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PREFECTION OF ARTERIAL HYPERTENSION IN THE RURAL POPULATION

Abstract

It is well known that arterial hypertension (AH) ranks first in the structure of the prevalence of diseases of the circulatory system (CS) and is an important cause of disability in the population. In addition, AH and its complications cause not only severe medical consequences, but also significant material damage to society. Therefore, today it is recognized that the most promising direction for reducing the incidence of AH and other CS, disability and mortality from them is primarily primary prevention, which is based on the elimination of risk factors or reducing their impact on a person, the formation of a healthy lifestyle as the most important means of primary prevention of AH and its consequences - CS

Key words: arterial hypertension, prevention, rural population.

Given that primary prevention should prevent the occurrence of diseases and is aimed at a conditionally healthy organism, its technologies include measures to influence factors important for the human body. Important are measures aimed at forming a healthy lifestyle (HLM), that is, at awareness of the need for active activity of the individual (society) to preserve and improve their own health [4; 8].

The main goal of promoting HLM among the population is to correct behavior in a direction that ensures and strengthens the population and individual potential of physical health and reduces psycho-emotional stress on the basis of their definition of the relationship with the conditions of material and social well-being, the presence and degree of reflection of internal, external and behavioral risk factors [3].

In our opinion, the formation of a reasonable attitude towards one's own health in citizens should be built according to the recognized psychological algorithm of the educational process - "knowledge - beliefs - certain actions". Only one piece of information that doctors provide to patients, without forming in them confidence in the vital necessity of changes in habits, lifestyle and instructive motivation for this, does not cause appropriate purposeful actions. This conclusion was made during the analysis of the results of our study [3; 6].

The process of forming confidence is subject to the laws of the formation and change of conditioned reflexes and has three stages in its development. At the first stage of such a process, beliefs are unstable, have a situational nature, at the second stage - they are more stable, but due to the insufficient formation of the volitional component are realized only in individual cases. At the third stage, beliefs turn into principles that regulate human behavior in all situations. This must be done when planning and conducting general sanitary and educational work and on issues of the AG profile and other CSC. Abstract education outside of a specific connection with life and the conduct of specific tasks does not contribute to the formation of conviction. One should not be limited to hastily given advice. It is necessary to persistently explain the need for systematic

control of blood pressure (BP), body weight, implementation of measures to normalize them, as well as increasing the usefulness of physical activity in relation to the mental limit [3; 5].

Based on the conducted studies, we have formed means of influence that must be used by healthcare workers in practical activities, carrying out health education propaganda:

- at the individual level - conversations and short-term interventions on health issues during admission, dispensary examinations, professional examinations, visiting patients at home, as well as handing out health education materials (memoirs, leaflets, booklets, etc.), answering the hotline;

- at the group level - practical classes in schools, universities, health lectures at departments of specialized polyclinics, veterans' homes, health and educational institutions, at the place of work, recreation or residence of the listeners, question and answer evenings, means of visual propaganda;

- at the population level - informing the population through the mass media.

This is the algorithm we have developed and recommended for use in methodological recommendations issued in 2014 [1; 2; 3].

In any case, it is necessary to maintain general methodological principles related to the psychological characteristics of the perception of information - it should have a positive character, a certain degree of novelty, be correlated at least approximately with the listeners' awareness of this issue, and be emotionally colored. The advice and recommendations that we offer are constructive, not prohibited, take into account gender, age, level of education, profession and health status, as well as socio-labor advice.

Implementation of the proposed promotion at the individual and group levels: groups of practically healthy individuals without risk factors or with risk factors, especially with initial manifestations of diseases. In this case, the main emphasis should be placed on:

- in the first group - on behavior correction in order to increase the potential of physical health close to a safe level, prevent the occurrence of internal, external

and behavioral risk factors (primary pre-factorial prevention);

- in the second group - on behavior correction with the purpose of completely eliminating or significantly mitigating the action of existing risk factors for CHD (primary "factorial profile"). It is advisable to form groups for conducting classes and consultations based on the presence of a specific risk factor;

- in groups for patients, it is worth focusing on compliance with the general principles of healthy lifestyles with the purpose of extending the period of stable remission of the existing pathology and preventing relapses, determining drug treatment, the frequency of communication with a doctor, the possibilities of self-regulation of behavior depending on well-being, as well as on signs in which it is necessary to urgently consult a doctor for secondary prevention technologies.

Heads of government agencies, enterprises, institutions and establishments of all forms of ownership and public organizations know that medicine is not able to independently compensate for the negative impact on humans of adverse external, internal, behavioral and socio-economic risk factors for the occurrence of chronic diseases, that success in preventing them can be achieved with a comprehensive approach to solving problems related to creating prerequisites and forming a healthy lifestyle in broad segments of the population. They realize that without their active participation it is impossible to achieve positive changes in the level, quality, style and way of life of both the population as a whole and regions, territories, its individual groups at the place of work, study, residence.

Communication between doctors and patients during appointments, during their visits to the latter at home creates conditions for implementing sanitary and educational measures aimed at preserving and strengthening their health at the individual level. No doctor can leave a patient without recommendations for lifestyle correction. It should be guided by people's attitude to their own health, therefore, first of all, it should pay attention to patients who are passive to their own health. During the meeting, it is necessary to carefully explain the main internal and behavioral risk factors for hypertension (excess body weight), insufficient physical activity, smoking, psycho-emotional stress, alcohol and salt abuse); teach patients methods of self-monitoring of physical health potential according to O. Pirogova and co-authors, the level of psychosocial stress according to L. Rieder, body weight and determine their own degree of risk of the occurrence and development of ischemic heart disease according to body mass index. [3; 4; 5; 7].

The methods we have developed and implemented for promoting physical activity, balanced nutrition, non-abuse of alcohol, quitting smoking and correcting the behavior of patients with hypertension will contribute to the preservation and strengthening of their health potential.

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