

**METHODOLOGY FOR GROUP PREVENTIVE MEDICAL CONSULTATIONS ON
CORONARY ARTERY DISEASE, HYPERTENSION. DISPENSARY
OBSERVATION OF PATIENTS WITH CORONARY HEART DISEASE (CHD).
DISPENSARY OBSERVATION OF PATIENTS WITH ARTERIAL
HYPERTENSION (AH).**

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Causes of Coronary Artery Disease

Coronary artery disease (CAD) occurs due to the narrowing or blockage of coronary arteries that supply blood to the heart. The main causes of this disease are as follows:

1. Atherosclerosis. The buildup of cholesterol and fatty deposits (atherosclerotic plaques) on the inner walls of coronary arteries causes narrowing and restricts blood flow.
2. High Blood Pressure (Hypertension). Excessive pressure on blood vessels leads to the hardening and narrowing of arteries.
3. High Cholesterol Levels. An increase in harmful cholesterol (LDL) in the blood raises the risk of arterial blockage.
4. Smoking. Smoking narrows coronary arteries, increases the risk of blood clots, and accelerates plaque formation.
5. Diabetes. Diabetes can damage blood vessels and contribute to the development of atherosclerosis.
6. Obesity. Obesity increases blood pressure and cholesterol levels, putting additional strain on the heart
7. Physical Inactivity. A lack of physical activity slows metabolism and increases cholesterol levels, which can lead to coronary artery disease.
8. Genetic Predisposition. If close relatives have coronary artery disease, the risk of developing the condition increases.
9. Stress. Chronic stress leads to the overproduction of hormones, which can damage blood vessels and increase blood pressure.

10. Unhealthy Diet. Consuming fatty, salty, and high-calorie foods increases harmful substances in the blood and can cause arterial blockages.

Prevention Methods:

Eating a healthy diet (including more fruits and vegetables).

Staying physically active.

Avoiding smoking and alcohol.

Monitoring blood pressure and cholesterol levels.

Using stress management techniques.

Atherosclerosis is a chronic disease of the blood vessels, in which cholesterol and LDL (low-density lipoproteins) accumulate in the inner walls of the vessels in the form of plaques and deposits, while the walls themselves thicken and lose their elasticity [1]. As a result of the accumulation of fat and deposits, the walls of the vessels harden, lose their elasticity and, as a result, narrow, which makes it difficult for blood to reach the organs.

Key Stages of Dispensary Monitoring:

1. Patient Registration: Patients diagnosed with coronary heart disease are added to the dispensary list.
2. The type of CHD is determined (e.g., angina, myocardial infarction, heart failure).
3. Patient history, laboratory results, and instrumental examination data are collected.

Monitoring and Planned Examinations:

An individualized monitoring plan is developed for each patient [2]. The frequency of examinations depends on the severity of the disease:

1. Patients with angina: Doctor visits every 3–6 months.
2. Patients with a history of myocardial infarction: Doctor visits every 1–3 months.
3. Annual comprehensive medical examination: Includes electrocardiography (ECG), blood pressure measurement, lipid profile (cholesterol, triglycerides), and echocardiography.

Treatment Plan:

Medications: 1. Antianginal drugs (nitrates, beta-blockers).

2. Antiplatelet agents (aspirin, clopidogrel).

3. Statins (to lower cholesterol). (Atorvastatin,

Rozuvastatin).

3. Drugs supporting cardiac function.

Preventive Measures:

Reducing risk factors (quitting smoking, adjusting diet).

Introducing an exercise program.

Psychological support and stress management.

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