

Z.S. Rozybakieva, S.V.Lee, M.A.Asimov, F.A. Bagiyarova, M.B. Kulimbet
Asfendiyarov Kazakh National medical university

MENTAL DISADAPTATION AS A RISK FACTOR OF ARTERIAL HYPERTENSION UNDER PRIMARY HEALTH CARE (LITERATURE REVIEW)

Arterial hypertension is one of the most common diseases that doctors encounter in clinical practice. The disease is dangerous not by its symptoms, but by its complications. For this reason, arterial hypertension is still being actively studied.

It was proved that with this pathology, a complication such as mental disadaptation often develops, which negatively affects not only the patient's health, but also the communication between the doctor and the patient.

At the moment, there is little data on the manifestations and pathogenesis of this mental pathology. An open question also remains whether mental disadaptation is a risk factor in the development of hypertension and its effect on the prognosis of disease.

Keywords: Arterial hypertension, risk factors, mental disadaptation

Introduction.

Arterial hypertension (AH) is a common pathology of the cardiovascular system, characterized by a persistent increase in blood pressure which in the future leading to formidable complications from various organs and systems [1].

Arterial hypertension is a leading cause of death worldwide [2]. Violation of vascular elasticity resulting from hypertension, significantly affects the increase in cardiovascular morbidity and mortality in patients with hypertension [3].

Given the possible negative consequences, in practical public health at the primary health care (PHC) level, it was decided to evaluate the risk factors for hypertension and stratify patients by risk groups to assess the possibility of complications [4].

According to the diseases treatment and diagnosis protocol of the Ministry of Health of the Republic of Kazakhstan (dated 12.2007), it is customary to distinguish the following risk groups:

- 1.Low risk group (risk 1). This group includes men and women under the age of 55 with stage 1 hypertension in the absence of other risk factors, target organ damage, and associated cardiovascular diseases. The risk of developing cardiovascular complications in the next 10 years (stroke, heart attack) is less than 15%.
- 2.Medium risk group (risk 2). This group includes patients with hypertension of 1st or 2nd stage. The main sign of belonging to this group is the presence of 1-2 other risk factors in the absence of target organ damage and associated cardiovascular diseases. The risk of developing cardiovascular complications in the next 10 years (stroke, heart attack) is 15-20%.
- 3.High risk group (risk 3). This group includes patients with hypertension of 1st or 2nd stage, having 3 or more other risk factors or target organs damage. This group includes patients with stage 3 hypertension without other risk factors, without target organ damage, without associated diseases and diabetes mellitus. The risk of developing cardiovascular complications in this group in the next 10 years ranges from 20 to 30%.
- 4.Very high risk group (risk 4). This group includes patients with any stage of hypertension, with associated diseases, as well as patients with stage 3 hypertension with other risk factors and / or target organ damage and / or diabetes mellitus even in the absence of associated diseases. The risk of developing cardiovascular complications in the next 10 years exceeds 30%.

Thus, identifying patients' risk, the clinician can make a morbidity prognosis, and adequately prescribe treatment and preventive measures [4].

However, hypertension negatively affects the psyche of the patient. This occurs due to damage to the brain artery walls [3], which leads to the development of psycho-organic syndrome or vascular encephalopathy. Mental disadaptation develops in the earlier stages of damage to the central nervous system. It appears due to damage to neurons, in which the resistance ability subsequently decreases, but reactivity sharply increases. This leads to a violation of the adaptive response of the body to various stressful situations [5].

Clinical studies have been conducted that prove the fact that mental damage due to hypertension significantly worsens the course and prognosis of the disease itself and any concomitant cardiovascular disease [5].

AF Mental disadaptation as a risk factor in hypertension

In clinical practice, there is an important component of hypertension therapy, known as compliance. It is characterized by the presence of a trusting relationship between the doctor and the patient, beliefs and motivation of the patient in the daily intake of medications [6].

T. Won in his work pointed out that with mental disadaptation, patients lose motivation in adhering to their treatment, and adhering to a healthy lifestyle. This is due to both a violation of the adaptive reactions of the nervous system and a psychological reaction to the disease itself. Thus, patients with hypertension, complicated by mental disadaptation are more prone to self-medication, desperation, followed by a reluctance to adhere to treatment or to complete indifference to their health [7].

From the literature review, we can indicate the fact that mental disadaptation reduces the compliance of treatment. As its known, non-compliance with the daily dosage of drugs for hypertension leads to a significant increase in the risk of complications [8].

The most common risk factors for hypertension are obesity and nicotine addiction [9]. The doctor's task at the PHC level is not only the treatment of the pathology itself but also the elimination of these modifiable risk factors [10].

According to the articles, an analogy can be drawn that for a patient quitting smoking [11] as well as reducing excess body weight [12] causes severe mental discomfort. Mental disadaptation reduces stress resistance in a person, which leads to the phenomenon of "escape from stress", and a person tries to get as far away from events as possible causing stress and discomfort [13]. After analyzing various articles, we can say that the presence of mental disadaptation leads to the patient's mental inability to stop smoking and reduce excess body weight.

Weiss also notes in his work that individuals with low stress tolerance tend to increase nicotine consumption or overeating [13]. Thus, we can say that mental disadaptation enhances the manifestation of these risk factors.

Discussion.

It is necessary to conduct a clinical study aimed at studying the manifestations of mental disadaptation at the risk of complications from the cardiovascular system and damage to target organs in hypertension.

According to studies conducted, it can be said that mental disadaptation negatively affects the course and treatment of both the pathology itself and increases the influence of other risk factors. Thus, we can say that mental disadaptation can be one of the risk factors for hypertension.

Most practical health professionals currently do not pay attention to mental disadaptation. This is probably due to the poorly developed system of psychological assistance at the PHC level.

For this reason, there is a need for further study of mental disadaptation as a risk factor for arterial hypertension for a more complete and adequate prognosis and treatment of arterial hypertension in PHC conditions..

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З.С. Розыбакиева, С.В. Ли, М.А. Асимов, Ф.А. Багиярова, М.Б. Кулимбет

С.Ж. Асфендияров атындағы Қазақ Ұлттық медицина университеті

АЛҒАШҚЫ МЕДИЦИНАЛЫҚ-САНИТАРЛЫҚ КӨМЕК КӨРСЕТУ САЛАСЫНДА ПСИХИКАЛЫҚ БЕЙІМСІЗДЕНУ АРТЕРИАЛДЫҚ ГИПЕРТЕНЗИЯНЫҢ ТӘУЕКЕЛДІК ФАКТОРЫ (ӘДЕБИ ШОЛУ)

Түйін: Дәрігерлер клиникалық тәжірибеде жиі кездесетін аурулардың бірі - артериалды гипертензия. Ауру, ең алдымен, оның белгілері бойынша емес, асқынуларымен де қауіпті. Осы себепті артериалды гипертензия әлі де белсенді түрде зерттелуде.

Бұл патологиямен психикалық дамымау сияқты асқынулар жиі дамидыны дәлелденді, бұл науқастың денсаулығына ғана емес, дәрігер мен пациенттің арасындағы қарым-қатынасқа да кері әсерін тигізеді.

Қазіргі уақытта осы психикалық патологияның көріністері мен патогенезі туралы мәліметтер аз. Сонымен қатар психикалық дамымау гипертония дамуының қауіп факторы және оның аурудың болжамына әсері ме деген сұрақ ашық қалады.

Түйінді сөздер: Артериалды гипертензия, қауіп факторлары, психологиялық ақаулық.

З.С. Розыбакиева, С.В. Ли, М.А. Асимов, Ф.А. Багиярова, М.Б. Кулимбет
Казахский Национальный медицинский университет имени С.Д. Асфендиярова

**ПСИХИЧЕСКАЯ ДЕЗАДАПТАЦИЯ КАК ФАКТОР РИСКА АРТЕРИАЛЬНОЙ ГИПЕРТЕНЗИИ В УСЛОВИЯХ
ПЕРВИЧНОЙ МЕДИКО-САНИТАРНОЙ ПОМОЩИ
(ОБЗОР ЛИТЕРАТУРЫ)**

Резюме: Одно из наиболее частых заболеваний, с которым встречаются врачи в клинической практике это артериальная гипертензия. Заболевание в первую очередь опасно не своими симптомами, а своими осложнениями. По этой причине артериальная гипертензия и по сегодняшний день активно изучается.

Доказано что при данной патологии часто развивается такое осложнение как психическая дезадаптация, которое негативно сказывается не только на здоровье пациента, но и на коммуникативные связи между врачом и пациентом.

На данный момент времени мало данных о проявлениях и патогенезе данной психической патологии. Открытым вопросом остается также является ли психическая дезадаптация фактором риска в развитии артериальной гипертензии и ее влияние на прогноз заболевания.

Ключевые слова: Артериальная гипертензия, факторы риска, психологическая дезадаптация