

**TREATMENT OF PATIENTS WITH CORONARY HEART DISEASE  
AND CONCOMIATED BRONCHIAL ASTHMA**

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**Abstract:** The treatment of patients with coronary heart disease and combined bronchial asthma has been scientifically analyzed. Currently, the main way to treat obesity is to take a course of low-calorie diet therapy. Similar courses are accompanied by a very good healing efficiency, but a high-risk relapse (return of body weight to the initial state) immediately in the next stationary period. This requires finding ways to eliminate the problem. The purpose of the study: to determine the features of the Joint Treatment of patients with coronary heart disease with bronchial asthma.

**Keywords:** Atherosclerosis, stenosis, mitral orifice, end-diastolic size, left atrium, left ventricle, myocardial infarction, heart failure, early and late diastolic blood flow.

Relevance. The main treatment for obesity currently is conducting a course of reduced-calorie diet therapy. Similar courses are accompanied by fairly good treatment efficacy, but high risk relapse (return of body weight to initial) in the immediate post-inpatient period. This requires finding ways to overcome this problem.

Purpose of the study: to identify the features of treatment of patients with coronary heart disease in combination with bronchial asthma.

Materials and methods: a retrospective analysis of 120 patient records was conducted with coronary heart disease and concomitant bronchial asthma. All patients were divided into 4 groups: 1st – coronary heart disease II FC with bronchial stage 3 asthma (20%); 2nd – coronary heart disease FC III with bronchial asthma 3 steps (15%); 3rd – coronary heart disease II FC with bronchial asthma 4 steps (25%); 4th – coronary heart disease FC III with bronchial asthma 3-4 steps (40%). All patients underwent electrocardiography, daily electrocardiographic monitoring, echocardiography, chest radiography cells, spirometry, study of external respiration functions.

Results: according to electrocardiography data in this category of patients: frequency heart rate was  $79.3 \pm 5.2$  per minute, left ventricular hypertrophy detected in 86.4% of patients with coronary heart disease with concomitant bronchial asthma; according to echocardiography: left ventricular hypertrophy in 48.8%, right ventricular hypertrophy in 28.6%, diastolic dysfunction of the left ventricle in 32.2%, ejection fraction was  $56.2 \pm 2.6\%$  of patients with ischemic heart disease with concomitant bronchial asthma. Antianginal therapy was received by 80% of patients with coronary heart disease with concomitant bronchial asthma. In group 1, inhibitors angiotensin-converting enzyme were prescribed in 85% of cases,  $\beta$ -blockers – in 13.5%. In group 2: angiotensin-converting enzyme inhibitors in 54.8%, Ca antagonists - 15.4%. In group 3: angiotensin-converting enzyme inhibitors in 65.7%, Ca antagonists - 18%,  $\beta$ -blockers - 9.5%. In group 4: inhibitors angiotensin-converting enzyme in 66.7%, Ca antagonists - 19.4%, nitrates - 8.9%. Basic therapy with inhaled glucocorticosteroids +  $\beta_2$ -agonists 76% of patients received long-acting. Inhalation therapy only 11% of patients with coronary heart disease with concomitant bronchial asthma. Systemic glucocorticosteroids periodically were

prescribed to 68% of stage 3-4 patients with coronary heart disease with concomitant bronchial asthma.

Conclusion. Thus, more than half of patients with coronary heart disease and bronchial asthma had pronounced changes in hemodynamic parameters, which led to mutual aggravation of the course of diseases and the development of complications.