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EVALUATION OF THE EFFECTIVENESS OF ORAL ANTICOAGULANTS IN THE TREATMENT OF COMPARTMENT FIBRILLATION

Annotation: Fibrillation of the compartments remains one of the most important problems of modern cardiology. Over the past 20 years, the frequency of hospitalizations for fibrillation of the compartments has increased by 66% as a result of an aging population and an increase in the prevalence of chronic heart disease. Fibrillation of the compartments adversely affects hemodynamics, quality of life, and long-term prognosis. The prevalence of fibrillation of the compartments in the general population is 0.4-1%, increasing to 8% in people over the age of 80. Approximately 60% of patients with fibrillation of the compartments over the age of 75 are women. Fibrillation of the compartments is associated with an increased risk of stroke, heart failure (HF), and all-cause mortality, especially in women.

Key words: Fibrillation of the compartments, oralanticoagulants, chronic heart failure.

Relevance of the problem. The treatment and Prevention of thromboembolic complications remains an urgent problem for modern medicine. Oral anticoagulants (Oak) are prescribed in order to reduce thrombi in the blood vessels and prevent them from dressing. The muxim point in Oak therapy is thromboembolism and above all ischemic stroke cartilage. BF has been steadily growing in prevalence over the past decade as a frequent heart rhythm disorder. In 2010, 33.5 million BF were recorded in the world. The development of ischemic stroke in 25% of cases is characterized by the cause of BF. Patients with BF have a 5-fold increase in the occurrence of cardioembolic stroke and systemic thromboembolism. The use of anticoagulants in patients with BF significantly improves the risk of thromboembolism. There are 3 levels of BF thromboembolism complication Hafi: the low risk is less than 2% ischemic stroke per year, the average risk is 2-5% per year, the high risk is 6% per year and more.

Research objective. New oak efficiency and safety in preventing vascular thrombosis in patients suffering from compartment fibrillation.

Materials and research methods. The selection of patients for research was carried out on the basis of the clinic of the Andijan State Medical Institute. For examination and treatment, patient complaints, clinical and laboratory diagnostic methods were used in Anamnesis Ham: general blood clotting, biochemical blood clotting, echocardiography, ECG examination, halcaro meory relationship (XMM) examination, abdominal organ UTT examination, coagulogram, PTI (prothrombin index), if necessary, stool hidden blood test estimates were carried out. Patient satisfaction of the quality of life was carried out. Bleeding risk factors were considered.

Research results. The most long-term application in clinical practice, Oak-rivoraxaban (plasma Factor Xa inhibitor), was studied by analogy with the indirect anticoagulant drug warfarin to prevent vascular and arterial thromboembolism in patients with BF bi-LAN. During the study, warfarin was selected in the amount of 2.5 mg, rivoraxaban (csarleto) in the amount of 20 mg. During the study, 40 patients with BF performed a combination of warfarin and rivoraxaban Hamda warfarin+cardiomagnil 75 mg for 2 years on the basis of traditional treatment tamoils, while Betta

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blockers, IAPF inhibitors, nitrate, urine feeders, antiarrhythmic, hypolipidemic drugs were found. The patients were divided into 3 groups, with the known Kismi var-Farin 2.5 mg, warfarin+ cardio mag - nil 75 mg, and the rest Rivo-raxaban 20 mg Kabul. The average age of patients was 66.6 ±3.9 ATRO-Fi. During the study, patients taking warfarin were exposed to the international meioral relations (ICRC) monitoring system. The dose of warfarin was as standard in all cases - 2.5 mg in 1 tablet. During the course of the warfarin dose titration, patients were given XMM tests once every 4 days, and then at least twice a month. Determination of the effectiveness of prophylaxis – the reception of indirect anticoagulants is carried out in therapeutic Diapazon XMM 2 to 3. Lack of anticoagulant exposure (less than XMM 2) increases the risk of thrombotics. Higher than XMM 3 increases the risk of bleeding, including intracranial hemorrhagic cartilage. Thus, according to the literature, the annual frequency of large bleeding during treatment with indirect anticoagulants ranges from 0.2% to 5.2%; inside them, the frequency of fatal bleeding is from 0.07% to 0.7% gacha. Prescribing rivoraxaban is prescribed in case of a violation of the frequency of relapse of BF and factors predisposing to embolism. Treatment began with 20 mg in chikkan Khol due to the condition of the patients. Patients over 60 years of age have chronic heart failure (sue), chronic kidney disease (ball filtration rate up to 50 ml/d.lower than), as well as xolda, which characterized the effect of drugs that enhance the anticoagulant effect of rivoraxaban, was treated with a low dose of rivoraxaban (15 mg/milk). The XMM pointer is intended to be used only for coumarin unums.

Conclusion.

1. New oral anticoagulant drugs do not require dose titration and laboratory control of efficacy.
2. It can be mentioned that patients with BF are superior to warfarin with low incidence of cardiovascular death. For patients with BF, long-term anticoagulants are treated, often for decades. This analysis showed not only the high effectiveness of rivoraxaban, but also the safety of this therapy.
3. Currently, the effectiveness and safety of rivoraxaban from warfarin has been proven, in patients with YUIK, diabetes mellitus and chronic kidney disease.
4. The effectiveness and safety of rivoraxaban is now proven not only in randomized clinical trials, but also in real clinical practice.

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