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that in 90% of cases when a man dies before the age of 50, it's not bad health that is to blame, but alcohol as such: the car was hit, got in an accident, fell – broke his head, choked with vomit, quarreled with a drinking companion – was killed ... In general, in all cases, the tragedy occurred initially because he drank.

So, let's once again think over our life goals and goals, thereby allocating time to strengthen their health.

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РЕЗУЛЬТАТИ ВИВЧЕННЯ ЗНАНЬ ТА ВМІНЬ З ПРОФІЛАКТИКИ ХВОРОБ СИСТЕМИ КРОВООБИГУ СІЛЬСЬКИХ ЖИТЕЛІВ

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RESULTS OF STUDY OF KNOWLEDGE AND PROPERTIES OF PREVENTION OF CARDIO VASCULAR DISEASE OF RURAL RESIDENTS

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Анотація

Вивчено рівень знань 586 сільських жителів, хворих на артеріальну гіпертензію (АГ), п'яти районів Чернівецької області щодо профілактичних технологій цього захворювання та їх застосування. Виявлено, що втілення ними рекомендацій стосовно профілактики АГ є незадовільним, що пов'язано з соціально-економічними чинниками та людським фактором.

Abstract

The level of knowledge of 586 rural residents, patients with arterial hypertension (AH), and five rayons of Chernivtsi oblast concerning preventive technologies of this disease and their application was studied. It was found that their recommendations on prevention of hypertension are unsatisfactory, which is due to socio-economic factors and human factors.

Ключові слова: сільське населення, артеріальна гіпертензія, профілактичні медичні технології, рівень знань.

Keywords: rural population, arterial hypertension, prophylactic medical technologies, level of knowledge.

The steady increase in the incidence of diseases of the circulatory system is primarily due to an increase in the number of patients with elevated blood pressure (AH). Arterial hypertension is the most common chronic disease in Ukraine, which occupies a leading place in the structure of disability, disability and mortality. This problem is particularly relevant for the rural population, where the quality of preventive and medical-diagnostic care needs to be radically improved, and specialized medical care should become accessible and close to the villagers. The incidence of hypertension has become threatening, primarily because of the unfavorable socioeconomic situation in the countryside and low awareness of rural residents about prophylactic medical technologies, as well as ineffective and inadequate use of them by patients with hypertension. Therefore, the introduction of prophylactic medical technologies among the rural population is of particular importance, since, in our opinion, it is possible to successfully solve any problem of medicine today only on the prophylactic plane.

To study the awareness of the rural population suffering from hypertension, technologies for its prevention, and to find out the reasons that hinder their implementation.

Materials and methods. The study of awareness of the rural population about the prophylactic medical technologies of arterial hypertension and its application was carried out according to the medical-sociological method using the anonymous questionnaire developed by us together with the Ukrainian Institute of Public Health. Research results and their discussion. The study was conducted in five districts of Chernivtsi oblast (Storozhinets'k, Kitsman, Zastavenyansky, Khotynskyy, Novoselyts'kyj). These areas are selected for research because they have a well-developed network of health care facilities and socio-economic infrastructure. The survey was attended by 586 patients with hypertension (rural residents), in particular: 120 Novoselytsya rayon, 126 - Storozhinets, 110 - Zastavnyansky and 115 Khotynsky and Kitsmansky districts. The number of women among the respondents was 344, and men - 242.

It should be noted that the need to study the awareness of the rural population about prevention technologies AH is appropriate, as such data is the basis for their development, improvement and implementation of the mentioned technologies. According to the social status, the respondents were distributed as follows: employees among the respondents were 22.5%, of which: men accounted for 6.5%, women - 16%; workers in agriculture - 29.4%, of which men were 18%, women - 10.8%; 48.1% were unemployed, 16.2% of them men, and 32% of women. The youngest of respondents was 31, so the distribution of respondents by age was conducted at this age with a 10-year interval.

The duration of the disease in the years of the respondents was divided into groups with a 5-year interval of 0 to 30 years or more, respectively.

Studying the frequency of referrals of respondents to a physician and assistant on AH, received the following data.

Once a week, 10.1% of the respondents, a month - 36.5%, once a year - 53.4%, applied to the doctor. To the assistant - 13.3%, 33.6%, 32%, respectively, and 21.1% - have never applied. It is evident from the tables that women are 2 times more likely to turn to medical specialists. And this shows that they are more responsive to their health.

Studying the causes of complaints from patients to medical staff, they received the following data:

a) increase in blood pressure is a major cause (73.7%);

b) the second place is the need for consultations on treatment of hypertension (46.4%);

c) the last place - recommendations for the regime of work, rest, food, etc. (9.2%).

The conclusion is obvious - the rural population does not understand and, probably, does not know that only the statement of indicators of blood pressure without a healthy lifestyle will not give a positive result in the treatment of hypertension, therefore there is an urgent need to develop accessible technologies for the population of prevention of hypertension and complications from it.

To the question "Do you live in a healthy lifestyle?" You had to choose one of three answer options. After analyzing the personal data, we have the following picture: 14.2% of respondents fully adhere to it, of which 9.9% were women, and 4.3% were men; I partly adhere to 61.8%, of which 38.1% are women, 23.7% are men; 24% of respondents do not adhere to a healthy lifestyle, of which 10.7% are women, 13.3% are men. Thus, a quarter of respondents do not use such a powerful potential in the treatment of hypertension, as a healthy lifestyle, 2/3 only partially, and most of them are men. In our opinion, it is precisely in this direction that efforts should be directed not only on health care, but also on the entire state, since only the preventive plan can solve the problem of hypertension and CVD.

To the question "In addition to the treatment, have you achieved a decrease in blood pressure due to other recommendations received from a doctor, a nurse, another patient with hypertension, etc.?" "Yes" 61.4% of the respondents answered, of which 38.1% were women, 23, 4% - men. 38.6% of respondents answered "no", of which 20.6% are women and 17.9% are men. Consequently, the majority of patients, besides treatment (secondary prevention), apply successfully for the normalization of blood pressure primary preventive measures. Almost 40% of the respondents did not get proper recommendations because the healthcare workers they applied to do not have knowledge of prevention of hypertension or simply do not apply it in their practice and accordingly do not follow WHO recommendations that no patient should abstain from Doctor, not having received a recommendation on a healthy lifestyle.

In accordance with paragraph 11 of our questionnaire and as a follow-up to the 10th question, 21.7% of the polled used 21.7% of the respondents to reduce blood pressure, of which 14.8% were women, 6.8% - men. Reduced consumption of alcohol by 10.2%, of which 2.7% are women, 7.5% are men;

10.1% of the respondents completely refused to drink alcohol, of which 4.4% were women, 5.6% - men. 12.5% of the polled were quit smoking, of which 2.2% were women, and 10.2% were men. Do not perform heavy physical activity 25.4% of the polled, 17.6% of them women, 7.8% men. Other recommendations are used by 7% of the respondents, of which 5.5% are women, and 1.5% are men. Some respondents adhere to several recommendations at the same time. It is obvious that a quarter of the population adheres to a healthy lifestyle, 1/5 uses medicinal plants to normalize blood pressure, and the rest of the population strives to lower the blood pressure levels by reducing the risk factors (smoking, alcohol, heavy physical labor, etc.).

"Number the importance of your health to comply with certain recommendations that have a positive effect on the AP" - this is the 12th question of our questionnaire. In the polls, most of the rural residents - 70.8% - put the recommendation on permanent control over the JSC in the first place; 2nd position - 60.1% - the recommended mode of work and rest; 3rd place - 47.4% - compliance with nutrition recommendations, 4th position - 41% - refusal to use alcohol; 5th place - 30.1% - weekly meeting with a physician (paramedic) for their illness; 6th position - 28% - there are recommendations for elimination of constant stressful situations at work and at home; 7th place - 24.6% - refusal of smoking; 8th position - 18.9% - belongs to physical culture; 9th place - 12.8% - took a recommendation on the periodic use of alcohol; the last place - 7.8% - systematic use of alcohol.

According to the results of our study, blood pressure monitoring is the most important recommendation, which allows the patient and the physician to evaluate the effect of treatment and make timely changes to it. No less important are the recommendations that, according to our research, took 2nd and 3rd place, because their implementation is the basis for achieving a positive result in the treatment of AH and the prevention of complications, because they are the foundation of a healthy lifestyle. Regarding the rest of the recommendations, they are important and aimed at reducing the impact of such risk factors as smoking, alcohol, stress, hypodynamia, which, in our opinion and according to world experience, play a leading role in the prevention of AH.

The answer to the 13th question "Do you have an opportunity to adhere to a healthy lifestyle?" Was given by 59.2% of respondents, 36.5% of them women, 22.7% men. The answer is "no" - 40.8% of the polled, 22.2% of them women, 18.6% - men. Comparing the results with the results of the answers to questions 9 and 10 of the questionnaire, one can safely say that 60% of respondents have the opportunity to adhere to and maintain a healthy lifestyle, while 40% do not follow a healthy lifestyle, because they do not have such a possibility. The above is confirmed by the results of the answers to the clarifying question "If no, why?". In particular, the answer to the question "I do not know the recommendations for a healthy lifestyle" was chosen by 2.6% of the respondents; "I know, but there is no opportunity to adhere to them," elected 31.4%; "I do not follow discipline" - 5.5%; "Lack of resources and

other" - 14.3%. So, in the village, it is necessary to create conditions that would enable the rural population to lead a healthy lifestyle.

Consider the results of the responses to the 14th question of our questionnaire "Do you have the opportunity to regularly use the doctor's recommended medicines?". "Yes" was answered by 64.7% of the polled, of which 39.9% were women, 24.7% were men; "No" - 35.3%, of which 18.8% are women, 16.6% are men. It is obvious that 2/3 of the population has the opportunity to be treated continuously, since, as you know, AH is need of lifelong treatment since diagnosis, and 1/3 of the population has no such ability.

The 15th question, which is a clarification to the 14th "What are the reasons, if not?", 22.4% of the polled indicated that there were no financial resources, of which 12.2% were women, 11.9% were men; 4.7% of the respondents noted the absence of necessary drugs in the pharmacy network, 2.7% of them women, 1.4% men; 9.2% of the polled said that they were not demanding about their health, of which 4.9% were women, 4.3% were men; 2.6% of the respondents do not help the recommended medicines, of which 1.2% are women, 1.4% are men; For other reasons, 2.7% of the polled indicated that 1.2% were women, and 1.5% were men. The conclusion is obvious - the poverty of rural residents is the main reason for the lack of constant and high-quality treatment of AH. The results and conclusions of our research coincide with the opinion of the authors of similar studies in Ukraine.

On the 15th question of our questionnaire, "Do you agree with the statement that the most serious complications from AH are mainly due to the fault of the patient?" 75.3 respondents answered yes, 42.8% of them women, 32.4% men ; 24.7% of the respondents answered "no", of which 15.9% were women, 8.9% were men. Taking into account the results of the study, it can be said that 3/4 of rural residents with AH have some or other complications from this illness that arose due to their failure to comply with their doctor's recommendations for the treatment and prevention of AH.

On the 16th questionnaire questionnaire "Do you know about the existence of secondary prevention AH?", 39.2% of the respondents answered "yes", of which 24.7% were women, 14.5% were men; The answer "no" was given by 60.8% of respondents, of which 34% are women, 26.8% are men. In our opinion, which is confirmed by the results obtained, 2/3 of the respondents, a patient with AH, do not have knowledge about the treatment and prevention of their illness, which, of course, is a significant cause of the increase in the incidence of rural residents in AH.

Confirmation of our opinion is the result of the survey to item 17, which is a clarification of the 16th question "If yes, then list those that you know." Only 30.2% of the respondents were able to indicate the name of the technology, of which 18% were women, 12.2% were men, and 69.8% of respondents could not name any prophylactic technology, of which 40.7% were women, 29.2% % Are men Consequently, the need to raise the level of knowledge of the rural

population regarding prevention technologies AH is obvious.

On the 18th question, "Can you without the measure of the AP determine the fact of its increase, decrease or not changed?" 69.1% of the respondents answered "yes", of which 41.6% were women, 27.5% - men "No" - 30.9% of respondents, of which 17.1% - women, 13.8% - men. It is obvious that 70% of patients without blood pressure control react to its changes and, in accordance with the symptoms, can take measures, and 30% of AH occurs without visible symptoms, and they themselves need to carefully monitor the level of blood pressure for proper treatment.

To identify the heredity of AH, respondents had to answer two questions - "Have your parents, grandparents, grandmothers, or mothers suffer from (AH) illness?" "Yes" answered by 60% of respondents, and "no" - 40%. On the 19th question, "If yes, then specify who", which is the clarification of the 19th, 50% of the respondents named their parents, the grandfather - 1%, the grandfather on the mother - 3%, the mother's grandmother - 3%, 40% of respondents of sick relatives were absent. According to our research and world experience, we can say with certainty that heredity plays an important role in the emergence of hypertension, especially when parents are ill. Therefore, the presence of burdened heredity with regard to hypertension should be taken into account by the doctors of the rural health care sector in conducting medical and preventive work among the population of subordinate sections.

Results of answers to 20 questions. "Since the diagnosis of AH, the state of health has generally deteriorated, improved, has not changed significantly?" The following - 25% of respondents report a deterioration in their health status, 25% - improvement and 50% indicate no change.

The last question of our questionnaire was completed in the following way: "What do you think the most important steps need to be taken to improve your health? (name the 3 most significant)". Three events were named by 72.5% of respondents, two events - 8.7%, one - 11.1%, none - 7.7%. Obviously, 3/4 of the respondents are interested in changes that, in their opinion, will lead to improvements in their own health, know the measures and adhere to them.

In order to prevent and treat AH in the rural population, it is necessary:

- to clearly identify those responsible for the implementation of sanitary education and the provision of sanitary and educational materials of the rural population, as well as for systematic monitoring of the indicators of the village population. To provide the rural population with available means of control of blood pressure, to learn to measure blood pressure and understand its significance;

- to ensure availability of quality medical care and modern antihypertensive villagers suffering from hypertension. Create conditions for improving the socio-economic status of the village.

Prospects for further research. Further research will provide an adequate level of knowledge and skills in peasants AH for the use of prophylactic AH prevention technologies, which will improve the health of the rural population.

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