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PREVALENCE AND PROBLEMS OF PREVENTION OF CARDIOVASCULAR DISEASES IN THE KIEV REGION IN UKRAINE

The population of the Kiev region are losing the largest number of life potential years in Ukraine due to cardiovascular diseases (CVD) [1], which determines the special medico-social significance of CVD in this region. World experience shows that the majority of the reduction in CVD mortality rates is attributable to preventive efforts more than to changes in care [2,3,4].

The aim of the work is to determine the modern features of the incidence and prevalence of CVD among the adult population of the Kiev region and to study the state and problems of preventive medical care for patients with cardiovascular disease based on the materials of a sociological survey.

Material and methods The analysis of the incidence and prevalence of CVD among the adult population of the Kiev region was carried out in dynamics for 2010-2019 and compared with Ukraine on the basis of statistical data from the Center for Medical Statistics of the Ministry of Health of Ukraine and the Kiev Regional Center of Medical Statistics using statistical methods of dynamic and territorial analysis. Using a specially developed questionnaire, a sociological survey of 829 patients with cardio-vascular diseases (CVD), who applied to the outpatient clinics in the Kiev region was conducted in 2020.

Results

It has been determined that in the Kiev region more than a million residents suffer from CVD. In 2019 the incidence rate of CVD was 446.2, and the prevalence of CVD was 7114.8 per 10 thousand of the adult population. The epidemic of CVD

in the Kiev region is much more spread than in Ukraine. Myocardial infarctions in the region are diagnosed 1.2 times, and strokes 1.5 times more often than in the country, and the prevalence of ischemic heart disease is 1.5 times higher than in Ukraine. The tendency to increasing the prevalence (by 8.5%) and incidence (by 5.7%) of CVD in the Kiev region during 2010-2017 and the absence of the possibility of further objective monitoring of the CVD morbidity due to the cancellation of the state registration system of morbidity were determined.

The results of the sociological survey revealed a number of problems in the organization of preventive medical care for patients with CVD, showed a low level of coverage of patients with dispensary observation, low preventive activity and awareness on the prevention of CVD, a high prevalence of bad habits, and also made it possible to determine the priority forms of implementation of health promotion for this population group.

It was found that only $38.5 \pm 1.7\%$ of respondents had regular preventive examinations. Preventive recommendations at the doctor's office $38.5 \pm 1.7\%$ patients received always, $24.2 \pm 1.5\%$ - sometimes, $15.1\% \pm 1.9\%$ only at the request of patients and $22.2 \pm 2.2\%$ never.

The majority (63.1 \pm 1.7%) of patients responded positively to the received preventive recommendations, 29.7% \pm 1.6 were indifferent, and 7.2% \pm 0.9 were negative.

Among the reasons that prevent the implementation of preventive recommendations, respondents most often mentioned: busy with household chores (29.4%), busy at work (19.0%) and lack of funds - 25.8%.

Only a third (35.7 \pm 1.7%) of respondents considered their level of knowledge on CVD prevention to be sufficient.

Most patients needed medical advice on medication (65.7 \pm 1.6%), risk factors for CVD (61.5 \pm 1.7%), prevention of CVD (57.4 \pm 1.7%).

According to patients with CVD, the priority sources of receiving medical and prophylactic information are the mass media (53.9 \pm 1.7%) and a conversation with a doctor (32.8 \pm 1.5%).

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In order to maintain health, $19.9 \pm 1.4\%$ of patients with CVD engaged in physical therapy, $22.3 \pm 1.4\%$ gave up bad habits, $20.4 \pm 1.4\%$ walked daily in the fresh air, 12, $6 \pm 1.2\%$ keeping to a balanced healthy diet.

The majority of patients reported the persistence of bad habits (67.5 \pm 1.6% continue to smoke, and 32.5 \pm 1.6% often drink alcohol). More than half (53.9 \pm 1.7%) of respondents are stressed.

Only a third (30.2 \pm 1.6%) of patients are under dispensary observation for diseases of the circulatory system.

The analysis of the results of the sociological research showed an unsatisfactory state of preventive work with patients with CVD.

Conclusions

Unfavorable dynamic trends in CVD morbidity in Kiev region, significant excess of regional indicators of averages in Ukraine and gaps in preventive work indicate the need to improve the system of prevention and medical care for patients with CVD in Kiev region, on which our further research will be focused.

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