ manuals from a score of 3.1 ± 0.2 points change.

In assessing the quality of life of patients living in minnesota with your heart Failure Questionnaire j rector and recommended by t. cohn 1985 (MLHFQ) request to use led. This survey of the general condition of the patient fills in the case of independent during the last month. The survey was designed to signs of heart failure, a question consists of a total of twenty

Valuations of daily living scale and the difficulties in doing this, the patient's professional work, at the same time, the side effects of the drug are exercised istemol psixonevrologik the same time and includes evaluations of the condition. Each character will be evaluated on the basis of 4 points on the scale. 0 points - no characters to 5 points - display a maximum of characters that represents the request of the patient on the basis of points from 0 up to 5 questions will respond. Points are summed up on the basis of the results obtained from the patient. The patient can be collected up to a maximum of 105 points (worst quality of life), 0 points, best – quality of life. Using this scale, not only the existing ag assess the quality of life of patients, but they can be used in determining the effectiveness of the treatment out of the hospital before. The quality of life of patients and comparable research guruxidagiag basic price index on the basis of the COVID-19 spent II AG-in and ag patients with stage III - kasallanmagan with Covid-19 held between the comparable control group was conducted. Patients in the main group $39,7 \pm 1.1$ points, and comparable in the patient group $34,8 \pm 36,2$ points and in the control group was 1.7 ± 0.7 a score of equal to.

The main indicator of the quality of life then one of the therapies prescribed for the treatment group in patients $39,7 \pm 26,8$ from 1.1 ± 0.4 points of convincing to a reduction ($p < 0.05$ up to). Comparable in patients in group $34,8 \pm 1.7$ was from and 33.2 ± 0.3 a score of convincing to decrease. In the control group $36,2 \pm 25,3$ from a score of 0.7 ± 1.3 points indicator decreased. Ag developed on the basis of analysis, COVID-19 and ag kasallanmagan spent with COVID-19 are the long term effects of clinical infection in patients who are held as confirms that. Kator and hypotensive drugs of addiction treatments in the same complex when taken together we can see that reliable positive changes recorded in the main group.

Conclusion

COVID-19 sick with the disease and hypertension in patients with arterial hypertension of the night be with us in a specific way calving modern principles of diagnosis and treatment were observed. COVID-19 's healing period 45.9% of patients with arterial hypertension in the same time and detect changes

yesterday's 15,3 % of patients in the further proliferation of the disease before 13,2% in patients and lower ab 18,3% comparable observed in our patient group 6-in is the appearance of arterial hypertension. These in their turn uz cardiovascular diseases and arterial hypertension was the risk group of development of COVID-19 means that care about the negative influence of yesterday's executive risk factor. Blood pressure control for patients in a permanent way and at the same time this group of medicines is considered to be one of the most important tasks of setting the amount. The risk of possible complications of the data obtained for the choice of tactics of treatment of patients and determine the level of screening and the need for preventive measures in check is necessary. Zotiljam after him in a part of patients, acute respiratory distress syndrome, sepsis developing in the failure of all members of the ultimate effects will occur. Of the population between COVID-19, in modern methods of diagnosis and treatment of patients with arterial hypertension, risk factors and clinical features of hypertension in the study of cases of the disease at the time of detection and the elimination komorbid and treatment is to improve the efficiency and quality of builds. the setting of treatment therapies are created in a short time and does not require expensive inspections will give you effective results. According to the recommendation of COVID-19 in patients with arterial hypertension of the study of modern methods of diagnosis and treatment of individual patients to avoid the complications that follow give you the choice of therapies in the treatment and will serve to increase the effectiveness of treatment.

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