PREVENTION AND IMPROVEMENT OF THE QUALITY OF MEDICAL CARE FOR PATIENTS WITH ARTERIAL HYPERTENSION

(review)

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Annotation. Evaluation of the accumulated experience in the prevention and treatment of arterial hypertension in primary health care institutions and its wide dissemination in outpatient settings is an urgent problem today. Ways to optimize outpatient prevention and treatment of patients with arterial hypertension are one of the priorities of medical science and practical health care in the Republic of Uzbekistan.

Keywords. Arterial hypertension, incidence, problems, risk factors

In most cases, the direct cause of an increase in blood pressure cannot be identified, but numerous studies have well studied the risk factors that contribute to the development and progression of arterial hypertension (AH).
The most important ones are; hereditary predisposition; excess salt intake; alcohol abuse; psychosocial factors, especially against the background of other adverse factors; low physical activity; smoking; Environmental factors (noise, hard water). Primary prevention of hypertension (prevention of development) is to change lifestyle in order to reduce to a minimum the listed risk factors.

Only effective primary prevention can prevent or delay the development of hypertension and reduce its prevalence, while treatment of patients with hypertension reduces the risk of complications. In the fight against hypertension, the combination of two strategies brings the greatest success: population and high risk. The most promising is the strategy of mass (population) prevention, which is based on the formation of a healthy lifestyle of the population, which leads to the prevention of the emergence of new cases of the disease (primary prevention). [1]. The development in the healthcare system of institutions providing medical care to the population, which are primarily polyclinics, implies the need for a significant improvement in the diagnosis, treatment and prevention of therapeutic diseases, including hypertension, in this link.
In this regard, a number of problems arise: 1) about choosing a place of treatment, about continuity in the activities of a doctor in a hospital and a polyclinic, which requires high qualifications, knowledge and skills in providing emergency care on the spot (in a polyclinic), in determining the need for urgent hospitalization or absence her, in decision-making in a polyclinic; 2) determination of the plan of possible diagnostic and therapeutic measures in polyclinic conditions, taking into account the professional and everyday characteristics of the patient.
Related to this are the problems of managing the patient after discharge from the hospital, the tasks of rehabilitation. It is clear that a favorable outcome of the disease depends not only on timely detection and thorough treatment in the early stages development of the pathological process, but also from secondary prevention, sufficiently long medical supervision in the process clinical examination. Unlike a hospital, in a polyclinic, a doctor meets with a patient who has not undergone preliminary examinations and to the doctor for the first time; and from the ability of a doctor in an outpatient clinic to correctly put diagnosis depends on choice of treatment [7].

In a polyclinic, the system of secondary prevention of coronary artery disease, the rehabilitation of people suffering from hypertension and other chronic diseases is real [11]. It should be noted that there is still a certain disproportion between the appointment of expensive inpatient and less expensive outpatient care.
The minimum required examination for AH and the organization of dispensary observation in the polyclinic were determined [10].
According to A.A. Pavlov (2002), 42% of patients with hypertension are asymptomatic at the initial stage. Therefore, a preventive examination of the population in order to detect elevated blood pressure is very relevant. As the results of the studies showed, in the active prevention group there were no cases of sudden death, fatal myocardial infarction, retinopathy with retinal hemorrhage. As a result of examinations of patients, the incidence of cerebral stroke decreased by 71%, myocardial infarction by 21%, and mortality from strokes decreased by 89% [10].
GB refers to diseases in which a stable positive effect cannot be achieved without dispensary observation. Dispensary observation begins after reaching the target blood pressure and its stabilization, since the period of selection of therapy is considered a treatment and diagnostic stage. The frequency of dispensary examinations depends on the stage of the disease, the individual characteristics of the patient, but should not be less than 2 times a year.
When conducting examinations, the degree of severity of undesirable effects from the treatment is taken into account and motivation is created to continue treatment. In this regard, it should be mandatory to conduct classes with patients within the framework of the “school for patients with hypertension” [11].
The very quality of medical care for patients with AH is of no small importance [14]. One of the methods for assessing it is the examination of the quality of medical care (CMP). In the practice of health care in developed countries, different approaches are used to assess the cMYP and create systems for its provision within medical institutions and at the state level [6].
A selective analysis and assessment of the IMC was carried out in the largest medical institutions of Irkutsk. It was revealed that defects in the execution of medical documentation are in the 1st place in terms of occurrence, and diagnostic defects are in the second place. 3rd place is occupied by defects in treatment and 4th place by defects in the formulation of the diagnosis. All this indicates the need to increase the attention of doctors to such a socially significant problem as hypertension [13].
It was noted that over the past 10 years, there have been positive changes in the treatment of hypertension at the level of primary health care. Thus, in the treatment of hypertension, modern long-acting antihypertensive drugs are becoming a priority, the proportion of regularly treated patients has increased due to persons who have not previously participated in the treatment, and the literacy of local doctors on the diagnosis and treatment of hypertension has increased [8]. In addition, the quality of medical care also depends on effective control over the medical care provided [14].
As F.G. Nazirov (2006) pointed out, the results of population studies showed that in the Republic of Uzbekistan more than 26% of people over the age of 40 suffer from arterial hypertension, which is the cause of cerebral stroke, acute myocardial infarction, heart and kidney failure. The country has developed an algorithm for the treatment of patients with arterial hypertension for primary health care, orienting the practitioner to the correct assessment of the patient's condition and the appointment of adequate treatment; recommended groups of antihypertensive drugs, measures for primary and secondary prevention of hypertension [2].
The experience of the "Schools of hypertensive patients" is spreading, in which patients are taught self-monitoring of blood pressure and conducting non-drug and drug therapy [3]. According to Gadaev A.G. et al. (2006, 2010), in order to change the lifestyle of patients and improve its quality, it is advisable to create schools for hypertensive patients in family clinics and rural medical centers. The participation of patients in the work of such schools gives them a correct idea of the disease, its risk factors and the conditions of progression, aims at the constant implementation of recommendations, and contributes to the formation of an active life position in patients and their relatives.
The effectiveness of schools depends on the teacher - GP, his individual approach to conducting classes, original forms of solving problems, practical experience, authority among the population. The authors believe that the widespread introduction of an educational program in family clinics and SVPs will lead to a significant

reduction in the frequency of hospitalization of hypertensive patients, the provision of emergency medical care to them, the development of complications and will improve the quality of life and its duration [4].

Thus, the analysis of scientific publications within the framework of the problem under study will allow us to conclude that, despite the obvious successes achieved in the diagnosis, prevention and treatment of hypertension, this greatest non-infectious pandemic in the history of mankind, there are still many difficulties and unresolved issues. One of them is to increase the effectiveness of therapeutic measures in the outpatient department, since the outpatient clinic doctors bear the brunt of identifying, prophylactic examination and treatment of patients with hypertension.

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