

PROGNOSTIC 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 prognostic features of acute coronary syndrome in women with comorbid conditions in clinical practice.*

Keywords: *comorbidity, population, coronary heart disease (CHD), diabetes mellitus, correlation test.*

Relevance: Today, comorbidity increases with age in patients, and this condition also has a significant impact on the treatment methods used by doctors, leading to a worsening of the prognosis of the disease in patients [1,2]. 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 [3]. 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 50 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 5% 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 December 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 therapeutic measures carried out in the hospital were recorded in the medical history sheets of each patient. However, adverse outcomes observed in hospitalized patients were determined in one or a combination of the following cases: these were the recurrence of the main disease (ACS), as well as the death in any case leading to the development of life-threatening complications of the main disease (acute heart failure, ventricular fibrillation).

In our study, the Mary Charlson Comorbidity Index (CCI) was used to quantitatively assess comorbidity among patients. All the results obtained were also statistically analyzed and the results were recorded in a notebook.

Results and discussion of the study: 50 female patients with ischemic heart disease and comorbid conditions were randomly selected for the study. The average age of these women

was 63 ± 10 years. The mortality rate among women with comorbid conditions in the hospital was 10% (5 people).

When calculating the Charlson index in statistical analysis, the largest number of patients scored 3-4 points when sorting patients by the number of points scored.

During the study, it was found that in patients with comorbid conditions who have pathologies in other systems 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.

In the population of patients with ACS in Bukhara, the presence of several comorbidities increases the likelihood of suboptimal treatment in patients with acute myocardial infarction, which is insufficient in accordance with current clinical indications, and the presence of three or more non-cardiac comorbidities, as well as one or more cardiovascular diseases, significantly worsens the prognosis of the disease.

Conclusion: Thus, in most cases, the presence of at least one comorbidity (cardiovascular disease (CVD) or another disease not related to the cardiovascular system) in patients with ACS has a significant negative impact on the prognosis of the disease. Therefore, it is necessary to adhere to strict principles when treating these patients.

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