

## Clinical Principles of Medical Rehabilitation in Patients with Arterial Hypertension

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**ABSTRACT** Arterial hypertension is one of the most common diseases of the cardiovascular system. It has been established that arterial hypertension affects 20-30% of the adult population. With age, the prevalence of the disease increases and reaches 50-65%. Arterial hypertension affects 30-45% of the adult population. Before the age of 50, the disease is more often observed in men, after 50 years - in women. According to the WHO, in many countries around the world, arterial hypertension (AH) is the most commonly controlled factor in cardiovascular disease and mortality. Rehabilitation measures - antihypertensive measures. Concomitant treatment not only lowers blood pressure to normal, but also reduces the incidence of adverse events.

**Keywords:** arterial hypertension, formed effective treatment methods, rehabilitation measures.

Arterial hypertension is the most common manageable factor in cardiovascular disease in many countries around the world. The authors presented a rehabilitation program for patients with arterial hypertension. The program includes a multi-component drug treatment regimen along with an established effective method of treatment, ensuring frequent communication with patients.

Arterial hypertension (AH) is a persistent increase in blood pressure from 140/90 mm Hg. Art. and higher. Hypertension or essential hypertension accounts for 90-95% of cases of hypertension.

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According to European experts, by 2025, 29.0% of men and 29.5% of women in the world will have hypertension. In the Republic of Belarus, the detection rate of people with AH increased from 14.1% in 2000 to 21.2% in 2009 [1]. Elevated blood pressure pathologically affects the blood vessels and the target organs they feed on (brain, heart, kidneys, eyes) [3,4]. It is known that blood pressure increases from 115/75 mm Hg to the frequency of deaths from stroke and cardiovascular disease (CHD). Art.

The link is now apparent physical activity with the level of blood pressure [8].

It is known that hypokinesia contributes to the development of hypertension due to maladjustment of the cardiovascular system to stressful situations and de-training of the baroreceptor mechanism of the depressor system. Correction of elevated blood pressure in patients with hypertension requires long-term taking antihypertensive drugs. However, at the initial stages of the development of pathology, it is precisely the dosed physical the load can stabilize the condition and to prevent the development of formidable complications. In groups of patients with a low and medium risk of developing hypertension, prior to the start of drug therapy, non-drug treatment is carried out for 12 and 6 months accordingly, the level is controlled BP and other risk factors [9]. Physical training has the most pronounced hypotensive effect in AH I degree.

For every 20/10 mm RT. Art. The increase in blood pressure from these indicators, the risk of death from cardiovascular disease increased by 2 times. This highlights the high socio-medical importance of interventions aimed at lowering blood pressure in the population. The majority of patients with hypertension (90-95%) are people with primary (primary) hypertension, the cause of which can not be determined. A diagnosis of any secondary (symptomatic) hypertension is made. Knowing the etiology and pathogenesis of various forms of secondary hypertension significantly simplifies the diagnostic search.

The social significance of hypertension is associated with a higher risk of complications (cerebral stroke, myocardial infarction and heart failure, renal failure), as well as an inverse relationship between blood pressure values and life expectancy [2.6] pressure is recorded in 24-31% of the adult population of the Republic of Uzbekistan.

A number of studies have shown that drug treatment provides a significant reduction in blood pressure and damage to the cardiovascular system. In addition, a number of non-pharmacological methods and special measures for the treatment of this group of patients are included in national recommendations. Non-narcotic measures include lowering blood pressure, reducing the need for hypertensive drugs and enhancing their effects, primary prevention of arterial hypertension and popular cardiovascular disease.

A non-drug application to lower blood pressure should be recommended to all patients, regardless

of the severity of arterial hypertension and drug treatment [4,7]. Despite its knowledge of the epidemiology, prevention, clinic, and treatment of arterial hypertension (AH), it remains one of the most pressing issues for the health of the adult population in economically developed countries. This is due, on the one hand, to the epidemiological nature of the disease and, on the other hand, to the lack of a downward trend in mortality and disability due to hypertension.

The concept of hypertension prevention and treatment has changed significantly over the last fifteen years. New classes of hypertensive drugs have emerged, the validity of their widespread use is explained by their compliance with the laws of evidence-based medicine. The possibilities of diagnosing the causes of secondary hypertension have expanded significantly. With the hypertensive population i However, the scientific and methodological concept and evaluation of the effectiveness of rehabilitation of patients with hypertension remains underdeveloped in addressing this problem [3].

Rehabilitation in the broadest sense is a process designed to prevent disability during treatment and to prevent complications and deterioration of health.

the organizational forms of slashing have improved.

The need to develop a rehabilitation strategy is due to the constant deterioration of the demographic situation in the country with negative population growth and aging, the lack of a declining trend in mortality, especially in working age, environmental pressure, the constant presence of psycho-emotional stress in society. leads to chronic formation and an increase in disability among the population.

According to the WHO definition, rehabilitation in cardiology is the process of maximally adapting a patient to physical, mental, and social activities, maintaining or restoring his or her self-confidence and ability to have a positive impact on the development of the disease. a system of measures necessary to create the ability. your social status in society. Rehabilitation cannot be considered as an independent type of treatment, but it should be included in the general scheme of therapy and be an integral part of it [2,4].

Lifestyle change with active the use of means and methods of physical rehabilitation should be recommended to all patients with high blood pressure [3]

to influence all risk factors for the development of this disease [9]. Decrease

body weight, blood pressure, triglyceride levels, an increase in tissue sensitivity to insulin is incomplete list of useful actions of the movement [1] on the way to improving the quality of life [8]. The most physiological for humans

physical activity in the form of walking. For long-term maintenance of health

and reduce the risk of developing chronic diseases need to pass 10,000

steps a day. To maintain good forms must be done at least at least 3000 steps per day in continuous mode

Their goal is to reduce salt intake, adequate physical activity, reduce discomfort, microcirculatory disorders, and more. These data suggest the need to significantly expand rehabilitation programs to increase the effectiveness of treatment interventions. It should be noted that the effectiveness of non-drug therapies is currently being analyzed in detail [5].

Objective: To determine the effectiveness of rehabilitation schools for patients with arterial hypertension.

Rehabilitation measures included individual schools of patients with arterial hypertension, which taught self-measurement of blood pressure, tactics of taking hypertensive medications, adequate physical activity, and weight loss. Smoking cessation or reduction of compression, coping with stressful situations, and improving lipid profile play an important role.

The data obtained show that individual training schools are conducted in patients with arterial hypertension, a set of rehabilitation measures, as well as their regular monitoring provides a significant reduction in blood pressure and adverse events. In subsequent studies, it is prudent to determine the effectiveness of individual measures in individual subgroups of patients. [7,8]

By analyzing the components of the program we proposed, we confirmed its advantages by using a multi-component drug combined with effective methods of treatment and also by frequent contact with the patient (when you visit a day hospital - D.S.). Daily visits of patients with DS to carry out effective work on the detection and elimination of cardiovascular risk and the most important risk factors (reasonable physical activity, being in the diet of large amounts of fruits and vegetables, small doses of alcoholic beverages).

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