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## FEATURES OF CLINICAL PRESENTATION OF DISEASES OF THE CARDIOVASCULAR SYSTEM IN DIABETES MELLITUS

**Annotation:** Provides information about the symptoms of cardiovascular disease in diabetes mellitus. Nowadays, cardiovascular diseases are developing in our Republic Day by day. There are several reasons for this. There may also be a lack of physical movement of the population of our country, improper diet and other reasons. Diabetic disease, like cardiovascular disease, is in full swing in our country. The features of the clinical course of heart disease against the background of diabetes mellitus are mentioned in this article.

**Keywords:** Diabetes mellitus (QD), cardiovascular system (YUQTT), hypertension, ischemic heart disease, arterial hypertension, rheumatism, AQB levels, pulse, laboratory tests, heart rhythm, systolic noise, pulmonary artery, tachycardia, bradycardia, insulin.

According to literature analysis, QD type II is more common in women. In our examination, too, there were a lot of women, they were 50 (62.5%), and men were 30 (37.5%). In our tests, it was found that QD is more common after the age of 50. People over the age of 50 were 46 (92.0%) for women and 26 (87.0%) for men. 49 (61.25%) of the patients examined were diagnosed with diseases of the cardiovascular system.

Of this, 34 (69.4%) patients have hypertension, 13 (26.5%) patients - heart ischemic disease, 2 (4.1%) patients - rheumatism, heart defects were found.

**Purpose:** cardiovascular system against the background of diabetes (QD) disease (YUQTT) study of the features of clinical presentation of diseases

**Relevance:** diabetes mellitus (QD) is a disease of a group of metabolism disorders caused by insulin secretion and action or a defect of these two factors and accompanied by hyperglycemia (WHO 1999). QD type II develops as a result of the resistance of peripheral tissues to insulin and the relative deficit of insulin. 60-70% of endocrine diseases are occupied by QD. QD type II accounts for 85-90% of QD cases. QD disease is a disease that causes early disability and high mortality rates and primarily leads to diseases of the cardiovascular system (YUQTT) is considered a disease. In 2000, 175.4 million worldwide. kishi QD (of which 2.07 million. From Russia), and in 2025 their number was 380 million. (4.51 million in Russia.) is expected to be. According to diabetologist Djoslin, 50.2% of deaths of people with QD were caused by coronary blood-vessel damage, 12.1% by cranial vessel damage, 11.3% by renal vessel damage, 2.3% by limb artery damage. QD type II is a life-threatening factor for a patient with UQTT disorders. Complications of QD type II YUQTT account for 60% of deaths. In QD type II, the YUIK development compared to the general population is 2-4 times greater. In 70-80% of cases of QD type II, arterial hypertension (AG) is observed. Damage to YUQTT increases by 20%.

**Results:** 8 (10.0%) of controlled patients have hypertension I

Stage II of hypertension was found in 32 (40.0%) and Stage III in 2 (2.5%). When determining the diagnosis of hypertension, patient complaints, Anamnesis, AB elevation levels and dynamics, changes in target organs were taken into account.

7 out of 13 patients diagnosed with ischemic heart disease against the background of QD type II women made up and 6 men made up. Men with YUIK the average age was  $58.3 \pm 5.5$  years, while that of women was  $59.3 \pm 6.4$  years.

Analysis of the development of cardiovascular diseases by sex above made it possible to clarify our arguments. Hence, QD in women against the background of his illness, heart diseases and their severe complications develop early. In addition, against the background of QD in women, hypertension (GK) is more severe than cardiovascular diseases. In our tests, GK was found in 26 (57.8%) patients among women, while among men it was observed in 8 (26.6%) patients. A pulse test revealed weak pulse in 16 patients, followed by tachycardia in 26 patients and bradycardia in 2 patients. Extrasystole from cardiac arrhythmias was found to have developed in 6 patients, tremor arrhythmia in 3 patients (a type of tachysystolic).

Instrumental examination-automatism of the heart, permeability in patients, functions such as lameness, contractility and refractory, and the myocardium in order to determine the condition, an ECG test was carried out. 2.5% of patients had bradycardia in the patient, 57.5% had a normasistolic type of heart contractions, 36.25% had a taxisistolic type, and 3.75% had a trembling arrhythmia taxisistolic type. When ECG was analyzed, 23.75% of patients were diagnosed with metabolic, diffus dystrophic and profound changes, 16.25% with ischemia symptoms, 12.5% with arrhythmia, 7.5% with chronic coronary circulation deficiency, 1.25% with left ventricular insufficiency symptoms, 75% with left ventricular hypertrophy, and 3.75% with both ventricular hypertrophy.

While 2.5% of the patients in our examination are dieting, 42.5% are sugar drugs that reduce the amount, 21.25% insulin, 6.25% sugar while taking drugs that reduce the amount and insulin, 36.25% of them did not take diabetic drugs at all or took betartib determined.

The norm in 9 (11.25%) patients when blood sugar levels are tested (5.8-7.0 mkmol/l), 26 (32.5%) patients were found to have moderately high (7.1-9.0 mkmol/l), 26 (32.5%) patients had high (9.1-12.5 mkmol/l) hyperglycemia.

When urine sugar levels were tested, 10 (12.5%) patients were found to have high sugar levels. The daily urine sugar content was found to be 1-2% in 16 (20.0%) patients.

In inpatient conditions, patients were able to reduce blood sugar levels (3.9-6.6 mkmol/L) in 51 (63.75%) patients, lower blood sugar levels (3.9-6.6 mkmol / l), lower 16 and improve patients ' condition based on endocrinologist examination and advice. 4(5.0%)of patients

it was found that hyperglycemia was maintained and the condition was not alleviated due to the fact that the patient did not take the drugs given. Patients taking antidiabetic drugs can be seen using AQB, pulse, laboratory tests, ECG indicators, and improved patient conditions based on the above data.

In our tests, the possibility of determining the time of the initial development of QD disease has acquired certain difficulties. It is in them that most patients

the fact that they could not accurately represent the first signs of the disease, calculating themselves healthy until the development of complications of the disease, led another part of the patients to try to hide their illness.

Against the background of QD type II, diseases of the internal organs, mainly YUQTT, lead to the rapid development of various complications in patients and a severe course of QD. Therefore, the presence of antidiabetic drugs in the complex treatment of comorbid diseases of QD and YUQTT indicates an important place to be recommended in a full dose.

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