ROLE OF ARTERIAL HYPERTENSION IN ISCEMIC HEART DISEASE(IHD) AND PRIMARY PREVENTION IN WOMEN

Xalilov Azizjon Marufjonovich
Vice-rector for treatment of Central Asian Medical University
https://doi.org/10.5281/zenodo.13365097

Annotation

When heart experts talk about prevention, they usually refer to one of three types: secondary, primary and primordial prevention. All three have similar elements, but different starting times and different effects. Primary prevention aims to keep an individual at risk of heart disease from having a first heart attack or stroke, needing angioplasty or surgery, or developing some other form of heart disease. Primary prevention is usually aimed at people who already have developed cardiovascular risk factors, such as high blood pressure or high cholesterol.

Key words: risk factor, heart disease, patients, Women's Health Initiative (WHI).

Hypertension (HTN) continues to be a potent and widespread risk factor for IHD. Among other Framingham risk factors of tobacco use, diabetes mellitus, dyslipidemia, and left ventricular hypertrophy, HTN plays an independent role in augmenting IHD risk, as well as a multiplicative role with respect to adverse outcomes when HTN is present concurrently with the other major IHD risk factors listed above. Over the past two decades, numerous studies and guideline reports have been presented with the aims of (a) elucidating the pathophysiology of IHD, (b) delineating an ideal blood pressure (BP) threshold at which to institute pharmacotherapy, and (c) defining the optimal pharmacologic elements of a therapeutic regimen. While there are active debates surrounding the existence and relevance of the J curve in IHD patients who have HTN, as well as the numerical level of the BP cutoff justifying drug therapy in the general population, there is a general consensus that the BP target in IHD patients should be lower than 140/90 mmHg. The most appropriate class (or classes) of medication recommended will depend on the comorbid conditions associated with each individual patient. Overall, however, there is no major evidence underscoring a significant difference between drug classes, provided the target BP is achieved, although it should be pointed out that the most recent (2015) American Heart Association (AHA)/American College of Cardiology (ACC)/American Society of Hypertension (ASH) guideline statement now elevates beta-blockers (BB) to the same level of recommendation as other

classes of hypertension drugs in the treatment of patients who have hypertension and ischemic heart disease. Although most agents that reduce blood pressure will correspondingly lower myocardial workload, BB may exhibit a special advantage in IHD patients because BB (as well as verapamil and diltiazem subclasses of calcium channel blockers or CCB) act to lower HR as well as cardiac inotropy. Moreover, BB will remain an integral if not indispensable part of the management of IHD, especially in those with history of angina pectoris or MI, based on decades of favorable clinical as well as trial experience. This extensive salutary historical background has served as a foundation for the 2015 committee's decision to bring BB into the front rank of BP agents for those hypertensive individuals suffering simultaneously from IHD.

Coronary heart disease (CHD) is a leading cause of death in women. Observational studies have consistently shown oestrogen to help prevent CHD in postmenopausal women. The large randomized controlled Women's Health Initiative (WHI) trial initially did not confirm these observational findings. However, further analyses of the WHI study as well as metaanalyses of randomised clinical trials of hormone replacement therapy (HRT) and of the observational Nurses' Health Study have now found that the timing of onset of HRT use is important and that oestrogen may have an important protective role in CHD, particularly in women initiating treatment below age 60 years. This consensus statement will examine the evidence regarding HRT and non-oestrogen therapies (lipid lowering agents, aspirin, antihypertensives, antidiabetic medications, SERMs) as well as diet, lifestyle and smoking cessation in the primary prevention of CHD in women.

oestrogen may have a protective role in CHD prevention especially if initiated in women below age 60 years or within 10 years of onset of menopause women with a premature menopause should take oestrogen to reduce the risk of CHD lipid-lowering agents are probably beneficial in primary prevention aspirin cannot be recommended for primary prevention of CHD, but may protect against stroke treating hypertension reduces the risk of CHD in diabetics, prevention of CHD is based on management of established cardiovascular risk factors through both lifestyle measures and pharmacotherapy in metabolic syndrome, prevention of CHD is based on management of established cardiovascular risk factors through both lifestyle measures and pharmacotherapy stopping smoking, reducing obesity, improving diet and undertaking regular exercise are key lifestyle measures.

References:

1. Imomaliyevna, B. D. (2024, January). PREVALENCE OF INFECTIOUS DISEASES. In Proceedings of International Conference on Educational Discoveries and Humanities (Vol. 3, No. 2, pp. 164-168).
2. Imomaliyevna, B. D. (2024, January). MEASLES CAUSE SYMPTOMS AND TREATMENT. In Proceedings of International Conference on Modern Science and Scientific Studies (Vol. 3, No. 2, pp. 1-5).
3. Болтабаев, М. У. (2023). КОРОНАВИРУС (COVID-19) ХАМРОҲ КАСАЛЛИК БИЛАН КЕЧГАНДА КАСАЛЛИКДАН КЕЙИНГИ РЕАБЛИТАЦИЯ ДАВРИДА АНИҚЛАНАДИГАН ЎЗГАРИШЛАР ВА УЛАРНИ БАРТАРАФ ЭТИШ ЧОРАЛАРИ. Scientific Impulse, 2(13), 178-182.
4. Boltaboev, A. (2023). HEORETICAL BASIS OF THE DEVELOPMENT OF THE SPATIAL PERSPECTIVE IMAGERY IN THE PERFORMANCE OF PENCIL AND DRAFT IN THE PROCESS OF STUDENT EDUCATIONAL PROCESS. Solution of social problems in management and economy, 2(2), 12-17.
5. Болтабоев, А. М., & Араббоев, М. (2022). COVID-19 АССОЦИРЛАНГАН ОВҚАТ ҲАЗМ ҚИЛИШ ТИЗИМИ КАСАЛЛИКЛАРИ ЭПИДЕМИОЛОГИЯСИ ВА COVID-19 БИЛАН КАСАЛЛАНГАН БЕМОРЛАРДА КОМПЮТЕР ТОМОГРАФИЯСИ. Journal of new century innovations, 11(2), 58-69.