

Risk factors for the onset of arterial hypertension in women of the first adulthood in the period of manifestation of the disease

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Purpose: to carry out lifestyle studies of women of 35–40 years with the manifestation of arterial hypertension.

Material & Methods: the results of answers of 65 women aged 35–40 with the manifestation of arterial hypertension were analyzed using the questionnaire "Subjective assessment of lifestyle and physical health".

Results: only 42% of women lead a healthy lifestyle and their health status can be assessed as good. Indicators of 33% of women say that the state of health is still good and the way of life is close to healthy. In 17% of women, the state of health can be assessed as satisfactory, but the lifestyle requires change. And in 8% of women the attitude to HLS can be assessed as unsatisfactory, that is, these women have a disregard for their own health.

Conclusions: the test contingent of women and mature age there is an increase in body weight, lack of physical activity, non-compliance with diet, the presence of bad habits, which requires appropriate lifestyle adjustments and optimization of physical activity.

Keywords: arterial hypertension, women and adulthood, healthy lifestyle.

Introduction

Arterial hypertension (AH) is an important medical and social problem of modern healthcare, as it is an independent factor in the development of most clinically manifested cardiovascular diseases (CVD), such as coronary heart disease and its complications – myocardial infarction, cerebral stroke, heart failure, diseases peripheral arteries (Franco, O. H. et al., 2005) [1; 2]. In most economically developed countries, cardiovascular diseases rank first among causes of morbidity, disability and mortality, although their prevalence varies considerably between regions. Previously, these were diseases of the elderly, but now more often such diseases are detected at a young age and lesions occur more in young women than in men [2; 3]. Since the age of 30, women have been experiencing a decline in a number of indicators of physical development and the level of physical potential. And the body weight, respiratory rate, systolic pressure changes in the direction of increase, and the indicator of physical readiness decreases [3; 4].

The onset and course of hypertension are closely related to the presence of some risk factors: heredity – a close correlation between close relatives (parents, siblings) is revealed – the correlation between body weight and blood pressure level is direct, significant and stable. Excess weight is associated with a 2–6-fold increase in the risk of developing AH; alcohol – the use of alcohol directly correlates with the level of blood pressure, both episodic and chronic; smoking – nicotine dramatically increases blood pressure even in heavy smokers. The effect of each cigarette lasts about 30 minutes. Already on the 1st minute after its burning, the SBP increases by 15 mm Hg. and on the 4th – by 25 mm Hg; psychosocial factors – stress contributes to blood pressure; physical activity – in people with a sedentary lifestyle, the risk of developing hypertension is 20–50% higher than that of physically active ones. Physical stress during the performance of professional duties contribute to an increase in blood pressure, and physi-

cal activity during leisure hours – on the contrary [1].

Due to the fact that persons of working age die from CVD, the early identification of persons with AH determines the importance and validity of preventive programs, in connection with the growing not only medical, but also economic consequences. This can be achieved, on the one hand, with the help of an educational program aimed at promoting healthy lifestyles and the need for regular monitoring of their health, on the other - thanks to the joint active work of the doctor and the teacher with patients: selection of adequate antihypertensive therapy and physical exertion, adherence of patients to treatment and rehabilitation activities [5–7].

Relationship of research with scientific programs, plans, themes. The work was carried out in accordance with the priority thematic area No. 76.35 "Medical and Biological Substantiation for the Conduct of Recovery Measures and the assignment of physical rehabilitation to persons of different age of preparedness". Number of state registration – 0116U004081.

Purpose of the study: to carry out lifestyle studies of women of 35–40 years with the manifestation of arterial hypertension.

Material and Methods of the research

The study involved 65 women aged 35–40 years with manifestation of hypertension (history of arterial pressure from 140/90 mm Hg periodically arises up to 155/95 mm Hg). To achieve the goal and objective of the work, a study was conducted using the questionnaire "Subjective assessment of lifestyle and physical health", developed by Professor G. S. Nikiforov. Using the key to the questionnaire, the obtained values were converted into points. Summing up all the scores, a conclusion was drawn about the character of the way of life and the mature age on a scale: 88–60 points: perhaps without think-

ing - you are leading a healthy lifestyle. 59–50 points: Your attitude to HLS can be assessed as good. 49–35 points: Your attitude to HLS can be assessed as satisfactory. We must think about what can be changed. 30 or less points: Your habits and behavior are far from healthy, you neglect your health [8–10].

Results of the research and their discussion

An analysis of the results of the questionnaire survey found that most of the women tested negatively relate to their lifestyle, do not comply with the rules of HLS. Analyzing the answers to questions related to the risk factors for hypertension, it was found that the question: "How many times a week do you practice physical training for 20 minutes or more?" 65% of women answered "SOMETIMES"; 75% of women are overweight; only 40% of women have never smoked.

The results of the questionnaire of women aged 35–40 with the manifestation of hypertension are given in the table.

After the study, we can conclude that only 42% of women lead a healthy lifestyle and their health can be assessed as good. Indicators of 33% of women say that the state of health is still beautiful and the way of life is close to healthy. In 17% of women, the state of health can be assessed as satisfactory, but the lifestyle requires change. And in 8% of women the attitude to HLS can be assessed as unsatisfactory, that is, these women have a disregard for their own health.

Thus, the foregoing gives grounds to state that the test con-

tingent of women and adulthood has an increase in body weight, lack of physical activity, non-compliance with the diet, the presence of bad habits, which requires appropriate lifestyle adjustments and optimization of physical exertion.

According to WHO, the prevention of hypertension, aimed at lifestyle changes, is a universal "vaccine" against hypertension, and the use of preventive measures helps reduce its new cases by 50%. Preventive measures for arterial hypertension are aimed at introducing a healthy lifestyle and correcting identified risk factors. They include: limiting the use of table salt; decrease in body weight with excess; restriction of the use of alcoholic beverages; Reduction of intake of saturated fats, sweets and cholesterol; to give up smoking; increased physical activity during leisure hours; psychoemotional unloading and relaxation.

Conclusions

According to the results of the study, it can be argued that only 42% of women aged 35–40 with the manifestation of hypertension support a healthy lifestyle. Non-medicamentous treatment of hypertension is also called lifestyle modification, because its basis is the elimination of bad habits (smoking, excessive drinking), increased physical activity, etc.

Prospects for further research are related to the assessment of the dynamics of the adaptive potential in women aged 35–40 years with stage I stage AH.

Results of the questionnaire of women aged 35–40 with the manifestation of hypertension

<i>Can you relax in a stressful situation without resorting to alcohol, smoking or tablets:</i>			
Yes – 41%	No – 51%	Sometimes – 8%	
<i>How much your real weight exceeds adequate?</i>			
exceeds by more than 50% – 5%	on 15–24% – 35%	on 4–10% – 35%	not more than 3% – 25%
<i>Do you apply any method of recovery in everyday life?</i>			
Yes, regular – 10%	Yes, not regularly – 55%	No – 35%	
<i>How many times a week do you practice physical training for 20 minutes or more?</i>			
3 times – 3%	2 times – 32%	Sometimes – 65%	
<i>How long is your dream (per day)?</i>			
5–6 hours – 69%	7–8 hours – 28%	9–10 hours – 3%	
<i>How often do you eat during the day?</i>			
3–4 times – 50%	2 times – 39%	1 time – 11%	
<i>How many times a week do you have breakfast?</i>			
Never – 19%	From time to time – 28%	Every day – 53%	
<i>How often do you miss work due to illness?</i>			
I am ill very rarely, every few years – 30%	sick 1–2 times a year – 50%	sick every 6 months – 20%	
<i>How often do you smoke?</i>			
never – 40%, very rarely, no more than 1–2 times a month – 12%, sometimes (for the company) – 25%, every day for 5–6 cigarettes – 8%, every day a 0,5–1 pack of cigarettes – 15%			
<i>How often do you drink alcohol?</i>			
I do not drink – 20%	50–70 g dry or strong wine once a week – 60%	very rarely, a maximum (50 g of spirits) 1–2 times a month – 20%	

Conflict of interests. The author declares that no conflict of interest.
Financing sources. This article didn't get the financial support from the state, public or commercial organization.

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Received: 19.03.2018.

Published: 30.04.2018.

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