



CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND PULMONARY HYPERTENSION ARE INDICATORS USED TO ASSESS RESPIRATORY FUNCTION.

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***Annotation:** Pulmonary hypertension (PH) is frequently underdiagnosed and under-evaluated in chronic obstructive pulmonary diseases (COPD) patients. As PH is linked to a high rate of mortality from disease-related complications like cor pulmonale, it is critical to have a unified approach to diagnosing and treating it with the aim of improving the patient's quality of life and prognosis in terms of therapeutic considerations.*

***Keys words:** Chronic obstructive pulmonary disease, pulmonary hypertension, external breath*

ХРОНИЧЕСКАЯ ОБСТРУКТИВНАЯ БОЛЕЗНЬ ЛЕГКИХ И ЛЕГОЧНАЯ ГИПЕРТЕНЗИЯ ПРЕДСТАВЛЯЮТ СОБОЙ ПОКАЗАТЕЛИ, ИСПОЛЬЗУЕМЫЕ ДЛЯ ОЦЕНКИ ДЫХАТЕЛЬНОЙ ФУНКЦИИ

***Аннотация:** Легочная гипертензия (ЛГ) часто недооценивается у пациентов с хроническими обструктивными заболеваниями легких (ХОБЛ). Поскольку ЛГ связана с высоким уровнем смертности от осложнений, связанных с заболеванием, таких как легочное сердце, крайне важно иметь*



единый подход к его диагностике и лечению с целью улучшения качества жизни пациента и прогноза с точки зрения терапевтических соображений.

Ключевые слова: *хроническая обструктивная болезнь легких, легочная гипертензия, внешнее дыхание.*

Chronic obstructive pulmonary disease (GROW) – lungs and breathing the air of harmful particles or gases, as well as a sudden decrease in the speed of the flow to the effects of the inflammatory process in chronic active night matters in relation with a process that is among many of the population prevalence and the average life expectancy is a serious proliferation effect and have the potential of having to go out in the actual medicine is one of the problems [1, 2, 9]. World health organization, according to official data, nearly grown close to 600 million of the world population with identified [3]. This is at the expense of the disease and its consequences as they come, while death has been observed to be increased over the years. The present day developed countries in the overall death among the population of the state approximately 40% has been caused by the occurrence of this disease [3, 4].

Arising at the person at the mitral and GROW in zone and be impressed by tachycardia caused by they come. Gipervolemia, at the expense of developing and in blood serum aldosteron increase the amount of sodium and water in the body and an excessive amount leads to the left and hold. This is an increase in minute volume of blood and its features reologic a violation of the secondary, pressure inside an increase in the development of respiratory muscle activity in conjunction with the violation of will cause [5, 6, 7, 11]. According to the latest data, developed at the expense of lung diseases or in the second place on prevalence, i.e. at the expense of the pathology of the heart if left advanced from its secondary form, then stands [8, 10, 12]. External breathing GROW at the violation to the severity of pulmonary hypertension of the activity is important and it is one of the main factors which lead.



Target: Growth of the night with pulmonary hypertension in patients with external respiratory activity is one of the main indicators of heart Tiffno index depends on who corelative gemodinamica between indicators and treatment from the study of the effectiveness of the comparable.

Material and methods. The growth of the multidisciplinary hospital of the Bukhara region of mixed type with pulmonary hypertension and the hospital the night I am treatmeant students in the conditions of 55 patients were taken as the source of the research. Their clinical, functional objects and check the rule will be executed at the objective conditions of laboratory-instrument inspections the last international program compatible with [the diagnosis and treatment of pulmonary hypertension on clinical recommendations Eurasia] into three groups according to the instructions, namely, and functional classes available to patients has been allocated. These groups in turn recommended every one to two small groups therapies than 15 of which were allocated. The first small group of their patients general condition and laboratory complex treatment of functional indicators on the basis of the recommended 25 mg to 62.5 mg a day once a day at 2 in the morning and eplerenon maxal received. The second small group of their patients general condition and laboratory indicators recommended for the treatment of functional complex on the basis of eplerenon 25 mg 25 mg a day and once a day seldinafil maxal received in the morning. The severity of the disease and remission of growth as the standard treatment of come out from the period of the following drug groups: bronchodilitators and with the way the ingalation garmony was chosen similar to the trend in doses of antibiotics. Ms excel (2007) computer software was used for the statistical process your data obtained in the study. I am me and arithmetic standard deviations ($M \pm m$) of the indicators were calculated. The significance of the difference between the group comparison was assessed in accord to the Student's criterion, where $p < 0.05$.



Results and discussion. GROWTH of the night with pulmonary hypertension severity in who Tiffno index and pulmonary artery pressure in patients with fit between the inner $r = -0.3$; $P < 0.05$ and up to $r = -0.4$; $P < 0.005$ correlation negative correlation noted was. The level of weight available III of the disease, that is, patients in the second group Tiffno index and pulmonary artery pressure between the inner LOXD respectively $r = -0.39$; $P < 0.01$ and $p = -0.6$; $P < 0.001$ correlation will determine the relation is negative. Tiffno index to compare from before and after the therapies, indicators when the following to determine. The night I growth in with pulmonary hypertension of severity indicators in small group first 61 ± 66 from $1.4 \pm 1.2\%$ change 8.2% positive side of safe ($R < 0.05$) determined that they had increased. The second small group therapies before and after, respectively, from 61 ± 1.3 and $63 \pm 1.2\%$ be 3.27% positive change, however unreliable indicators ($R > 0.05$) is. Weight III of the disease, the level of available, that is, patients in the second group Bozentan + eplerenon I have taken the first small group in relation to the norms of the lung capacity forsilangan life before and after treatments, respectively, $72 \pm 1.6\%$ and $78 \pm 1.8\%$ made up and it's safe to 1.0 times ($R < 0.05$) increased.

Conclusion. Pulmonary hypertension in chronic obstructive pulmonary disease with the night when one of the main indicators of the activity of the external breathing Tiffno index with lung disease severity in pressure between the arteria systolic, respectively, $r = -0.3$, $P < 0.05$ up to; $r = -0.39$, $P < 0.01$; negative relation the presence of pulmonary hypertension in the development of suppression of the activity of the external breathing is important confirms that.

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