# PREVALENCE AND DETECTION OF ARTERIAL HYPERTENSION AT THE LEVEL OF PRIMARY HEALTH CARE 

Dilorom Abdukarimovna Ochilova<br>Assistant professor, Bukhara State Medical Institute

Nargiza Gafurovna Rakhmonkulova<br>Assistant, Bukhara State Medical Institute


#### Abstract

The prevalence of arterial hypertension and the state of its detection were analyzed in primary care. The article studies the prevalence and detection of arterial hypertension in the Bukhara population. The prevalence of arterial hypertension in both men and women and the inadequacy of the detection of AG in primary care, as well as the incidence of hyper diagnosis, have been analyzed.


Keywords: medicine, Bukhara, hypertension, arterial, hyper diagnostics.

## АННАТОЦИЯ

Бирламчи тиббий бугинда артериал гипертониянинг тарқалиши ва уни аниқлашнинг холати тахлил қилинган. Маколада Бухоро популяциясида артериал гипертоянинг тарқалиши ва уни аниқлаш ўрганилган. Артериал гипертония хам эркак, хам аёллар уртасида кенг таркалганлиги ва АГни бирламчи тиббий бугинда аниклаш етарли даражада эмаслиги, шу билан биргаликда гипердиагностика холлари учраши тахлил килинган.

Калит сўзлар: тиббиёт, Бухоро, гипертония, артериал, гипердиагностика.

## INTRODUCTION

Arterial hypertension (AH) is a widespread disease throughout the world. In the economically developed countries of the world, the proportion of morbidity averages $20-30 \%$, and in the age group over 50 years $-60-65 \%$.It is known that the problem of early diagnosis, prevention and treatment of arterial hypertension (AH), the most common non-communicable disease, becomes threatening, reducing life expectancy, leading to disability of patients, violating their quality of life. Views on the AG have also seriously changed. $95 \%$ of patients suffering from high blood pressure (BP) are patients with
primary (essential) hypertension and only $5 \%$ suffer from secondary (symptomatic) hypertension. A special place in the problem of hypertension should be given to the patients themselves, whose careless attitude to their health dramatically affects the prevalence of hypertension. In many countries, hypertension remains the most common disease of the cardiovascular system, it is detected in $29 \%$ of the population of developed countries aged 18-74 years. In some regions, the incidence of the disease among men of working age reaches $44 \%$. With age, the number of patients suffering from this pathology is growing. Thus, among people under 30 years old it is $4-10 \%, 50-60$ years old $-44 \%, 61-69$ years old $-54 \%$, over 70 years old $-65 \%$. At the medical site, out of 2000 served residents, AH is detected in $300-500$. It was noted that lipid metabolism disorders were significantly higher among patients with HA [1].

H accounts for $95 \%$ of all cases of arterial hypertension. According to the results of a study in Uzbekistan, the diagnosis of hypertension among the male population is worse than that among women ( $38 \%$ ). A relatively small proportion of men ( $12 \%$ ) with hypertension receive the treatment needed to control hypertension; another category ( $10 \%$ ) receive treatment, but the level of hypertension remains high. $16 \%$ of men have been diagnosed with hypertension but are not receiving any treatment. The most significant indicator of the study is, perhaps, the fact that $62 \%$ of men are not diagnosed with hypertension. It was noted that lipid metabolism disorders were significantly higher among patients with HA [2].

A high percentage of undiagnosed cases of hypertension is one of the main health problems in our country.The purpose of the study: to study the prevalence and state of detectability of arterial hypertension in primary health care. In most cases, all parameters of the lipid spectrum deviate, atherogenic fractions of lipid metabolism products - 1,89 times compared with TCH, LDL - 2 times, TG $-2,23$ times, require a deeper approach to the problem and the development of early and effective correction methods. 3. Dyslipidemia significantly affects negatively to the effective control of blood pressure (especially systolic blood pressure) [5].A retrospective analysis of 70 lactating women was carried out according to a specially compiled questionnaire in the obstetric complex Bukhara region Karakul district in women with obesity and dyslipidemia, this condition affects uterine involution [4-6]. It was noted that lipid metabolism disorders were significantly higher among patients with HA [5]. Age, gender, and individual characteristics also affect dyslipidemia.


## MATERIALS AND METHODS

A study was made of the prevalence of hypertension among the population aged 15-69 years at a polyclinic in Bukhara. A survey of 797 people was conducted. Of these, 555 women and 242 men. The questionnaire included questions on the subject's awareness of the presence of hypertension, the regularity of treatment and the type of antihypertensive drug. A comparative assessment of the detection of AH by physicians of medical institutions was carried out.
Measurement of $\mathrm{A} / \mathrm{H}$ was carried out twice on both hands, with an interval of at least 5 minutes, and when assessing blood pressure (BP), the average values of 2 measurements were taken into account. Normal blood pressure was taken as $\mathrm{SBP} \leq$ 139; DBP $\leq 89$, AH - SBP $\geq 140$; DBP $\geq 90$. At the same time, hypertension was recorded regardless of blood pressure indicators if the patient took antihypertensive drugs within 2 weeks prior to the examination. At the same time, cases were considered as AH when, when measuring blood pressure, it turned out to be normal, but the patient was on antihypertensive therapy. Results of the work and discussion. The results of the work show that the overall prevalence of hypertension among women was $20.54 \%$, and among men $20.66 \%$. In general, among the population was $20.2 \%$. In the female population, as the age increases, the frequency of AH increases. Attention should be paid to the following fact - the frequency of hypertension especially increases after 30 years (from $1.06 \%$ at the age of $20-29$ years to $16.52 \%$ in the age group of 30-39 years). In subsequent age periods (40-49 years, 50-59 years and 60-69 years), an increase in the frequency of hypertension $(22.41 \%, 37.5 \%$ and $62.5 \%$, respectively).
These data allow us to conclude that in the female population, the age of 30 years is critical for hypertension.

Table №1
The prevalence of hypertension among the female population.

| Number of observations |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Gender | Age <br> Group | Have blood <br> pressure | No blood <br> pressure | Total |  |
| Women by age <br> groups | $20-29$ age | 2 | 186 | 188 |  |
|  | $30-39$ age | 19 | 96 | 115 |  |


|  | $40-49$ age | 26 | 90 | 116 |
| :---: | :---: | :---: | :---: | :---: |
|  | $50-59$ age | 27 | 45 | 72 |
|  | $60-69$ age | 40 | 24 | 64 |
| Total for women |  |  |  |  |


| In percentages |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Gender | Age <br> Group | Have blood <br> pressure | No blood <br> pressure | Total |  |  |  |  |
|  | $20-29$ age | 1,06 | 98,94 | 100,00 |  |  |  |  |
|  | $30-39$ age | $16,52 *$ | 83,48 | 100,00 |  |  |  |  |
|  | $40-49$ age | $22,41 *$ | 77,59 | 100,00 |  |  |  |  |
|  | $50-59$ age | $37,50 * *$ | 62,50 | 100,00 |  |  |  |  |
|  | $60-69$ age | $62,50 * *$ | 37,50 | 100,00 |  |  |  |  |
| Total women |  |  |  |  |  | 20,54 | 79,46 | 100,00 |

Note: the table shows the significance of differences relative to the previous age group. The picture of the prevalence of hypertension among men does not differ much from women. At the age of 20-29 years, the frequency of hypertension among men is slightly higher than among women ( $1.59 \%, 1.06 \%$, respectively). In subsequent age groups ( $30-39$ years old, 40-49 years old and 60-69 years old), the prevalence of hypertension increases $(7.69 \%, 15.22 \%, 40.63 \%$, respectively)These data show that hypertension is more common among women than among men.

Table 2
The prevalence of hypertension among the male population.

| Number of observations |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Floor | Age <br> Group | AG is | No hypertension | Total |  |
| Men by age <br> groups | $20-29$ age | 1 | 62 | 63 |  |
|  | $30-39$ age | 4 | 48 | 52 |  |
|  | $40-49$ age | 7 | 39 | 46 |  |
|  | $50-59$ age | 13 | 19 | 72 |  |
|  | $60-69$ age | 25 | 24 | 49 |  |


| Total for men |  | 50 | 192 | 242 |
| :---: | :---: | :---: | :---: | :---: |
| Floor | Age group | There is AG | No AG | TOTAL |
|  | $20-29$ age | 1,59 | 98,41 | 100,00 |
|  | $30-39$ age | 7,69 | 92,31 | 100,00 |
|  | $40-49$ age | 15,22 | 84,78 | 100,00 |
|  | $50-59$ age | $40,63 *$ | 59,38 | 100,00 |
|  | $60-69$ age | $51,02 *$ | 48,98 | 100,00 |
| Total for men |  | 20,66 | 79,34 | 100,00 |

Further, the detection of AH by doctors of health facilities was studied. The data obtained indicate that among women who were diagnosed with hypertension during the survey, in $14.9 \%$ of them, hypertension was not detected earlier in the medical facility. In men, the frequency of undiagnosed cases of hypertension is even higher $22.0 \%$. At the same time, among those in whom AH was not detected during the survey, this disease was found in $6.12 \%$ of women and $3.13 \%$ of men.

Table 3
Detection of arterial hypertension by doctors of healthcare facilities (\%)

| Floor | Presence of <br> hypertension | AH revealed during <br> the study |  | AH was not detected <br> during the study |  |
| :--- | :--- | :---: | :---: | :---: | :---: |
|  |  | Detected in health <br> care facilities | 39 | 78,0 | 6 |
|  | Not detected in health <br> facilities | 11 | 22,0 | 186 | 9,13 |
| Total among men | 50 | 100,0 | 192 | 100,0 |  |
| Women | Detected in health <br> care facilities | 97 | 85,09 | 27 | $6,12 *$ |
|  | 17 | 14,91 | 414 | 93,88 |  |
| Total among women | 114 | 100,0 | 441 | 100,0 |  |

Note: the table shows differences in indicators for women and men.

Thus, it can be concluded that in the examined population there is an underdetection of hypertension, and on the other hand, there is an overdiagnosis of this disease.
Next, the state of treatment of hypertension is considered. As it turned out, patients suffering from hypertension prefer pharmacological treatment and underuse dietary measures and physical activity. It should also be noted that $13.66 \%$ of patients with hypertension do not receive any treatment.


## Findings

1. The prevalence of hypertension among the population is $20.2 \%$. Among women, AH occurs in $20.2 \%$ of cases, among men $20.66 \%$. At the same time, $13.66 \%$ of patients do not receive treatment. Non-pharmacological methods of treatment of hypertension are not used enough.
2. Hypertension is insufficiently detected among the population and there are cases of overdiagnosis of this disease.

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