

LEVEL OF AWARENESS OF THE MALE POPULATION AGED 18-89 ABOUT THE PRESENCE OF HYPERTENSIVE CONDITIONS, DYNAMICS IN 1989-2020

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Introduction

Many researchers have confirmed that the death rate from cardiovascular diseases has been increasing and is characterized by sharp changes since the end of the 20th century.

Based on the analysis of epidemiological studies conducted, researchers such as G.Ya. Maslennikova, Oganov R.G. (2018), Ye.V. Akimova et al. (2006), M.M. Kayumova et al. (2023), N.V. Pogossova et al. (2018), A.M. Akimov (2023) convincingly confirm that such trends are observed in most countries due to social and economic changes and psychosocial factors, most of which are recorded in relatively economically active age groups [8., 9, 7., 10., 1].

A.M. Akimov (2023) confirmed the importance of the type of work among the risk factors in the Arctic region, indicating its importance in maintaining the health of the population. The author indicated that in this region, high labor intensity, relatively long work hours, few days off, and minimal social and household welfare are among the risk factors [1].

Therefore, the need to conduct and/or continue epidemiological studies to develop a comprehensive program for the prevention of cardiovascular diseases in specific geographical and ecological regions, for example, in the Arctic, is also recommended by other researchers [5., 2., 3., 4., 12., 13., 15].

We believe that these opinions contain scientific logic and promising topics. Because over the years, the scope of certain diseases is expanding, while others are narrowing, and their accurate, mainly epidemiological studies and analysis are considered an extremely important scientific and practical direction. The reason is that the "new foundations" of medicine are built on the basis of such information and conclusions.

Until the beginning of the new century, for example, the idea that the Northern population, the indigenous population, did not suffer from diabetes was "dominant" in scientific sources.

According to data provided by the WHO, international migration has been showing a steady growth trend in recent years [14].

Therefore, the development and improvement of screening and prevention programs in this established migrant population (MAP) is an urgent issue or will become even more urgent in the future. The existing research leads or encourages this conclusion.

According to data published by the Federal State Statistics Service of Russia (2025) and A.S. Andreeva, I.S. Ivanova, Varshaver Ye.A. (2024), the migration flow in the Russian Federation averages 0.5 million people annually, and in most cases, the arrivals are from the CIS countries [11, 8].

Purpose of the study - The aim of the project is to develop regional scientific foundations for innovative prevention of hypertensive cases in Uzbekistan based on the 31st annual screening, taking into account scientific characteristics, and to implement new technologies that have improved treatment and control measures.

Material and methods

As an object of research A population of 3,001 people (1,421 men and 1,580 women) was selected from the unorganized population aged 18-89 in Andijan region using a 10% random sample based on a table of random numbers and involved in AG monitoring from 1989 to 2020.

As a subject of research Venous blood and serum of patients were taken for biochemical analysis; international criteria for diagnosing AB and GH and analyzing risk factors for comorbid diseases, as well as full statistical modeling indicators were obtained, which serve as a scientific justification for regional prevention.

Research methods. Epidemiological, general clinical, instrumental (cardiac echocardiography, ECG, UTT, anthropometric measurements, tonometry), biochemical, pharmacoepidemiological, pharmaco-economic, pharmaco-surveillance, and statistical methods were used.

Results of the study: The observation of a significant downward trend in screening II is noteworthy, and the fact that awareness and treatment rates are significantly lower than international indicators makes this problem particularly urgent. Effective treatment is more than twice as low as international indicators, and the target AH level was achieved in 2.8% of the population [RR=2.45; 95% CI=3.08-1.95; $\chi^2=62.20$].

Gender characteristics, awareness of the presence of HS, were studied and assessed in the male and female populations.

In the GenP, the frequency of detection of the level of awareness of the presence of HS in men is determined as follows: AHN – 29.7%, AHd – 29.4%, AHsd – 7.3% and ABmde – 1.7% [RR=1.24; 95% CI=1.46-1.06; $\chi^2=6.80$].

According to the data of I- and II-screening, AHN is detected in this population with frequencies of 34.6% and 27.9%, respectively, with 31-year changes representing a 6.7% decrease in frequency ($P < 0.05$).

The frequency of detection of AHd is 34.6% and 27.9%, and the 31-year dynamics shows a tendency to decrease by 6.2% ($R < 0.05$).

AHsd is confirmed at prevalence rates of 7.7% and 8.2%, according to I- and II-screening, and describes a 31-year decreasing trend, reaching 0.5% ($P > 0.05$).

The prevalence of ABmde is 1.6% and 2.2%, respectively, or a 31-year dynamics confirmed by an increase of 0.6%.

It turned out that the frequency of detection of hypertensive conditions in the population of women aged 18-89 and the dynamics of their changes over 31 years are confirmed as follows according to the data of the I- and II-screening: AHN - from 28.3% and 8.4%, respectively, showed a decrease in dynamics to 19.5% ($P < 0.01$); AHd - from 27.9% and 8.2%, respectively, showed a decrease in tendency to 18.7% ($P < 0.001$); AHsd - from 8.1% and 3.7%, respectively, showed a decrease in tendency to 4.3% ($P < 0.05$); ABmde - from 2.5% and 1.6%, respectively, with a decrease in tendency to 0.9% ($P > 0.05$).

In the GenP, the prevalence of AHN is 15.4%, AHd is 15.2%, AHsd is 5.3%, and ABmde is 1.9%. The epidemiological data, which are important in terms of the level of awareness, are confirmed in the population of women aged 18–89 years with a difference of 13.5% [$RR = 1.83$; 95% $CI = 3.21-1.05$; $\chi^2 = 267.7$].

Conclusion

According to the results of the 31-year screening study, hypertensive crisis, types GK-I and GK-II are confirmed with a frequency of 37.9% (with a decrease from 68.43% to 32.51%), 14.5% (with a decrease from 55.4% to 40.9%) and 14.5% (with an increase from 44.6% to 59.1%).

The manifestation of the crisis course is significantly different and is noted at higher frequencies in aborigines, men, 45-59, 60-74 and 75-89 years old.

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