American Journal of Medicine and Medical Sciences 2024, 14(4): 944-950
DOI: 10.5923/j.ajmms.20241404.30

Improving Early Diagnosis and Prevention of Ischemic Heart Disease among Armed Forces Officers in the Republic of Uzbekistan

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Abstract Early diagnosis and prevention of cardiovascular diseases among officers in the Armed Forces of the Republic of Uzbekistan play a crucial role in enhancing troop combat readiness and mitigating disability resulting from ischemic heart diseases. Consequently, our research aims to identify officer patients who received outpatient treatment in the cardiology department of the Central Military Clinical Hospital and have a predisposition to ischemic heart disease. This allows us to form high-risk groups and implement primary prevention strategies for ischemic heart disease, emphasizing early diagnosis.

Keywords Ischemic heart disease, High-risk groups, Risk factors, Primary prevention of ischemic heart disease, Lifestyle

1. Introduction

Cardiovascular diseases are a leading cause of premature mortality and disability in many countries, leading to a significant increase in healthcare expenditures. Atherosclerosis, which advances over several years before presenting specific symptoms, typically underlies the development of ischemic heart diseases. Sudden deaths resulting from myocardial infarction and stroke often occur without the possibility of providing prompt medical care, rendering most treatments ineffective or palliative. Modifying risk factors will undoubtedly yield reductions in mortality and morbidity [1,2,3,4].

According to the 2018 report by the World Health Organization, over 17.8 million people worldwide die annually from cardiovascular diseases. Several objective factors contribute to the coinciding rise in the incidence and mortality rates of cardiovascular diseases: population aging, socio-economic factors, increased psychosocial stress, urbanization, dietary patterns, lifestyle changes, alterations in occupational activities, prevalent unhealthy habits, and unhealthy lifestyles among the majority of the population, including an unhealthy diet [5,6,7,8].

The implementation of preventive programs has identified various factors that negatively impact their outcomes. These include a lack of awareness among the population regarding the possibilities of preventing cardiovascular diseases, passive participation or prolonged refusal to engage in preventive programs, especially among individuals who are seemingly healthy but possess risk factors, reluctance to modify lifestyles, and an increase in the morbidity and mortality rates of cardiovascular diseases, such as ischemic heart disease, following the discontinuation of long-term active preventive measures [9,10,11].

Received: Mar. 9, 2024; Accepted: Apr. 10, 2024; Published: Apr. 11, 2024
Published online at http://journal.sapub.org/ajmms

2. Research Objectives

1. Early diagnosis of ischemic heart disease among military personnel in the Armed Forces of the Republic of Uzbekistan.
2. Prevention of ischemic heart diseases through the utilization of an electronic platform among military personnel in the Armed Forces of the Republic of Uzbekistan.

3. Research Goals and Study Subjects

The study subjects consist of 78 patients undergoing inpatient examination and treatment in the cardiology department of the Central Military Clinical Hospital. The brief description of the study includes patients' age, risk factors for ischemic heart disease, harmful habits, arterial blood pressure, measurement of total cholesterol (including low-density lipoproteins and triglycerides) in the blood, and primary and secondary prevention measures.

The officers serving in the Armed Forces of the Republic of Uzbekistan are divided into three age groups:

- Group I: 30-39 years old.
- Group II: 40-49 years old.
- Group III: 50-59 years old.

Between April 2023 and December 2023, a total of 78 patients aged 30 to 59 years received treatment in the cardiology department of the Central Military Clinical Hospital.

Table 1. Grouping of military personnel by age

Military Personnel Age Group	Number
30 to 39 years old	18
40 to 49 years old	52
50 to 59 years old	8
Total	78

18 individuals are between the ages of 30 and 39, 52 fall within the age range of 40 to 49, while 8 individuals are in the age bracket of 50 to 59. Hence, the cumulative count of military personnel amounts to 78 individuals.

4. Study Results

Table 2. The results of the laboratory indicators of military personnel in 2023

		Before 3 months				**After 3 months**			
№	Date of Illness	Total Cholesterol	LDL Cholesterol	Triglycerides	SCORE Points	Total Cholesterol	LDL Cholesterol	Triglycerides	SCORE Points
1	3804/2023 y. - 39 years old	6.7 mmol/l	4.64 mmol/l	3.91 mmol/l	2	5.2 mmol/l	2.40 mmol/l	1.79 mmol/l	1
2	4040/2023 y. - 39 years old	5.8 mmol/l	3.96 mmol/l	2.33 mmol/l	1	5.5 mmol/l	3.50 mmol/l	1.90 mmol/l	1
3	7367/2023 y. - 39 years old	4.6 mmol/l	2.78 mmol/l	1.07 mmol/l	2	4.5 mmol/l	2.6 mmol/l	1.1 mmol/l	1
4	7396/2023 y. - 31 years old	6.5 mmol/l	5.25 mmol/l	2.25 mmol/l	1	6.0 mmol/l	4.30 mmol/l	1.97 mmol/l	1
5	5607/2023 y. - 33 years old	5.2 mmol/l	3.60 mmol/l	2.14 mmol/l	1	4.9 mmol/l	3.20 mmol/l	1.85 mmol/l	0
6	7969/2023 y. - 37 years old	6.3 mmol/l	4.80 mmol/l	2.16 mmol/l	1	5.8 mmol/l	4.0 mmol/l	2.10 mmol/l	1
7	8045/2023 y. - 38 years old	6.8 mmol/l	4.57 mmol/l	2.41 mmol/l	2	6.0 mmol/l	3.6 mmol/l	2.20 mmol/l	1
8	8196/2023 г. - 39 years old	6.1 mmol/l	4.75 mmol/l	2.05 mmol/l	2	5.7 mmol/l	4.5 mmol/l	2.0 mmol/l	2
9	8675/2023y. - 38 years old	7.0 mmol/l	4.39 mmol/l	3.24 mmol/l	2	6.5 mmol/l	4.0 mmol/l	3.0 mmol/l	1
10	8497/2023 y. - 39 years old	6.5 mmol/l	5.50 mmol/l	2.10 mmol/l	2	5.8 mmol/l	4.0 mmol/l	1.95 mmol/l	1
11	8916/2023 y. - 39 years old	5.5 mmol/l	4.02 mmol/l	2.30 mmol/l	1	5.2 mmol/l	3.5 mmol/l	2.1 mmol/l	1
12	8878/2023 y. - 38 years old	6.0 mmol/l	3.61 mmol/l	1.45 mmol/l	1	5.7 mmol/l	3.4 mmol/l	1.4 mmol/l	1
13	9402/2023 y. - 37 years old	5.1 mmol/l	3.65 mmol/l	1.80 mmol/l	2	5.0 mmol/l	3.3 mmol/l	1.7 mmol/l	1
14	9828/2023 y. - 36 years old	5.3 mmol/l	4.80 mmol/l	2.03 mmol/l	1	5.0 mmol/l	3.0 mmol/l	1.8 mmol/l	1
15	4484/2023 y. - 38 years old	5.7 mmol/l	AG, Atherosclerotic stenosis of the right carotid artery 40%			5.5 mmol/l	3.5 mmol/l	1.4 mmol/l	Recheck after 6 months
16	5264/2023 y. - 36 years old	5.4 mmol/l	IHD. Myocardial ischemia without pain. AG			5.1 mmol/l	5.1 mmol/l	1.82 mmol/l	Recheck after 6 months
17	4220/2023 y. - 38 years old	4.6 mmol/l	AG. Atherosclerotic stenosis of the left carotid artery 40%			3.7 mmol/l	2.54 mmol/l	1.22 mmol/l	Recheck after 6 months
18	5653/2023 y. - 38 years old	5.8 mmol/l	AG. Type II diabetes mellitus			5.3 mmol/l	3.00 mmol/l	2.00 mmol/l	Recheck after 6 months

Primary and secondary preventive measures aimed at mitigating the occurrence of ischemic heart disease were implemented among the selected group of 78 patients, as mentioned earlier. Atherosclerosis of the coronary vessels and elevated blood cholesterol levels are recognized as significant contributing factors in the development of ischemic heart disease. Hence, the primary objective of this study was to reduce the levels of blood cholesterol and its overall concentration. Additionally, modifiable risk factors among the patients included in the study were targeted for reduction and elimination. By addressing these factors, it is feasible to effectively prevent the onset of ischemic heart disease in this patient cohort.

Group I consisted of officers between the ages of 30 and 39, totaling 18 individuals. Out of these patients, 16 were diagnosed with hypertension, 6 exhibited obesity levels categorized as I or II, 1 had type II diabetes, another was diagnosed with ischemic heart disease and painless myocardial ischemia, and 1 displayed an index score of 76 on the Agatston scale in the multispiral computed tomography (MSKT) screening. Furthermore, 3 individuals were diagnosed with other ailments. Among the smokers in this group, 3 exhibited atherosclerotic stenoses in the brachiocephalic vessels, while 2 presented similar findings within the masked group.

Group II consisted of officers aged between 40 and 49, totaling 52 individuals. Out of these patients, 38 were diagnosed with hypertension and were constantly undergoing treatment for masked diseases. Additionally, 5 individuals were diagnosed with ischemic heart disease, and secondary prevention measures were implemented for these masked patients. One patient experienced an acute myocardial infarction, while another underwent coronary artery stenting. In addition, 4 patients were diagnosed with type II diabetes, and obesity levels categorized as I or II were detected in 17 patients. Among the masked group, 16 individuals were active smokers, and 6 patients displayed atherosclerotic stenoses in the brachiocephalic vessels, albeit at different percentages.

Group III comprised officers aged between 50 and 59, totaling 8 individuals. Amongst these individuals, 7 were diagnosed with hypertension, 1 individual was diagnosed with type II diabetes, 1 person had ischemic heart disease, and 5 individuals displayed obesity levels categorized as I, II, or III. Atherosclerotic stenosis of the brachiocephalic vessels was detected in one patient, and one individual within the group was an active smoker. The findings indicate that the masked subgroup displays a significantly higher susceptibility to ischemic heart disease.

To facilitate primary and secondary preventive measures for ischemic heart disease, these disease groups were consolidated onto a single electronic platform.

For comprehensive risk assessment, it is recommended to employ the Systematic Coronary Risk Evaluation (SCORE). This new table, based on the findings of the SCORE study, offers numerous advantages. It was developed following a large-scale prospective European study and enables the prediction of atherosclerosis-related mortality risk over a ten-year period. The risk assessment comprises the examination of various risk factors, including gender, age, smoking habits, systolic arterial blood pressure, and the ratio of total cholesterol to high-density lipoprotein cholesterol. The evaluation of the overall risk of cardiovascular disease-related mortality for a decade is performed according to the SCORE system. Within the Maskur study, the total risk of cardiovascular disease-related mortality over a ten-year period is determined for officers.

Group I: The overall risk of death from any cardiovascular system disease for 10 years among officers aged 30 to 39 years was evaluated according to the SCORE system.

It can be seen that during the 3-month follow-up of 18 patients on the SCORE scale, the overall risk of death from any cardiovascular system disease for 10 years was achieved in 7 patients. It remained unchanged in 7 patients.

Table 3. Assessment according to the scoring scale

		Before 3 months				**After 3 months**			
№	Disease history №	Total cholesterol	LDL cholesterol	Triglycerides	SCORE points	Total cholesterol	HDL cholesterol	Triglycerides	**SCORE** Points
1	7455/2023-43 years old	5.3 mmol/l	3.36 mmol/l	2.37 mmol/l	3	5.2 mmol/l	3.30 mmol/l	2.0 mmol/l	***2*** ↓
2	7815/2023-41 years old	6.1 mmol/l	5.56 mmol/l	2.14 mmol/l	2	5.5 mmol/l	4.50 mmol/l	2.10 mmol/l	***1*** ↓
3	7701/2023 41 years old	5.3 mmol/l	4.13 mmol/l	2.15 mmol/l	2	5.1 mmol/l	3.10 mmol/l	1.80 mmol/l	***2*** ↓
4	6017/2023 40 years old	4.7 mmol/l	2.69 mmol/l	2.70 mmol/l	2	4.7 mmol/l	2.50 mmol/l	1.90 mmol/l	***2***
5	6498/2023 44 years old	6.0 mmol/l	2.72 mmol/l	1.80 mmol/l	2	5.5 mmol/l	5.5 mmol/l	1.82 mmol/l	***2***
6	6743/2023 43 years old	7.0 mmol/l	4.37 mmol/l	3.01 mmol/l	3	6.0 mmol/l	4.0 mmol/l	2.80 mmol/l	***3***
7	7570/2023 44 years old	5.3 mmol/l	3.90 mmol/l	2.81 mmol/l	3	5.2 mmol/l	3.50 mmol/l	2.0 mmol/l	***2*** ↓
8	7941/2023 45 years old	5.7 mmol/l	5.59 mmol/l	2.90 mmol/l	1	5.3 mmol/l	4.1 mmol/l	2.0 mmol/l	***1***

9	7126/2023 45 years old	5.8 mmol/l	4.00 mmol/l	3.04 mmol/l	3	5.1 mmol/l	4.0 mmol/l	2.0 mmol/l	***2***
10	6934/2023 44 years old	6.0 mmol/l	5.22 mmol/l	----------	3	5.6 mmol/l	4.1 mmol/l	1.96 mmol/l	***2***
11	6847/2023 44 years old	5.6 mmol/l	3.84 mmol/l	2.31 mmol/l	3	5.3 mmol/l	3.40 mmol/l	1.90 mmol/l	***2***
12	5346/2023 41 years old	6.1 mmol/l	4.45 mmol/l	2.10 mmol/l	2	5.2 mmol/l	3.50 mmol/l	1.90 mmol/l	***1***
13	4324/2023 41 years old	4.01 mmol/l	3.01 mmol/l	1.05 mmol/l	2	4.1 mmol/l	3.0 mmol/l	1.10 mmol/l	***2***
14	5450/2023- 41 years old	5.5 mmol/L	3.80 mmol/L	1.96 mmol/L	2	5.1 mmol/L	3.50 mmol/L	1.70 mmol/L	1
15	5993/2023- 49 years old	5.5 mmol/L	4.21 mmol/L	1.55 mmol/L	3	5.0 mmol/L	3.60 mmol/L	1.50 mmol/L	2
16	6006/2023- 43 years old	5.7 mmol/L	3.70 mmol/L	2.40 mmol/L	2	5.4 mmol/L	3.40 mmol/L	2.00 mmol/L	2
17	5688/2023- 45 years old	6.1 mmol/L	3.80 mmol/L	2.84 mmol/L	3	5.30 mmol/L	3.40 mmol/L	2.10 mmol/L	2
18	6325/2023- 44 years old	5.0 mmol/L	4.00 mmol/L	2.19 mmol/L	1	5.0 mmol/L	2.0 mmol/L	1.8 mmol/L	1
19	5182/2023- 40 years old	7.3 mmol/L	4.14 mmol/L	2.49 mmol/L	1	6.5 mmol/L	3.50 mmol/L	2.50 mmol/L	1
20	3967/2023- 42 years	7.0 mmol/L	4.54 mmol/L	3.45 mmol/L	3	6.4 mmol/L	4.64 mmol/L	2.68 mmol/L	2
21	1887/2023- 47 years old	7.2 mmol/L	5.23 mmol/L	2.46 mmol/L	5	5.3 mmol/L	3.68 mmol/L	1.55 mmol/L	3
22	4485/2023- 41 years old	5.4 mmol/L	1.19 mmol/L	4.05 mmol/L	1	5.0 mmol/L	2.0 mmol/L	3.0 mmol/L	0
23	3776/2023- 43 years old	5.4 mmol/L	3.45 mmol/L	1.52 mmol/L	2	5.0 mmol/L	3.1 mmol/L	1.90 mmol/L	1
24	4463/2023- 45 years old	6.0 mmol/L	3.92 mmol/L	2.92 mmol/L	3	5.40 mmol/L	3.50 mmol/L	1.80 mmol/L	1
25	8373/2023- 47 years old	5.7 mmol/L	4.22 mmol/L	4.86 mmol/L	4	5.2 mmol/L	3.5 mmol/L	2.0 mmol/L	2
26	8744/2023- 42 years old	6.0 mmol/L	3.48 mmol/L	1.0 mmol/L	1	5.5 mmol/L	3.4 mmol/L	1.0 mmol/L	1
27	8806/2023- 46 years old	5.7 mmol/L	3.85 mmol/L	3.18 mmol/L	2	4.7 mmol/L	3.03 mmol/L	1.07 mmol/L	2
28	8429/2023- 47 years old	7.1 mmol/L	5.90 mmol/L	1.85 mmol/L	6	6.3 mmol/L	5.2 mmol/L	1.8 mmol/L	3
9	8802/2023- 47 years old	6.1 mmol/L	4.98 mmol/L	2.02 mmol/L	5	5.8 mmol/L	3.7 mmol/L	1.9 mmol/L	3
30	8695/2023- 40 years old	5.5 mmol/L	4.0 mmol/L	1.87 mmol/L	1	5.3 mmol/L	3.5 mmol/L	1.8 mmol/L	1
31	8674/2023- 46 years old	7.8 mmol/L	6.18 mmol/L	1.19 mmol/L	3	6.3 mmol/L	6.0 mmol/L	1.0 mmol/L	2
32	9135/2023- 46 years old	5.3 mmol/L	4.09 mmol/L	2.65 mmol/L	4	5.1 mmol/L	3.6 mmol/L	2.0 mmol/L	3
33	9301/2023- 49 years old	4.6 mmol/L	3.64 mmol/L	1.57 mmol/L	3	4.6 mmol/L	3.2 mmol/L	1.4 mmol/L	3
34	9042/2023- 43 years old	5.7 mmol/L	3.06 mmol/L	3.00 mmol/L	1	5.2 mmol/L	3.0 mmol/L	2.0 mmol/L	1
35	8515/2023- 48 years old	6.5 mmol/L	5.00 mmol/L	2.08 mmol/L	3	6.0 mmol/L	4.5 mmol/L	2.0 mmol/L	3
36	8533/2023- 44 years old	7.0 mmol/L	6.55 mmol/L	1.69 mmol/L	3	6.1 mmol/L	5.2 mmol/L	1.5 mmol/L	2
37	8187/2023- 47 years old	5.8 mmol/L	4.01 mmol/L	4.13 mmol/L	1	5.1 mmol/L	3.4 mmol/L	1.9 mmol/L	1

38	3771/2023-41 years old	6.1 mmol/L	3.88 mmol/L	2.74 mmol/L	AG. Type II diabetes mellitus	5.1 mmol/L	3.40 mmol/L	1.80 mmol/L	Recheck after 6 months
39	4430/2023-41 years old	6.9 mmol/L	4.83 mmol/L	2.10 mmol/L	Hypercholesterolemia. IHD 2013. AG	6.0 mmol/L	4.40 mmol/L	2.00 mmol/L	Recheck after 6 months
40	4373/2023-49 years old	5.3 mmol/L	2.46 mmol/L	AG. Right carotid artery 40% stenosis		5.2 mmol/L	2.36 mmol/L	1.30 mmol/L	Re-examination after 6 months
41	4674/2023-44 years old	6.2 mmol/L	3.90 mmol/L	AG. Type II diabetes mellitus		6.0 mmol/L	2.0 mmol/L	2.0 mmol/L	Re-examination after 6 months
42	4366/2023-46 years old	5.8 mmol/L	3.01 mmol/L	AG. Right carotid artery 48% stenosis		5.7 mmol/L	3.0 mmol/L	1.10 mmol/L	Re-examination after 6 months
43	3967/2023-42 years old	7.0 mmol/L	AG. Atherosclerotic stenosis of brachiocephalic arteries (26% on the right, 31% on the left)			6.4 mmol/L	4.64 mmol/L	2068 mmol/L	Re-examination after 6 months
44	4871/2023-44 years old	7.2 mmol/L	AG. Atherosclerotic stenosis of brachiocephalic arteries (43% on the right, 37% on the left)			6.0 mmol/L	4.0 mmol/L	2.0 mmol/L	Re-examination after 6 months
45	5137/2023-42 years old	4.9 mmol/L	3.66 mmol/L	1.74 mmol/L	AG. Type II diabetes mellitus	5.0 mmol/L	3.50 mmol/L	1.70 mmol/L	Recheck after 6 months
46	5895/2023-48 years old	5.9 mmol/L	3.97 mmol/L	3.41 mmol/L	AG. Type II diabetes mellitus	5.3 mmol/L	3.50 mmol/L	2.20 mmol/L	Recheck after 6 months
47	6839/2023-40 years old	5.4 mmol/L	4.16 mmol/L	1.00 mmol/L	ICD.AG	5.1 mmol/L	3.5 mmol/L	1.2 mmol/L	Recheck after 6 months
48	7822/2023-43 years old	5.4 mmol/L	3.50 mmol/L	2.40 mmol/L	Atherosclerotic stenosis of the right carotid artery with 17% stenosis.	5.2 mmol/L	3.40 mmol/L	2.0 mmol/L	Recheck after 6 months
49	4027/2023-42 years old	4.6 mmol/L	2.89 mmol/L	1.78 mmol/L	Hyperlipidemia.	5.0 mmol/L	2.50 mmol/L	1.50 mmol/L	Recheck after 6 months
50	4992/2023-48 years old	6.0 mmol/L	4.82 mmol/L	2.58 mmol/L	Hyperlipidemia.	5.2 mmol/L	3.40 mmol/L	2.09 mmol/L	Recheck after 6 months
51	9454/2023-44 years old	5.5 mmol/L	4.21 mmol/L	1.95 mmol/L	Atherosclerotic stenosis of the brachiocephalic arteries (26% on the right side and 28% on the left side).	5.1 mmol/L	3.6 mmol/L	1.9 mmol/L	Recheck after 6 months
52	8503/2023-40 years old	6.3 mmol/L	4.41 mmol/L	3.24 mmol/L	Type II diabetes mellitus.	5.7 mmol/L	3.8 mmol/L	3.0 mmol/L	Recheck after 6 months

Group II: among officers aged 40 to 49 years, the overall risk of death from any cardiovascular system disease for 10 years was evaluated according to the SCORE system.

In this group, 52 patients were assessed for the total risk of death from cardiovascular system diseases for 10 years according to the SCORE scale, as a result of the primary preventive measure, the mortality rate for the last 10 years was significantly reduced in 22 patients, and remained unchanged in 15 patients. After 6 months, it is planned to monitor the atherosclerotic stenosis of the neck vessels and the amount of sugar in the blood.

Table 4. Assessment according to the scoring scale

		Before 3 months				After 3 months			
	Medical Record Number	Total Cholesterol	LDL Cholesterol	Triglycerides	SCORE	Total Cholesterol	HDL Cholesterol	Triglycerides	Follow-up
1	3830/2023-5 0 years old	6.0 mmol/L	3.81 mmol/L	2.71 mmol/L	3	4.6 mmol/L	2.72 mmol/L	0.92 mmol/L	2
2	6097/2023-5 6 years old	5.9 mmol/L	4.0 mmol/L	2.19 mmol/L	6	5.5 mmol/L	3.20 mmol/L	1.95 mmol/L	5
3	3648/2023-5 2 years old	6.7 mmol/L	5.36 mmol/L	2.26 mmol/L	ICD.AG	3.9 mmol/L	2.69 mmol/L	1.25 mmol/L	Recheck after 6 months
4	7729/2023-5 3 years old	4.8 mmol/L	3.40 mmol/L	3.12 mmol/L	AG. Type II diabetes	4.8 mmol/L	3.30 mmol/L	2.50 mmol/L	Recheck after 6 months
5	8383/2023-5 0 years old	7.0 mmol/L	5.20 mmol/L	2.64 mmol/L	8	6.3 mmol/L	4.9 mmol/L	2.0 mmol/L	7
6	8664/2023-5 7 years old	5.4 mmol/L	4.40 mmol/L	1.08 mmol/L	5	5.0 mmol/L	3.5 mmol/L	1.0 mmol/L	5
7	8566/2023-5 0 years old	6.2 mmol/L	4.51 mmol/L	2.79 mmol/L	7	5.7 mmol/L	3.7 mmol/L	2.0 mmol/L	6
8	8584/2023-5 4 years old	6.2 mmol/L	4.00 mmol/L	3.80 mmol/L	10	5.5 mmol/L	3.6 mmol/L	2.5 mmol/L	6

"The mentioned 3rd group shows that the incidence of heart-related diseases increases significantly with age in the affected individuals. Due to the risk factors associated with heart ischemic diseases, temporary preventive measures have led to a decrease in the overall risk of mortality from heart vascular diseases for 10 years, with five patients reaching recovery among the affected individuals, and one remaining unchanged. In summary, although there are no symptoms, several risk factors for the development of heart vascular diseases and a general cholesterol level of 5 and 3 mmol/l have been identified, in many cases, it is possible to lower the risk by temporarily increasing the doses of hypolipidemic drugs to reduce the total cholesterol to 4.5 mmol/l and low-density lipoproteins to 2.5 mmol/l through primary prevention measures. Attention is paid to the risk factors (modifiable risk factors) that need to be monitored. Improving lifestyle, including regular exercise, increasing the consumption of healthy products, and reducing the intake of fat and cholesterol-rich products, is considered an important factor. Establishing communication with patients. It is important to understand the presence of mutual communication between lifestyle and health and the presence of influential factors in improving lifestyle. Assisting patients in identifying supportive resources. Regular communication with patients is essential for ongoing monitoring. Implementing healthy eating habits. It is also necessary to involve other specialists (endocrinologist, vascular surgeon, neurologist) as much as possible. It is necessary to pay attention to identifying military servicemen with high-risk factors for cardiovascular diseases (screening, hypertension, elevated cholesterol levels, and blood diabetes) and to ensure that the guidelines for monitoring and implementing the treatment of cardiovascular diseases are followed. It is essential for the initial staff of the military medical service (paramedics in medical units) to consistently engage in practical activities related to the prevention of risk factors. Modern methods of treating the disease will yield good results, especially in the initial stages. At present, the strong influence of risk factors in many patients is maintained, which leads to exacerbation of the disease and premature death."

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