

ASSESSING THE FREQUENCY OF CORONARY HEART DISEASE IN THE CONTEXT OF METABOLIC DYSFUNCTION AND PREDICTING DISEASE PROGRESSION

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RELEVANCE:

Rising prevalence: Both MASLD and CHD are on the rise globally, driven primarily by the increasing prevalence of obesity, sedentary lifestyles, and unhealthy dietary habits.

Shared risk factors: MASLD and CHD share common risk factors, such as obesity, insulin resistance, dyslipidemia, and hypertension.

Predictive value: Studying the prevalence of MASLD in patients with stable angina pectoris 1-2 FC of CHD and predicting disease progression can help healthcare providers identify individuals at higher risk of adverse cardiovascular events.

PURPOSE OF THE STUDY:

The study aimed to investigate the prevalence of metabolic dysfunction-associated steatotic liver disease (MASLD) in patients with stable angina pectoris 1-2 FC (functional class) of coronary heart disease (CHD) and predict disease progression.

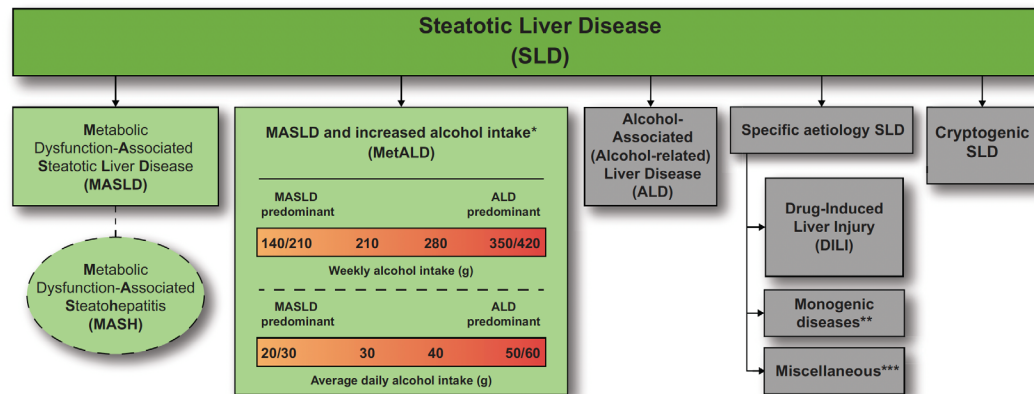
MATERIALS AND METHODS:

The study included 86 patients aged 45-59 diagnosed with stable angina pectoris 1-2 FC and met the criteria for MASLD. Various verification methods were employed. Patients were followed up for 1 year.

RESULTS: Preliminary results indicated that steatosis of the liver, a key criterion for MASLD, was confirmed in all patients through liver ultrasound examination. The meeting of sub-criteria revealed several indicators: BMI ≥ 25 kg/m² in 78 (90.6%) patients, fasting glucose level ≥ 5.6 mmol/l in 37 (43%) patients, triglyceride level ≥ 1.70 mmol/l in 65 (75.6%) patients, HDL level ≤ 1.0 mmol/l in 67 (78%) patients, and arterial hypertension in 61 (71%) patients. A varying number of positive disease criteria were determined among patients: 39 (45.3%) had 1 criterion, 48 (55.8%) had 2, 32 (37.2%) had 3, and 14 (16%) had 4. During the 1-year follow-up, patients with 1 criterion showed no significant change with standard treatment, while disease progression was observed in patients with 2 or more positive symptoms. Complications such as acute myocardial infarction were reported in patients with 2 FC.

CONCLUSION:

MASLD significantly influences the development and progression of ischemic heart disease. Higher numbers of positive criteria are associated with increased disease severity and risk of complications in patients with CHD.



*Weekly intake 140-350g female, 210-420g male (average daily 20-50g female, 30-60g male)

**e.g. Lysosomal Acid Lipase Deficiency (LALD), Wilson disease, hypobetalipoproteinemia, inborn errors of metabolism

***e.g. Hepatitis C virus (HCV), malnutrition, celiac disease, human immunodeficiency virus (HIV)