ARRHYTHMIA IN PATIENTS WITH HYPERTENSION

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Abstract. *This article discusses the symptoms and causes of heart rhythm disturbances in patients with hypertension, such as conduction disturbances, their clinical signs and treatment tactics. As a rule, arrhythmia is detected by a doctor during a direct medical examination. There are several signals that the body gives when the heart fails. A feeling of trembling in the chest. Accelerated heartbeat. Slowing of the heart muscle. You can feel a missed heartbeat. Pressing pain in the heart region. Shortness of breath. Frequent dizziness. Loss of consciousness or regular fainting. Shock. Nausea accompanied by vomiting. This occurs with a sharp change in heart rate.*

Keywords: *Hypertension, arrhythmia, rhythm disturbance, conduction, risk factors, ICH, age, gender.*

АРИТМИЯ У БОЛЬНЫХ С ГИПЕРТОНИЕЙ

Аннотация. *В данной статье рассматриваются симптомы и причины нарушения сердечного ритма у больных гипертонией, такие как нарушения проводимости, их клинические признаки и тактика лечения. Как правило, аритмия выявляется врачом при непосредственном медицинском осмотре. Существует несколько сигналов, которые подает организм при сбое работы сердца. Ощущение дрожи в груди. Ускоренное сердцебиение. Замедление работы сердечной мышцы. Вы можете почувствовать пропуск удара сердца. Давящая боль в области сердца. Одышка. Частые головокружения. Потеря сознания или регулярные обмороки. Шок. Тошнота, сопровождающаяся рвотой. Это происходит при резком изменении частоты сердечных сокращений.*

Ключевые слова: *Гипертония, аритмия, нарушение ритма, проводимость, факторы риска, ВЧГ, возраст, пол.*

Types of arrhythmia This is a very common disease that includes several subspecies. In order to correctly prescribe a course of treatment, it is very important to determine what type of arrhythmia the patient has. Sinusoidal tachycardia. The heartbeat increases, it can reach 100 beats per minute, the patient clearly feels it. A sharp contraction of the myocardial muscle. This manifests itself in the form of a strong shock in the heart region, often referred to as a "heartbeat".

Such a deviation is provoked by long-term bad habits and acute heart rhythm disturbances. Atrial arrhythmia.

Its essence lies in the involuntary contraction of the heart fibers. This disease affects people with heart disease and alcohol dependence. Heart block (complete or partial). It is characterized by the loss of pulse and, as a result, loss of consciousness. Coronary heart disease (CHD) is an acute or chronic damage to the heart, in which the myocardium does not receive enough oxygen through the coronary arteries. One of the main causes is the formation of plaques in the coronary arteries due to atherosclerosis and narrowing of the arterial orifices.

Objective: To determine the prevalence and remodeling of cardiac rhythm and conduction disorders in patients with hypertension (HT).

Materials and methods: The study was conducted among 57 men and 33 women with hypertension at the Bukhara regional branch of the Republican Specialized Scientific and Practical Medical Center of Cardiology. Patients were asked to provide medical history, undergo 24-hour arterial blood pressure monitoring (ABPM), Holter monitoring (HMM), and cardiac ultrasound (CUS).

Results: Hypertension was confirmed according to the results of AQBSM. Of the concomitant diseases, ischemic heart disease (IHD) was detected in 27 men (41.33% in men with HF) and 18 women (55.81% in women with HF) ($p>0.05$). When performing HF in patients with HF, rhythm and conduction disorders were detected in 38 men (64%) and 15 women (46.51%) ($p>0.05$). The average age of men with HF and rhythm and conduction disorders was 57.86±1.91 years, and women were 67.29±2.34 years ($p<0.05$).Rhythm and conduction disorders: supraventricular extrasystoles (SEE) in 6 men (12.24% of men with rhythm and conduction disorders) and 4 women (17.39% of women with rhythm and conduction disorders), ventricular extrasystoles (QES) in 14 men and 6 women (28.57% and 26.09%, respectively), supraventricular tachycardia (SVT) in 17 men and 13 women (34.69% and 56.52%, respectively), ventricular tachycardia (QT) in 5 men and 1 woman (10.20% and 4.34%, respectively), atrial fibrillation (AF) in 7 men and 5 women (14.28% and 21.73%, respectively), AV block I and II degrees in 2 men and 2 women (4.08% and 4.34%, respectively).

Intraventricular blockade was detected in 14 men (28.6%) and 6 women (26.1%).

According to the results of cardiac ultrasound, left ventricular dilatation was detected in 40 men (53.33% of men with GC) and 16 women (37.20% of women with GC), bilateral ventricular dilatation - in 5 men and 1 woman (6.67% and 2.32%, respectively), right ventricular dilatation - in 2 men (2.66%), dilatation of the left heart chambers - in 2 men (2.66%), akinesia of the left ventricular walls - in 3 men and 1 woman (4% and 2.32%, respectively), decreased ejection fraction - in 2 men (2.67%). Left ventricular hypertrophy (LVH) - in 42 men (56%) and 19 women (44.18%); Pulmonary hypertension was detected in 14 men (18.67%) and 11 women (25.58%).

Conclusion: Thus, among patients with GC, rhythm and conduction disorders were detected in 61% of men and about 40% of women. Men with GC and rhythm and conduction disorders were younger than women. In conclusion, the types of arrhythmias are more common among men, which indicates that they are both gender-dependent and arise due to harmful habits.

Among the diseases, all types of arrhythmias, such as atrial dilatation, ventricular intraventricular blockade, ventricular extrasystoles, ventricular tachycardia, atrial fibrillation, are common in combination with hypertension.

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