



TANQIDIY NAZAR, TAHLILIIY TAFAKKUR VA INNOVATSION G'UYALAR



ATEROSKLEROZ: XAVF OMILLARI VA ULARNI BOSHQARISH YO'LLARI

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Annotatsiya. Ushbu maqolada aterosklerozning global va mintaqaviy tarqalishi, asosiy xavf omillari va ularni boshqarishning dalillarga asoslangan usullari tahlil qilinadi. Ma'lumotlar JSST, GBD 2019, NCD-RisC va PubMed meta-tahlillaridan yig'ildi. 40 yoshdan katta 113 milliondan ortiq odamda ateroskleroz aniqlangan va so'nggi 30 yilda uning uchrash chastotasi 72% ga oshgan. Yuqori PZL, gipertenziya, diabet, chekish, semizlik va gipodinamiya asosiy xavf omillari bo'lib, ularni statinlar, anti gipertenziv va antidiabetik preparatlar hamda sog'lom turmush tarzi orqali boshqarish mumkin. Milliy skrining dasturlari va profilaktika strategiyalari aterosklerozni kamaytirishda muhim ahamiyatga ega.

Kalit so'zlar. Ateroskleroz, koronar arteriya kasalligi, serebrovaskulyar o'zgarishlar, periferik arteriya kasalligi, PZL xolesterin, YZL xolesterin, giperxolesterinemiya, arterial gipertenziya, qandli diabet, dislipidemiya, endotelial disfunksiya, yallig'lanish, oksidlovchi stress, chekish, semizlik, insulinrezistentlik, jismoniy faollik yetishmasligi, pilakcha, statinlar.

Ishning maqsadi. Ushbu ishning maqsadi aterosklerozning global va mintaqaviy tarqalishini, asosiy xavf omillarini, ularning patofiziologik mexanizmlarini aniqlash va ularni boshqarishning dalillarga asoslangan strategiyalarini o'rganishdir.

Materiallar va usullar. Ma'lumotlar Jahon sog'liqni saqlash tashkiloti (JSST), Global Burden of Disease (GBD) 2019, NCD-RisC va PubMed bazalaridagi meta-tahlillar asosida yig'ildi. Statistik tahlil orqali ateroskleroz uchrash chastotasi, yosh va jins bo'yicha tarqalishi, xavf omillari va ularni boshqarish usullari aniqlangan.



Natijalar: Global miqyosda 40 yoshdan oshgan 113 milliondan ortiq odamda ateroskleroz aniqlangan [5].

•80–84 yoshdagi shaxslarning taxminan 15% ida aterosklerotik pilakchalar mavjud [6].

•1990–2019 yillar oralig'ida ateroskleroz uchrash chastotasi 72% ga oshgan, bu aholi umumiy o'sish sur'ati (45%) dan yuqori [7].

•Yurak-qon tomir kasalliklaridan o'limlarning taxminan 50% i ateroskleroz bilan bog'liq [8].

•Yuqori PZL xolesterin arterial intima qatlamiga o'tib, oksidlanish va yallig'lanish jarayonlarini qo'zg'atadi; lipidlar makrofaglar tomonidan so'rilib, ko'piksimon hujayralarga aylanadi va pilakchalar hosil bo'ladi [11].

•Gipertenziya arterial devorga arterial bosim yuklamasi hosil qilib, endoteliy shikastlanishiga va pilakcha barqarorligining pasayishiga olib keladi [14].

•Qandli diabet giperglikemiya orqali oksidlovchi stress va AGE (avanslangan glikatsiya oxirgi mahsulotlari) hosil bo'lishini kuchaytirib, aterogenezni tezlashtiradi [16,17].

•Chekish endotelial disfunktsiyani keltirib chiqaradi, yallig'lanish sitokinlarini faollashtiradi va gemoreologik xususiyatlarni buzadi, yurak-qon tomir kasalliklari xavfini 2–4 barobar oshiradi [18,19].

•Semizlik va gipodinamiya dislipidemiya, insulinrezistentlik va gipertenziya kombinatsiyasini kuchaytiradi, lipid profilini yomonlashtiradi va endotelial funktsiyani susaytiradi [20,21].

Boshqarish yo'llari. 1. Giperxolesterinemiya:

Statinlar: PZL ni 30–50% gacha pasaytiradi, yurak-qon tomir hodisalari xavfini 25–35% ga kamaytiradi [12].

Ezetimib, PCSK9 ingibitorlari: statinlar yetarli bo'lmasa qo'shiladi.

Parhez: to'yingan yog'lar <7% kaloriya, trans yog'lar butunlay cheklash, meva va sabzavot iste'molini oshirish [13].

2. Arterial gipertenziya:

ACE ingibitorlari, ARB, betta-blokatorlar, tiazid diuretiklar [15].

Tuz iste'molini kuniga <5 g cheklash.

Muntazam jismoniy faollik va stressni boshqarish.

3. Qandli diabet:

HbA1c <7% darajada ushlash.

Metformin, SGLT2 ingibitorlari, GLP-1 agonistlari.

Uglevod almashinuvini nazorat qiluvchi parhez.

4. Chekish: Nikotin o'rnini bosuvchi terapiya (plastir, saqich).

Vareniklin yoki bupropion retsept bo'yicha dorilar.

Psixologik qo'llab-quvvatlash va xulq-atvor terapiyasi.

5. Semizlik va gipodinamiya:

Haftada kamida 150 daqiqa o'rtacha intensiv aerob mashg'ulotlar.

Kaloriya tanqisligiga asoslangan individual parhez.



Bariatrik jarrohlik (og‘ir semizlikda).

Xulosa. Ateroskleroz – yurak-qon tomir kasalliklarining asosiy patogenetik poydevori bo‘lib, global miqyosda o‘lim va nogironlikning yetakchi sabablaridan biridir. Yuqori PZL, gipertenziya, diabet, chekish, semizlik va gipodinamiya kabi xavf omillarini nazorat qilish ateroskleroz rivojlanishini sekinlashtiradi va yurak-qon tomir hodisalari xavfini kamaytiradi. Statinlar, antihipertenziv va antidiabetik preparatlar bilan bir qatorda sog‘lom turmush tarziga o‘tish – parhez, jismoniy faollik va chekishni tashlash muhim ahamiyatga ega. Kelajakdagi tadqiqotlarda milliy profilaktika dasturlari samaradorligini baholash tavsiya etiladi.

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