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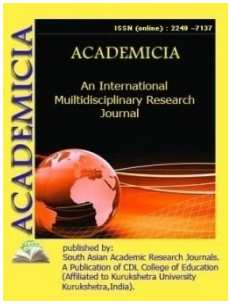

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PREVALENCE OF LIPID AND GLYCEMIC COMPONENTS OF METABOLIC SYNDROME IN THE POPULATION OF ELDERLY AND OLD AGE IN BUKHARA

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ABSTRACT

The survey coverage was 1251 (99.7%) and 246 (99.2%) elderly people, respectively, according to the samples. In our studies, these factors were also subjected to epidemiological study and analyzed together with other colleagues, participants in a comprehensive program of population study of CVD in the conditions of Bukhara. Among the population of elderly and senile women, the prevalence of newly diagnosed hyperglycemia was found with a frequency of 16.6% (in women 60-74 years old - 19.5%, in women 75-89 years old - 3.6% P <0.001). In our study, we studied the prevalence of lipid and glycemic components of MS, we found that the highest prevalence of hypo-HDL cholesterol was found in people 60-74 years old - 43.2%, and in elderly people (75-89 years old) - hypo-HDL cholesterol was determined with a frequency of no more than 40.5%.

KEYWORDS: *Respectively, Prevalence, Comprehensive*

INRODUCTION

Metabolic syndrome should be considered as a syndrome that develops in response to one or more risk factors for CVD / non-infectious pathologies [Pinkhasov BB, LutovYu.V. et al., 2017; Drapkin O.M., 2018; Yurepko A.V., Antonov M.V. et al., 2010; Egamberdieva D.A., 2019].

The development of MS is influenced by such factors as smoking, hypertension, BMI, alcohol consumption (AA), physical inactivity and low consumption of vegetables and fruits (NPF). In our studies, these factors were also subjected to epidemiological study and analyzed together with other colleagues, participants in a comprehensive program of population study of CVD in the conditions of Bukhara.

Purpose

To study the prevalence of lipid (high-density lipoprotein cholesterol - HDL cholesterol, triglycerides) and glycemic (history of hyperglycemia - HGA, newly diagnosed hyperglycemia HGVV, impaired glucose tolerance - IGT) components of the metabolic syndrome in the elderly and senile population.

MATERIALS AND RESEARCH METHODS

Two representative samples were formed in the amount of 1503 people: the first among the male and female population 60-74 years old, the second among men and women 75-89 years old. In both samples of the population from the latest electoral lists, including all elderly and senile people living in Bukhara, random proportional 10% samples of 1503 people were organized, amounting to 1255 and 248 people, respectively. The survey coverage was 1251 (99.7%) and 246 (99.2%) elderly people, respectively, according to the samples. Using the methods of phased epidemiological stimulation (Voevoda M.I. et al., 2017), a population study was conducted from January 2017 to December 2019, while only 1497 people were examined, the "response" was 99.6%, and the group " non-participation "- 0.4%.

Results of the study

The highest prevalence of HDL cholesterol (hypo-HDL cholesterol) was found in people 60-74 years old - 43.2%, and in elderly people (75-89 years old) - hypo-HDL cholesterol was determined with a frequency of no more than 40.5% ($P < 0.05$). In the general population (60-89 years old), it was observed in 33.8% of cases.

In the PZHPWV population, this MS component was detected in 47.7% of cases by 5.0% more in the elderly (49.9%) than in senile (44.9%) people ($P> 0.05$).

The prevalence of hypo-HDL cholesterol in the population of elderly and senile men was 35.7%, was recorded 1.3 times, more often in men 60-74 years old than in men 75-89 years old (45.0 and 35.2%, respectively, $P <0.05$). GTG wasnotedin 45.6% ofcases.

Thus, HTG and hypo-HDL cholesterol with high detectability were characterized in old age and in women; comparatively lower prevalence was noted among the elderly population.

The study also showed that such components of MS, as the primary detected hyperglycemia (HHvpV), hyperglycemia previously detected (HPA), and impaired glucose tolerance (HTT) in the surveyed population. Bukharawas 13.1% (13.7% inelderlypeople, 4.1% inelderlypeople, $P <0.001$).

It turned out that HHVPV is determined 3.4 times more often in the elderly than in the elderly.

Among the population of elderly and senile women, the prevalence of newly diagnosed hyperglycemia was found with a frequency of 16.6% (in women 60-74 years old - 19.5%, in women 75-89 years old - 3.6% $P <0.001$). Among representatives of a representative sample of men 60-89 years old in the city, the prevalence of HHVPV was 8.9% (9.8% in men 60-74 years old, 4.6% in women; $P <0.01$).

Consequently, according to the results obtained, HHVPV was recorded in older women more than 2 times more often than in men ($P <0.05$).

The data obtained in our study showed that the prevalence of HPA, a component of MS, in the general population 60-89 years old is recorded with a frequency of 11.6% (in the population 60-74 years old - 10.9%, in the population 75-89 years old - 15, 0%; P <0.05). Its detection rate is more than 1.5 times or 4.1% higher in the elderly than in the elderly population. Similar tendencies were observed in the group of surveyed women (PZHPVV) and men (PWPPV) of Bukhara.

Thus, the prevalence of HPA in the general population, a representative sample of women, was 13.5% (for women 60-74 years old - 12.5%, for women 75-89 years old - 13.5%, P> 0.05). With age, the prevalence of HHA was 1.3% higher, i.e. there was a statistical insignificant increase in the level of this component of MS in the studied two age groups of women.

In the group of examined PMPP, the prevalence of HHA was 9.3%; statistically insignificant prevalence of this factor was found in men 75-89 years old (11.1%) than in men 60-74 years old (8.9%); P> 0.05.

In general, it was noted that HPA is determined 1.5 times more often in women (13.5%) than in elderly and senile men (9.3%).

In a representative sample of women and men 60-89 years old in the city of Bukhara, the prevalence of NTG was 13.0% (12.5% in the population 60-74 years old and 15.5% in the population 75-89 years old; P> 0.05).

In the surveyed sample of women 60-89 years old, the prevalence of NTG was 13.2% (in women 60-74 years old 11.7% and in women 75-89 years old - 13.4%). With age, its prevalence increased by 1.7%, i.e. there is a significant insignificant increase in the frequency of this MS component in women in the age ranges from 60 to 74 years old and from 75 to 89 years old (P> 0.05).

In men, a slightly different epidemiological pattern is observed in terms of an increase in the frequency of detection of NTG in old age. Thus, among representatives of a representative sample of men 60-89 years old in Bukhara, the prevalence of NTG was 12.1% (11.8% among people aged 60-74 years and 17.6%, i.e. with an increase of more than 1 , 4 times, in persons in the group 75-89 years old; P <0.05).

In the surveyed population, PZHPPV and PPSPV, impaired glucose tolerance was determined in the following prevalence levels, respectively in the age range 60-89 years - 13.2% and 12.1% each (P> 0.05), in 60-74 years -11.7% and 11.8% (P> 0.05) and in the age group of 75-89 years - 13.4% and 17.6% (P <0.05).

CONCLUSIONS

In general, the analysis of the prevalence of NTG and other components of the metabolic syndrome revealed a greater susceptibility to lipid and glycemic factors in elderly and senile women.

In our study, we studied the prevalence of lipid and glycemic components of MS, we found that the highest prevalence of hypo-HDL cholesterol was found in people 60-74 years old - 43.2%, and in elderly people (75-89 years old) - hypo-HDL cholesterol was determined with a frequency of no more than 40.5%. In the general population (60-89 years old), it was observed in 33.8% of

cases. In general, this RF (component of MS) was characterized by high detectability in old age and in women; a relatively lower prevalence was noted among the elderly population.

According to the results obtained, HHVPV in older women was recorded more than 2 times more often than in men. The prevalence of HPA, a component of MS, in the general population 60-89 years old is recorded with a frequency of 11.6% (in the population 60-74 years -10.9%, in the population 75-89 years -15.0%). Its detection rate is more than 1.5 times or 5.9% higher in the elderly than in the elderly population. It was noted that HPA is determined 1.5 times more often in women (13.5%) than in elderly and senile men (9.3%).

In a representative sample of women and men 60-89 years old, the prevalence of NTG was 13.0% (12.5% in the population 60-74 years old and 15.0% in the population aged 75-89 years).

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