



CLINICAL FEATURES OF ACUTE CORONARY SYNDROME IN WOMEN WITH COMORBID CONDITIONS IN CLINICAL PRACTICE

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Abstract: *This thesis presents the results of the analysis of the clinical features of acute coronary syndrome in women with comorbid conditions in clinical practice.*

Keywords: *comorbidity, population, ischemic heart disease (IHD), diabetes mellitus, correlation test.*

Comorbidity is a combination of two or more chronic diseases in one patient, either etiopathogenetically related or coinciding in time of onset, regardless of the activity of each of them [1,2]. However, cardiovascular comorbidity is of particular importance among them, which is characterized by the presence of two or more cardiovascular diseases and pathological conditions in each patient [2].

Today, comorbidity increases with age in patients, and this condition also significantly affects the treatment methods used by doctors, leading to a worsening of the prognosis of the disease in patients [2,3,4,5]. In the era of technical and technological development, along with the aging process in the population, not only the number of patients with myocardial infarction is increasing, but also the prevalence of comorbid conditions among them is increasing compared to previous decades [6]. Therefore, this area requires a more in-depth clinical study and research of comorbid conditions with other pathological diseases, especially among women.

Materials and methods: For the study, the medical history of 20 women in the Bukhara Regional Hospital of Cardiovascular Diseases was obtained and a retrospective analysis was conducted. Among the women who applied to the Regional Hospital of Cardiovascular Diseases, patients with a diagnosis of “ischemic heart disease (IHD) and angina pectoris” and “ischemic heart disease (IHD) and myocardial infarction” were randomly selected, although these patients account for 3% of the total number of applications. These cases were classified as acute coronary syndrome (ACS).

During the study, the history of the disease was collected from September to October 2025. The demographic characteristics of the patients, as well as the main diagnosis of the disease, its complications and comorbidities, as well as the results of the treatment measures carried out in the hospital were recorded in the medical



history sheets of each patient. In our study, the Mary Charlson Comorbidity Index (CCI) was used to quantitatively assess comorbidity among patients [7].

For statistical evaluation, the qualitative discrete characteristics of the results obtained during the study were presented in absolute (the size of the analyzed subgroup) and relative (the frequency of the characteristic in %) values. In order to study the relationships between qualitative characteristics, Kendall's τ non-parametric correlation test was used, and the differences in all the analysis results were considered statistically significant at $p < 0.05$.

Results and discussion of the study: 20 female patients with ischemic heart disease and comorbid conditions were randomly selected for the study. The average age of these women was 63 ± 8 years. The mortality rate in women with comorbid conditions in the hospital was 10% (2 people). During the study, in the process of studying the etiopathogenetic mechanisms of the disease in patients, it was found that the presence of any cardiovascular diseases in patients serves as a risk factor for the development of other types of cardiovascular diseases and increases the likelihood of developing any chronic disease [5]. In patients with comorbid conditions that are not related to heart disease, this disease, in turn, does not significantly affect the pathology of the cardiovascular system. For example, chronic obstructive bronchitis in patients with ischemic cardiomyopathy can have a negative effect on the functional state of the left ventricle [7].

In the population of patients with ACS in Bukhara, the presence of multiple comorbidities increases the likelihood of patients receiving suboptimal treatment that is insufficient in accordance with current clinical guidelines.

Conclusion: Thus, in most cases, the presence of at least one comorbidity (cardiovascular disease (CVD) or other non-cardiovascular disease) in patients with ACS significantly negatively affects the prognosis of the disease.

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