



Sexual and Gender Features of the Course of Cardiovascular Diseases

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Received 27th Jul 2021,
Accepted 29th Aug 2021,
Online 04th Oct 2021

Abstract: Currently, the study of sexual and gender characteristics of the course of cardiovascular diseases is relevant in the world. The article highlights the sexual and gender characteristics of the prevalence of the main factors of cardiovascular risk according to literature data. It can be assumed that the development of cardiovascular diseases has a sexual orientation and is triggered in men and women differently. The metabolism of nitric oxide, the effects of statins on the state of lipid PER OXIDATION, the clinical course of cardiovascular diseases depends on gender and it must be taken into account in order to optimize the therapy.

Keywords: cardiovascular diseases, gender differences, gender risk factors, sexual risk factors

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Relevance: According to the World Health Organization (WHO), 17.5 million people die from cardiovascular diseases (CVD) every year in the world. Cardiovascular diseases remain the most serious health problem for many countries of the world, including Uzbekistan. Experts of the World Health Organization predict a further increase in cardiovascular diseases, as well as mortality from these diseases in both developed and developing countries.

Currently, the study of sexual and gender characteristics of the course of cardiovascular diseases is relevant in the world, which puts on the agenda the development of a differentiated approach to the treatment of cardiac pathology in men and women.

The growth and rejuvenation of the incidence of atherosclerosis, coronary heart disease and arterial hypertension in women, the atypical nature of their clinical course require more active identification of risk factors for their development.

The aim of the study is to study the sexual and gender characteristics of the course of cardiovascular diseases and to analyze them.

Material and methods of research:

The material for the study was the literature data on the sexual and gender characteristics of the course of cardiovascular diseases.

The results of the study:

Men and women have their own biological and psychophysiological characteristics [1].

Currently, there are no differences in approaches to the treatment of cardiovascular diseases in men and women in expert recommendations.

Most clinical studies on the effectiveness of cardiac therapy were conducted in gender-mixed groups.

Coronary heart disease in men is more often diagnosed earlier and is also characterized by disorders in the system "lipid peroxidation - antioxidant protection" (POL-AOZ). Therefore, the study of gender characteristics of the antioxidant status of blood plasma and tissues, its relationship with the clinical course of coronary artery disease, the state of endothelial function, the metabolism of nitric oxide (NO), which has antioxidant properties, the content of homocysteine involved in oxidation processes, seems relevant.

Modern measures of prevention and treatment of cardiovascular diseases in Europe have helped to reduce the mortality of men as opposed to women. Within six months after myocardial infarction (MI) in men, it was 7.9%, in women - 22.8%.

Numerous studies have proven the high effectiveness of statins with antioxidant properties in the treatment of coronary heart disease with dyslipoproteidemia (DLP). Sex differences in the tolerability and effectiveness of statins were noted, most of which are metabolized through the cytochrome P-450 enzyme system, which have different activity in men and women.

The metabolism of nitric oxide, the effects of statins on the state of lipid peroxidation, the clinical course of cardiovascular diseases depends on gender and it must be taken into account in order to optimize the therapy

Differences in the hormonal background of men and women determine their sensitivity to the development of cardiovascular diseases.

It is known that women, especially during menopause, significantly increase the risk of coronary heart disease, which is accompanied by oxidative stress (OS) and a decrease in antioxidant activity (AOA) of the body.

The presence of a sexual gradient of dyslipidemia, hyperuricemia in different age groups also makes a significant contribution to the development of cardiovascular diseases. In terms of the development of primary and repeated cases of cardiovascular diseases, men outnumber women. A difference in psychosomatic regulation is in men and women under stress cause a difference in the response of the regulatory systems of the body and in the levels of cardiovascular morbidity.

Conclusion:

Thus, it is necessary to thoroughly study sexual and gender associations with known and little-studied risk factors for the development of cardiovascular diseases, depending on gender, which will help to carry out competent gender-oriented prognosis, treatment and timely prevention of cardiovascular diseases at both individual and population levels.

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