

THE RELATIONSHIP OF COMPONENTS OF THE METABOLIC SYNDROME IN PATIENTS WITH GOUT AND THE RISK OF CARDIOVASCULAR MORTALITY

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Abstract: Brief summary conducted clinical and population studies, the state of some components of the metabolic syndrome, some socio-demographic and psychological characteristics was studied. The state of awareness of patients with gout about the risk of cardiovascular mortality due to hyperglycemia, the frequency of metabolic syndrome, the frequency of impaired glucose tolerance in patients with gout in different age groups was studied.

Objective: study some socio-demographic, psychological characteristics and some components metabolic syndrome patients with gout occurring in combination with the metabolic syndrome.

Key words: metabolic syndrome, impaired glucose tolerance, hyperglycemia, gout.

Materials and methods: There were two samples under observation:

1. A representative sample of 1,335 people from the unorganized population aged 40 to 69 years.
2. Sample of gout patients treated in the department of the Republican Rheumatology Center of the Tashkent Medical Academy in the number of 120 people aged 40-69 years.

The population part of the study was conducted in Yunus Abad district of Tashkent. For primary screening, a 10% representative sample of 2,300 men was formed from the voter lists on a random basis.

Results obtained: The opinion of patients about the risk of cardiovascular mortality due to hyperglycemia was studied in detail. The data obtained indicate that patients with normal glucose tolerance are more often informed about the important role of hyperglycemia in increasing the risk of cardiovascular mortality (46.15%) than those with hyperglycemia (38.32%). Hyperglycemia is considered to have a negligible effect on the risk of cardiovascular mortality in 38.46% of gout patients with normal glucose tolerance and 23.36% of patients with IGT.

Patients with gout in combination with IGT are 2 times more likely than those with normal glucose tolerance to believe that the risk of cardiovascular mortality is due to other causes other than hyperglycemia (32.71% and 15.38%).

At the same time, it should be noted that in the outpatient records of patients there are records of attending physicians, from which it follows that the patients were made appropriate appointments. Therefore, the current unfavorable situation regarding the treatment of patients with gout, apparently, can be explained by not quite adequate attitude of patients to their state of health and ignoring medical recommendations.

In this regard, an attempt is made to study some of the psychological characteristics of patients, such as an adequate assessment of their health status and the implementation of medical recommendations.

Conclusion: According to the data obtained, among patients with gout in combination with MS, 32% of patients assess their health status as "satisfactory", 60% - as "sick" and 8% - as "seriously ill". Similar indicators in the group of patients with gout without metabolic syndrome are 15%, 70% and 15%, respectively.

In the literature, there is a fairly large amount of information about the frequency, detection, medical examination, treatment and prevention of such major components of the metabolic syndrome as diabetes mellitus, hypertension, hyperlipidemia, BMI and obesity. There is much less information about the above issues in relation to impaired glucose tolerance.

Taking into account the fact that the incidence of both gout and metabolic syndrome increases with age, the incidence of MS in patients with gout in different age periods was studied. Overall, 83.33% of patients with gout suffer from metabolic syndrome, according to the data obtained. These data significantly exceed the results of a number of studies, which show that the frequency of MS in the population ranges from 5-6% to 35-45%.

At the same time, it was found that the frequency of MS increases with age. Moreover, this increase is statistically significant. This fact is also nothing new. However, another and very important fact has been established – the incidence of MS in patients with gout significantly increases after 50 years.

Further, we analyzed the incidence of MS in patients with gout among individuals with different levels of education.

As it turned out, MS is most often found in patients with gout with higher education. MS is somewhat less common in patients with secondary technical education, and MS is least common in gout patients with secondary education. It should be noted that the differences in the incidence of MS in patients with gout with higher education had statistically significant differences from the same indicator in the group of people with secondary education.

Conclusion: Thus, a very important fact has been established – the incidence of MS in patients with gout significantly increases after 50 years. In this age group of patients with gout, it is necessary to conduct a study for the presence of MS, especially in people with higher education.

One of the main components of the metabolic syndrome, and, according to most researchers, the trigger of this syndrome is insulin resistance. According to the current classification of metabolic syndrome, to detect insulin resistance, obvious hyperglycemia in the form of diabetes mellitus or impaired glucose tolerance (IGT) in the form of fasting hyperglycemia or hyperglycemia 2 hours after glucose loading is used.

In this regard, the frequency of occurrence of IGT among patients with gout was studied. According to the obtained data, 87 out of 120 patients with gout were found to have IGT (73.33%). The incidence of hyperglycemia 2 hours after glucose loading increases with age. At the same time, the differences in this category of hyperglycemia in the groups of 50-59 and 60-69 years are statistically significantly different from the same indicator in the group of people aged 40-49 years. However, with regard to fasting hyperglycemia, the opposite picture is observed – with age, the frequency of occurrence of this type of hyperglycemia decreases.

In general, the trends of increasing the frequency of NTG occurrence with age correspond to the literature data. However, overall, the incidence of all categories of latent hyperglycemia at the age of 60-69 is slightly lower. Than at the age of 50-59 years.

Conclusion: This pattern can be explained by the fact that cases of post-exercise hyperglycemia increase with age, and on the other hand, by a more intensive dropout from the population of individuals with fasting hyperglycemia. This is also indirectly indicated by a slight increase in cases of normal glucose tolerance at the age of 60-69 years in comparison with the frequency of occurrence of a similar indicator at the age of 50-59 years.

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