STUDYING OF POLY MORBUS CONDITION WITH CHRONIC OBSTRUCTIVE ILLNESS OF LUNGS AT AGED PEOPLE

Azimov R.I., Rizamuhamedova M.Z.

Tashkent Medical Academy, Republic of Uzbekistan

The retrospective analysis of death rate 88 sick patients with chronic obstructive illnesses of lungs (COIL) was carried out. Accompanying diseases have been distributed on a degree of risk deadly outcomes. The character and frequency of an accompanying pathology, electrocardiographic changes has been established. Thus, accompanying diseases and electrocardiograms signs of a hypertrophy right ventricle of heart are important prognostic's signs of failure COIL at aged people.

Keywords: aged people, lungs, poly morbus

At aged people and senile age preconditions for development of a pulmonary pathology and aggravation of its current [2] are created. The essential role is played by restriction of functionality of external breath at practically healthy older persons that reflects the phenomena of the latent respiratory insufficiency and facilitates decompensation external breath in the conditions of a pathology.

Analyzing features of current chronic obstructive illness of lungs (COIL) in geriatric practice, it is necessary to take into consideration and multi morbus at one patient. Frequency accompanying COIL diseases and a maximum of their combinations with the years accrues.

Research objective

To study frequency and character of accompanying diseases at patients COIL at aged people.

Materials and methods

We spend on estimation of death rate of 88 patients with COIL, passing treatment in clinics of the Tashkent Medical Academy. Accompanying diseases have been distributed on degree of risk of a deadly outcome. I category included such diseases as - a heart attack of a myocardium, illness of peripheral vessels, diseases of vessels of a brain, dementia, rheumatic diseases, peptic an ulcer, diseases of a liver and a diabetes. II category has made gemi-, paraplegia, diseases of kidneys, a leukaemia, lymphoma. III category was made by cancer diseases. The index of accompanying diseases represents an average arithmetic digital values of the presented illnesses.

Results and discussion

In table 1 the characteristic of the surveyed persons, the diseases transferred by them, electrocardiogram infringements is presented. It is necessary to consider that fact, that during 1980-1990 18 patients has died. Most often basic disease was accompanied by the raised arterial pressure, a diabetes, heart diseases (changes of an electrocardiogram as a hypertrophy right ventricle of heart (RVH) met in 60% of cases).

In table 2 duration of supervision over patients COIL depending on character of accompanying diseases is presented. Decrease in volume of the forced exhalation for 1 second (FEF_1) closely correlates <590 ml with duration of stay in hospital >33 days, electrocardiograms-signs of ischemic illness of heart, ventricular arrhythmia, chronic diseases of a liver. The mention of a heart attack of a myocardium in the anamnesis poorly correlates with death rate of patients COIL.

In table 3 are reflected prognostic factors of development of death from the various reasons. So, diseases of kidneys have the highest prognostic factor. The model of forecasting of death of patients COIL developed by us the next 5 years has sensitivity of 63,4% and specificity of 76,6%.

Results of the carried out research have shown, that infringement of activity of kidneys and presence CHD have appeared the most significant factors at forecasting of outcome COIL at the patients, passed a course of hospitalisation concerning COIL. The given accompanying diseases are markers of

Table 1. Distribution of aged people patients COIL on a sex, age, character of accompanying diseases

Indicators	Number of the studied patients n=70	Number of the patients who have died in 1980-1990 years (n=18)
Number of patients m/w	56/14	14/4
Age	67±9	67±12
Duration hospitalisation (days)	28±20	32±22
Sharp respiratory insufficiency n (%)	6 (8,6%)	1 (5,5%)
Necessity artificial lung ventilation, (ALV) n (%)	11 (15,7%)	2 (11,1%)
Diabetes, n (%)	10 (14,3%)	3 (17,6%)
Hypertension, n (%)	20 (28,6%)	4(22,2%)
Chronic diseases of kidneys, n (%)	4 (5,6%)	2 (11,1%)
Chronic diseases of a liver, n (%)	4 (5,6%)	1 (5,5%)
Vascular diseases of a brain, n (%)	2 (2,9%)	-
Coronary heart disease (CHD), n (%)	7 (10,0%)	2 (11,1%)
Myocardium heart attack in the anamnesis, n (%)	4 (5,6%)	1 (5,5%)
Electrocardiogram signs of a hypertrophy RVH, n (%)	42 (60,0%)	10 (55,6%)
Electrocardiogram signs CHD, n (%)	15 (21,4%)	8 (44,4%)
Electrocardiogram signs ventricular arrhythmia, n (%)	4 (5,6%)	-

Table 2. Duration of supervision over patients COIL depending on character of accompanying diseases

The indicators authentically connected with death rate	Duration of supervision (years)		Factor of Vilkokson	p
	Risk presence	Absence of risk		
Partial pressure of oxygen in arterial blood (PaO_2)	1,76 (0,29-4,25)	3,29 (1,46-5,04)	3,071	0,001
Chronic defeats of kidneys	0,84 (0,25-2,35)	3,17 (1,29-4,99)	2,917	0,002
Electrocardiogram signs of hypertrophy RVH	2,62 (0,89-4,35)	3,50 (1,06-5,53)	2,371	0,009
FEF_1	2,88 (0,73-4,79)	3,89 (2,35-5,80)	2,235	0,012
Duration of stay in a hospital	2,23 (0,65-4,57)	3,36 (1,39-5,04)	2,195	0,014
Electrocardiogram signs CHD	2,19 (0,69-3,97)	3,26 (1,27-5,21)	1,913	0,027
Chronic diseases of a liver	1,45 (0,33-3,76)	3,11 (1,04-5,04)	1,839	0,033
Electrocardiogram signs ventricular arrhythmia	2,39 (0,48-3,45)	3,12 (0,98-5,04)	1,822	0,034
Presence in the anamnesis of a heart attack of a myocardium	0,84 (0,50-3,20)	3,12 (1,14-5,02)	1,738	0,041

increase in death rate at subsequent aggravations COIL.

The second most important prediction of death of patients COIL are electrocardiograms-signs of overload RVH. In our point of view it is very important conclusion, because the given parametre is simple for measurement. In the literature it has already mentioned [1; 3; 4], that results of treatment of patients COIL correlates back with presence of a pulmonary hypertensia and that patients with electrocardiograms signs of hypertrophy RVH have a pulmonary hypertensia and pulmonary heart. Our researches have

proved, that development of chronic pulmonary heart is a turning point of current COIL in advanced age. Moreover, we have found out authentic correlation between FEF_1 and signs of hypertrophy RVH. This condition is necessary for estimating as an independent marker of weight COIL.

Table 3. Prognostic factors of development of death of patients COIL from the various reasons

Indicators	Factor
Chronic defeat of kidneys	10
Electrocardiogram signs of hypertrophy RVH	9,7
$FEF_1<590$ ml	6,7
Electrocardiogram signs CHD	5,7
Age	0,62

The present work represents important prognostic on age role at COIL. It is reflected in age-dependent increase in weight COIL and direct interrelation between the age, accompanying diseases.

It is impossible to deny value of lowered indicators FEF_1, but they have no crucial importance in forecasting of a deadly outcome of patients COIL.

In conclusion. Accompanying diseases and electrocardiograms signs of hypertrophy RVH are important prognostic signs of failure COIL at aged persons.

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