



Thus, a comprehensive strategy that includes multi-factor interventions gives a better result in achieving the desired health indicators than a set of individual measures. WHO recommends increasing the impact both at the population level and in high-risk groups, and combining the efforts of preventive and therapeutic diagnostic services. In Ukraine, there is an urgent need to improve the assessment of individual risk by studying the real state and dynamics of the prevalence of risk factors in different population groups and implement the best practices of medical and social interventions for the Prevention of major NCDs at the first level of medical care.

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ASSESSMENT OF THE INFLUENCE OF PSYCHOLOGICAL FACTORS ON THE OCCURRENCE OF ADVERSE CARDIOVASCULAR PROGNOSIS IN PATIENTS WITH CORONARY HEART DISEASE (CHD)

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Psychological factors play an important role in the occurrence of cardiac risks, lead to a deterioration in the quality of life of patients with coronary heart disease, contribute to impaired socio-psychological adaptation and the development of mental maladaptation.

The purpose of our study was to study the influence of psychological factors on the course of coronary heart disease (CHD) and to assess cardiovascular risk.

During the study, the following tasks were solved: analysis of cardiovascular risk factors and psychosocial factors, as well as a comparative analysis of groups of patients with coronary heart disease with depression and without depression and found statistically significant differences in a number of clinical and functional manifestations of stable angina.

The study was conducted on the basis of the Regional Cardiology Dispensary of Chernivtsi. The study materials were 250 patients (mean age 56.25 ± 5.6 years) - 98 (39.2%) men and 152 (60.8%) women with a verified diagnosis of coronary heart disease, who were at the stage of outpatient follow-up in cardiologist or district physician and were examined and treated in a cardiac hospital. The mean age of men was 55.6 women - 59.8 ($p < 0.001$).

The study used the following methods: the Center for Epidemiology Studies Depression scale (CES-D) was used to detect depressive disorders. The degree of manifestation of symptoms of depression was assessed in points. The Duke prognostic index based on stress test results and clinical data was used to stratify the risk of developing angina pectoris. Mathematical and statistical analysis of the obtained data was performed using the methods of descriptive statistics: χ -square and Spearman's rank correlation criterion.

According to the results of the study, the following data were obtained: of the 250 patients with coronary heart disease who were interviewed using the questionnaire (CES-D), 85 patients (34%) had severe and moderate depressive disorders (mean score 22.30 ± 1.18) and in 165 patients (66%) - mild and moderate depressive disorders, on the level of the rating scale from 19 to 28 points. Depression occurred in almost every third patient with coronary heart disease.

Comparative analysis of groups of patients with depression and without depression revealed statistically significant differences in a number of clinical and functional manifestations. Prognostic results according to the Duke index showed that patients with coronary heart disease with depression had a higher risk of adverse outcomes during the year compared with patients without depression (0.32 ± 3.1 and 0.82 ± 2.3 , respectively, $p = 0.047$).

According to the results of the study, it can be concluded that in patients with depression, coronary heart disease (CHD) is associated with a higher functional class of stress angina, a higher risk of adverse outcomes according to the Duke index and a higher incidence of associated clinical conditions compared with patients without depression.