International Journal of
Health Systems and Medical Sciences

ISSN: 2833-7433
Volume 2 | No 12 | Dec -2023

Problems of Medical Rehabilitation of Patients with Arterial Hypertension in Clinical Practice

Rakhmatova D. B. [1]

[1] Bukhara State Medical Institute

Abstract: Arterial hypertension is the most common controllable factor in cardiovascular morbidity and mortality in mostcountries of the world. The authors proposed a rehabilitation program for patients with arterial hypertension, which includes a multicomponent drug regimen combined with effective preformed treatment methods, which ensures more frequent contact with patients.The addition of antihypertensive treatment to the proposed set of rehabilitation measures is accompanied not only by a more pronounced decrease in blood pressure, but also by a decrease in the number of adverse events.

Keywords: arterial hypertension, effective preformed treatment methods, rehabilitation measures.

According to WHO, arterial hypertension (AH) is the most common controllable factor in cardiovascular morbidity and mortality in most countries of the world. According to European experts, by 2025, 29.0% of men and 29.5% of women in the world will have hypertension. In the Republic of Belarus, the detection rate of people with hypertension increased from 14.1% in 2000 to 21.2% in 2009 [1]. Elevated blood pressure has a pathological effect on blood vessels and the target organs they supply (brain, heart, kidneys, eyes) [3,4]. It is known that the incidence of death from stroke and coronary heart disease (CHD) increases linearly, starting from a blood pressure level of 115/75 mm Hg. Art. For every 20/10 mm Hg. Art. increase in blood pressure from the indicated figures, the risk of death from cardiovascular diseases increases is calculated 2 times. This determines the high socio-medical significance of measures aimed at reducing blood pressure in the population. The bulk of patients with hypertension (90-95%) are people with primary (essential) hypertension, the cause of which cannot be determined. In the remaining 5-10%, a thorough clinical and instrumental examination is diagnosed with a variety of secondary (symptomatic) hypertension, causally related to any specific disease. Knowledge of the etiology and pathogenesis of various forms of secondary hypertension greatly facilitates the diagnostic search. The social significance of hypertension is determined by the high risk of complications (at disorders of cerebral circulation, myocardial infarction and heart failure, renal failure), as well as the inverse relationship between blood pressure values and life expectancy [2,6]. Currently, high blood pressure is registered in 24-31% of the adult population of the Republic of Uzbekistan. As shown in a number of studies, drug treatment provides a significant reduction in blood pressure and damage to the cardiovascular system. In addition, national recommendations for the treatment of this group of patients include a number of non-pharmacological methods and special measures.

Non-pharmacological measures are aimed at lowering blood pressure, reducing the need for antihypertensive drugs and enhancing their effect, the primary prevention of arterial hypertension and associated cardiovascular diseases during pregnancy.

All rights reserved. © 2023

lation level. A non-pharmacological BP lowering program should be recommended to all patients, regardless of the severity of arterial hypertension and drug treatment [4,7]. Despite the knowledge of the epidemiology, prevention, clinical picture and treatment of arterial hypertension (AH), it remains one of the most pressing health problems of the adult population in economically developed countries. This is due, on the one hand, to the epidemiological nature of the disease, and on the other hand, to the lack of a tendency to reduce mortality and disability caused by hypertension. Over the past fifteen years, the concept of prevention and treatment of hypertension has changed significantly. New classes of antihypertensive drugs have appeared, the justification for their widespread use is justified by their study in accordance with the laws of evidence-based medicine. The possibilities of diagnostic search for the causes of secondary hypertension have significantly expanded. Organizational forms of work with the hypertensive population have been improved. However, the scientific and methodological concept and assessment of the effectiveness of rehabilitation of patients with hypertension remain beyond the proper progress in this problem [3].

Rehabilitation in a broad sense is a process whose goal is to prevent disability during the treatment of a disease and, to a large extent, prevent complications and deterioration of health. The need to develop a rehabilitation strategy is supported by the continuing deterioration of the demographic situation in the country with negative population growth and aging, the absence of a tendency to reduce the mortality rate, especially in working age, environmental pressure, and the constant presence of psycho-emotional stress in society, which contributes to the chronicization of pathology and the increase in disability among the population. According to the WHO definition, rehabilitation in cardiology is “a system of measures required both for a beneficial effect on the cause of the disease and for maximum adaptation of the patient to the conditions of physical, mental and social activity, creating in him a feeling of self-confidence and the ability to maintain or restore your life status in society. Rehabilitation should not be considered an independent type of treatment, but it should be integrated into the overall treatment regimen and be one of its integral components [2,4].

Their goal is to reduce salt consumption, adequate physical activity, reduce anxiety, correct microcirculation disorders, etc. These data indicate the need to significantly expand the scope of rehabilitation programs in order to increase the effectiveness of treatment measures. It should be noted that the effectiveness of non-drug treatment methods is currently undergoing careful analysis [5].

Purpose of the study. Determining the effectiveness of rehabilitation schools for patients with arterial hypertension.

Material and methods. 112 patients with arterial hypertension of stage II, risk II-III were examined. All of them received antihypertensive treatment in accordance with national guidelines. Rehabilitation activities included individual schools for patients with arterial hypertension, which taught self-measurement of blood pressure, tactics for taking antihypertensive drugs, adequacy of physical activity, and reduction of increased body weight. An important role is played by giving up or reducing the need for smoking, overcoming stressful situations, and improving the lipid profile.

The control group consisted of 87 patients with arterial hypertension of stage II, risk II-III. They received the same antihypertensive treatment, but schools for patients with hypertension were held in clinics, where treatment was monitored, exercise regimen was optimized, and exercise tolerance was increased. The duration of treatment for both groups was one year. At the end of treatment, not only the level of blood pressure was monitored, but also the number of adverse events (EA) (hospitalizations, emergency calls, acute increases in blood pressure, strokes and myocardial infarction).

Results. The data obtained indicate that in patients with arterial hypertension, individual training schools, a set of rehabilitation measures, as well as constant monitoring of their implementation provide a significant reduction in both blood pressure levels and adverse events. In further studies, it is rational to determine the effectiveness of individual interventions in individual subgroups of patients. Analyzing the components of the program we proposed, we substantiated its advantages by the fact that we applied a multicomponent drug regimen combined with effective preformed

treatment methods, and also ensured more frequent contact with patients (during visits to the day hospital - DS). Daily visits by patients to the DS allowed for effective work to identify and eliminate cardiovascular risk factors and introduce the most important anti-risk factors (rational physical activity, the presence of a large amount of fruits and vegetables in the diet, small doses of alcoholic beverages).

Conclusions

1. The addition of antihypertensive treatment to the proposed set of rehabilitation measures is accompanied not only by a more pronounced decrease in blood pressure, but also by a decrease in the number of adverse events.
2. The rehabilitation system for patients with arterial hypertension should be broad and multifaceted, including well-selected, long-term prescribed tablet antihypertensive drugs, permanent courses of treatment in day hospitals using infusion therapy, non-drug treatment methods aimed at stabilizing blood pressure and restoring target organs, and also rational use of rehabilitation departments of sanatoriums.

Literature

1. Andrievskaya S.A., Andrievsky A.G., Kalinchuk S.V. Problems of medical rehabilitation of patients with arterial hypertension in clinical practice // Internal Medicine. – 2008. – No. 1 (7).
2. Artyushkin S.A. Circulatory disorders caused by chronic polypous rhinosinusitis: Author's abstract. dis. Ph.D. honey. Sci. – St. Petersburg, 2010.
3. Zelveyan P.A., Oshchepkova E.V., Bunatyan M.S. Circadian rhythm of blood pressure and the state of target organs in patients with mild measured form of hypertension // Ter. arch. – 2001. – T. 73, No. 2. – pp. 33-38.
4. Rogoza A.N., Oshchepkova E.V., Tsagarishvili E.V., Gorieva Sh.B. Modern non-invasive methods of measuring blood pressure for diagnosing arterial hypertension and assessing the effectiveness of antihypertensive therapy. – M.: MEDIKA, 2007. – 72 p.
5. Tyurina T.V. Arterial hypotension as a risk factor for mortality // Systemic hypertension. – 2008. – No. 3. – pp. 14-18.
6. Shandarak A.P. etc. Target organ damage in arterial hypertension. The role of heredity and environment (twin study) // Cardiology. – 2003. –№5. – pp. 29-32.
7. Parati G., Omboni S., Fantoni A. at al. Web-based telemonitoring of home blood pressure in general' practice: the more press college study // J. Hypertens. – 2005. – Vol. 23, Suppl. 2. – P. 18.

All rights reserved. © 2023