

Obesity as a Risk Factor for Cardiovascular Diseases

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Abstract: Currently, obesity is becoming a “non-infectious pandemic”. According to a large number of epidemiological studies, a connection has been established between the increase in the prevalence of the pathology under discussion and the increase in the number of other diseases. In obese patients, the risk of developing cardiovascular diseases increases several times. It is known that the incidence of arterial hypertension, coronary heart disease, heart failure, hypercholesterolemia, blood rheology disorders, and thromboembolic complications increases in patients with this disorder. This article discusses the effect of obesity on the cardiovascular system.

Key points: 24, obesity, complications, hypertension, overweight, body mass index, coronary heart disease, risk factor.

Introduction. Obesity is a chronic metabolic disease that develops as a result of an imbalance in energy intake and expenditure, manifested by excessive development of adipose tissue, progressing in its natural course, having a certain range of complications, increasing the risk of developing various diseases and having a high probability of relapse after completion of treatment [4]. According to the World Health Organization (WHO), every eighth inhabitant of the Earth, or over 1 billion people, suffers from obesity. Since 1990, the prevalence of obesity among adults has more than doubled, and among children and adolescents (ages five to 19) has quadrupled. In 2022, 43% of adults were overweight. In clinical practice, a quantitative parameter is used to diagnose obesity - body mass index (BMI), which relates weight (in kilograms) to height (in meters) in the form of a weight/height ratio². A normal BMI is considered to be between 25 and less than 30 kg/m². Overweight is defined as BMI greater than 25 and less than 30 kg/m². In case of obesity, BMI is equal to or greater than 30 kg/m².

According to the WHO classification, there are 3 degrees of obesity:

- first degree obesity (BMI 30-34.9 kg/m²);
- second degree obesity (BMI 35-39.9 kg/m²);
- third degree obesity (morbid) (BMI 40 or more kg/m²) [4].

Body mass index (BMI) is used to measure obesity, but it does not provide information about fat distribution, which is important for cardiovascular risk (3). Therefore, new clinical measurements (eg, abdominal circumference and waist-to-hip ratio calculations) have been introduced to characterize central or abdominal obesity. An abdominal circumference of more than 102 cm in men and more than 88 cm in women is classified as central obesity and is associated with an increased risk of cardiovascular diseases [2]. A waist-to-hip ratio greater than 0.9 in men and 0.85 in women indicates central obesity [1].

Target. To identify the effect of obesity on the occurrence and course of cardiovascular diseases.

Material and methods. 100 medical records of patients with cardiovascular pathology were analyzed according to the following parameters: gender, age, body mass index (BMI) and

cardiovascular disease of the patient. Patients with different degrees of obesity were identified and divided by gender and age.

Results. When analyzing case histories of 34 men from 26 to 91 years old and 66 women from 21 to 94 years old, the following data were obtained:

Obesity was observed in 42% of patients, the average age was 67 years. Of these, 22 were women with an average age of 67 years and 20 were men with an average age of 58 years. Among the women, there were 10 patients with class I obesity and 14 patients with class II obesity. Among men, there were 12 patients with class I obesity and 8 patients with class II obesity.

Obesity is more common in patients with coronary heart disease (angina pectoris), hypertension, and less often with heart rhythm disturbances (atrial fibrillation).

Conclusion. Thus, we can conclude that obesity has a significant impact on the occurrence of cardiovascular diseases and is a risk factor for death.

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