

THE MAIN CAUSES LEADING TO THE DEVELOPMENT OF CHRONIC HEART FAILURE AND ITS PREVENTION

Ulashova Marjona

Karshi State University Faculty of Medicine, Department of Treatment

Abstract

To date, chronic heart failure is a "rejuvenating" disease. It is more common in men over 40 years of age. Particular attention is paid to the study of risk factors and prevention of this disease.

Keywords: heart failure, angina pectoris, myocardial infarction, postinfarction cardiosclerosis, myocardial ischemia, heart rate.

In heart failure, heart function decreases. The heart muscle cannot produce the energy required to pump the required amount of blood in the body. Heart failure is divided into several types;

- ✓ Left-sided heart failure
- ✓ Right-sided heart failure
- ✓ Global heart failure
- ✓ Systolic heart failure
- ✓ Diastolic heart failure
- ✓ Chronic heart failure
- ✓ Acute heart failure

Among the types of heart failure, chronic heart failure is important for today's article. Chronic heart failure is a progressive disease that develops over several months or years and is more common than acute heart failure. From 0.5% to 2% of the population suffers from chronic heart failure. Especially in people over 40 years old, its prevalence rate is much higher than 10%. The urgency of the problem of chronic heart failure is determined only by the increase in the number of patients suffering from it, high mortality and disability rates. Why is chronic heart failure common in men over forty years old?

The main reason for this is:

- Drinking a lot of alcohol
- Due to heavy smoking
- Walking in a state of constant stress

Among the common causes of this disease, we can include the following:

- ✓ Low movement (hypodynamia)
- ✓ Obesity
- ✓ Malnutrition
- ✓ Diabetes mellitus

- ✓ Anime
- ✓ Arterial hypertension

Smoking a lot. This harmful habit leads to failure of many organs and systems of our body. As a result of nicotine poisoning, the coronary arteries narrow, which leads to a lack of oxygen in the myocardium. **Walking in a constant state of stress.** Always walking in a state of stress has a negative effect on the cardiovascular system along with the nervous system. In such cases, the myocardium of the heart begins to work hard and it becomes difficult to supply nutrients and oxygen. We know that in such cases, most of our women tell their loved ones about their problems and cry, and they feel relieved and get out of the stressful situation more easily than men. Because most men hate to tell someone about their pain and keep it to themselves. This makes it difficult for the heart to work. Therefore, it is one of the reasons why the problem of heart failure is more common in men over 40 years old. Inactivity and obesity. Physical deficiency and lack of mobility have a negative effect on the metabolism of substances in the body, which causes the accumulation of excess weight. When fat metabolism is disturbed, the development of atherosclerosis accelerates.

Diabetes. In patients suffering from diabetes, the high blood sugar level has a negative effect on the vessel walls and hemoglobin, as a result of which transport, i.e. the ability to carry oxygen, deteriorates.

Classification of chronic heart failure

1. Sudden death of the heart 4. Cardiosclerosis with post-infarction
2. Sthenocardia: 5. Heart rhythm disorder
- a) Unstable sthenocardia 6. Painless myocardium
- b) Stable sthenocardia pectoris ischemia 7. Heart failure
3. Myocardial infarction: a) With a large hearth
- b) With a small hearth

Sthenocardia (Greek: stenosis-narrow, short and cardia-heart) is the main symptom of angina pectoris. An attack of sthenocardia pectoris is caused by insufficient blood supply to the heart muscles due to narrowing and spasm of coronary arteries. This is relative in nature and is observed only during physical training, that is, when the need for nutrients and oxygen of the heart muscles increases, and this is called sthenocardia pectoris. In this case, the pain attack is often observed when walking fast, climbing to a height. But this pain goes away when you stop moving. If the movement is continued, the pain may reappear. Therefore, the patient has to stop after every 100-200 steps. In some cases, tension sthenocardia can occur when you are excited, when you smoke, drink alcohol, and eat a lot. Later, as a result of the aggravation of the disease, pain attacks appear even when the body is at rest. Sthenocardia at rest often occurs at night while sleeping. The attack lasts 1-2 minutes and passes when nitroglycerin is absorbed. In some cases, a severe attack of sthenocardia pectoris lasts more than half an hour, even nitroglycerin does not help, and myocardial infarction can be observed.

Classification of unstable angina according to the conditions of its occurrence:

- Secondary unstable angina pectoris. Unstable sthenocardia developed in the presence of factors that aggravate ischemia (anemia, fever, infection, hypotension, tachyarrhythmia, uncontrolled hypertension, thyrotoxicosis, respiratory failure) patients.
- Secondary unstable sthenocardia pectoris. Patients who develop the disease without factors aggravating ischemia
- Unstable sthenocardia with early postinfarction. The patient developed the disease within the first 2 weeks of acute myocardial infarction.

The prevalence of angina pectoris increases with age among both sexes: among 45-54-year-olds, the incidence of angina pectoris is 2-5%, and among 65-74-year-olds, it reaches 10-20%. For example, in

many European countries, 20,000 to 40,000 new angina pectoris patients appear every year. **Myocardial infarction** - cardiovascular disease; As a result of coronary blood circulation disorders (atherosclerosis, spasm of arteries), heart muscle infarction occurs. Myocardial infarction is one of the most common causes of heart failure (in 60-70% of patients). It is followed by rheumatic heart diseases (14%) and dilated cardiomyopathy (11%). **Postinfarction cardiosclerosis**. Post-infarction cardiosclerosis occurs due to the formation of connective tissue that replaces dead cardiomyocytes in heart muscles. Connective tissue cannot perform the function of cardiomyocytes. **Heart rhythm disorder**. It occurs due to the violation of the regularity or frequency of the heart rhythm, as well as the electrical conductivity of the heart. Disruption of conduction and heart rhythm causes death from heart disease in 10-15% of cases. **Forms of arrhythmia:**

- ✓ tachycardia (heart beats more than 90 times per minute)
- ✓ bradycardia (less than 60 beats per minute)
- ✓ extrasystole (extraordinary contraction of the heart)
- ✓ tremor arrhythmia (chaotic contraction of individual muscle fibers)

The main manifestations of arrhythmias are palpitations or stopping of the heart, a feeling of stopping during the heart's work. Heart palpitations are usually sinus tachycardia. **Dizziness and fainting attacks** - sinus bradycardia or sinus node weakness syndrome. Decreased heart activity and unconsciousness in the heart area are associated with sinus arrhythmia. During extrasystole, patients complain of weakness, palpitations, and interruptions in the heart's work. In ventricular fibrillation, a feeling of frequent, irregular heartbeat is noted. **Arrhythmia complications**. Any arrhythmia process can be complicated by ventricular fibrillation and tremors. This is equivalent to stopping blood circulation and leads to the death of the patient. First dizziness, weakness, then loss of consciousness and seizures appear. Blood pressure and pulse remain undetected, breathing stops, pupils dilate, and clinical death begins. In some cases, it also causes a stroke. In order to prevent arrhythmias, it is necessary to limit the use of stimulants (caffeine), not to eat products with excess salt, not to smoke and drink alcohol. **Symptoms of chronic heart failure**. At the initial stage of chronic heart failure, there is damping in the vessels of the small circulatory circle. As a result, panting, suffocation (usually at night), cyanosis, palpitations, cough (sometimes dry with blood), rapid fatigue are observed. Pain in the middle of the chest, pain in the arms, left shoulder, jaw or back. Women often experience shortness of breath, nausea, dizziness, cold sweat, and pale skin.

Heart failure products:

- Energy products
- Margarine pastries
- Potatoes and meat fried in oil
- Sausage, sausages

Try not to eat these products as much as possible. **Prevention**. Primary and secondary prevention of chronic heart failure are distinguished.

- ✓ Primary prevention is to prevent the development of the disease
- ✓ Secondary prevention prevention of complications of cardiovascular diseases (for example, repeated myocardial infarction or stroke)
- ✓ In order to prevent the complications of cardiovascular diseases and to live a healthy life, the following should be followed:
 - Giving up bad habits
 - Moderate physical activity
 - Dieting and weight reduction

- Reducing the consumption of excessively salty, i.e., salty products

In addition, it is necessary to regularly consume fruits, vegetables, fish products and dairy products as much as possible. We know that it is better to prevent any disease than to cure it. Chronic heart failure develops organically with all cardiovascular diseases. Cardiovascular diseases are the main cause of death worldwide. If we give an example of the measures taken to reduce this disease, we can say that pedestrian and bicycle paths were built to increase the level of physical activity. First of all, it is necessary to avoid all harmful habits and pay attention to disease prevention.

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