METHODOLOGY FOR ASSESSING THE ROLE OF PATRONAGE NURSE IN PRIMARY AND SECONDARY PREVENTION OF CARDIOVASCULAR DISEASES

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ABSTRACT.

According to the "World Health Statistics" (WHO, 2015) in recent years there has been an increase in non-communicable diseases. Especially there is an increase in cardiovascular diseases. Studies have found that annually these diseases are the cause of death in the EU countries in 42% of all deaths. The prevalence of these diseases varies from country to country, and even from region to region of a particular country.

Key words. Cardiovascular diseases, risk factors, Health facilities, patronage nurses, family practice clinics, rural health units

I. RELEVANCE

Despite the state programs on public health protection in the Republic of Uzbekistan, the problem of cardiovascular diseases (CVDs) is still urgent. Over the past 15 years in our country there has been an almost twofold increase in the registration of first-time cardiovascular diseases. It is of great concern that the mortality rate from these diseases is still high and ranks first among other causes. It is necessary to note the rejuvenation of disability due to some or other CVDs [1, 7, 11].

All these facts indicate the huge socio-economic significance of CVDs and force to pay attention not only to the treatment of these diseases, but also to the preventive work among the population, explanatory work on healthy lifestyle, risk factors, timeliness of treatment and Health facilities (HF) when the first symptoms of the disease appear.

In the Republic of Uzbekistan, in connection with the reforms in health care, the priority development of primary health care has received, which is due to the fact that this service is designed to provide a guaranteed minimum of medical, psychological and social care, accessibility of medical and social services, integrated services, coordination with other health services, continuity of monitoring of patient management in various health care facilities, awareness of patients about their condition, treatment methods, and obesity. Consequently, the efficiency and quality of the entire health care system depends on the state of this service [11].

Diseases of the circulatory system (DCS), including CVDs, steadily occupy the first place in the structure of causes of death in many countries, including Uzbekistan.

One of the peculiarities of prevalence and mortality in this pathology is the large variability of these indicators depending on social and demographic indicators, as well as quantitative and qualitative indicators of health care development in different countries and regions. It is known that the mortality rate of patients with this pathology is associated with the prevalence and intensity of CVD risk factors, lack of treatment efficacy and low access to quality medical care, especially high-tech [4]. These factors play an important role in the planning and implementation of various programs to reduce the burden of HPS, including CVD [8, 9, 14].

According to numerous studies in countries with a high level of socio-economic development, effective preventive measures aimed at increasing the volume and improving the quality of medical care for patients with...
DCS, as well as positive changes in lifestyle and medical behavior of the population as a result of large-scale work to promote healthy lifestyles have led to a steady decline in mortality from CVD. This fact is largely due to the development of scientific and technological progress in the field of cardiology and the introduction of high-tech medical care (HMC) at all stages of diagnosis, treatment and rehabilitation of patients [3, 10, 14].

The transition to the organization of primary health care according to the family physician principle leads to increased accessibility, improved quality, cost-effectiveness and continuity in the provision of medical care to the population, efficient use of resources, increased use of inpatient and substituting technologies and types of medical care, increased volumes of outpatient and polyclinic care. It is well known that in the primary care system, the leading figures are now the family physician and the family nurse practitioners.

Unfortunately, due to the low level of public awareness of the main symptoms of cardiovascular diseases, most CVDs are mostly detected late.

**Objective of the study.** To assess the role of the community nurse in primary and secondary prevention, in determining the main risk factors for cardiovascular diseases, and in raising public awareness about it.

**II. MATERIALS AND METHODS OF THE STUDY.**

Statistical analysis of the dynamics of individual cardiovascular diseases over the past 10 years was performed. To identify the main factors of CVD development and to determine the role of a patronage nurse in disease prevention, we conducted a survey of CVD patients in primary care in Khorezm region (n=816). We previously prepared questionnaires with relevant questions about the health status of patients, their awareness of diseases and CVD risk factors, methods of prevention.

We also conducted a sociological survey of patronage nurses of urban and rural family polyclinics and rural health centers using a developed questionnaire to determine the level of awareness of nurses about risk factors and prevention of CVDs. The questionnaire for the nursing survey contained 26 questions with possible answers. For each question there were several possible answers. A total of 383 nurses were interviewed.

To determine the significance of lifestyle as a risk factor for CVDs, and the role of a nurse in the formation of a healthy lifestyle in disease prevention, we conducted a survey among the population without CVDs in the primary health care of Khorezm region (n=355). We previously prepared questionnaires with relevant questions about health status, lifestyle of respondents and CVD risk factors, participation of a patronage nurse in the promotion of healthy lifestyle and prevention of CVDs. There were several answer options in the questions, the respondent chose the option that best suited him/her, several options, or he/she entered his/her answer option.

Statistical processing of the study materials was performed by variation statistics using a package of Microsoft Excel applications on a personal computer based on the Pentium-IV processor. We calculated arithmetic mean (М), error of arithmetic mean (±m), significance of differences was determined according to Fisher-Student test by calculating error probability (P). The principles of evidence-based medicine were used in organizing and conducting the studies [Ponomareva L.A., Mamatkulov B.M., 2004].

**III. RESEARCH RESULTS**

The analysis of the dynamics of CVD morbidity allowed us to conclude about its gradual growth over the years of the study, both in the republic as a whole, and in its individual regions. Thus, since 2012, the level of CVD morbidity in the republic has increased by more than 1.2 times. The same trend is observed in many regions of the republic.

It should be noted that the growth rate of the morbidity rate varies by oblast. Relatively high level of morbidity is registered in Khorezm region. In this territory the index of general morbidity of cardiovascular diseases exceeds the average national level by 1.4-1.5 times.

Statistical analysis of cardiovascular diseases in Khorezm region shows a high detection rate of first-time diagnoses among the regions of the republic. In spite of the fact that in Khorezm region this indicator tends to decrease, the indicator exceeds the average republican indicator (Table 1). Thus, in Khorezm region from 2015 to 2016 there is an increase in the detection rate, in 2015 per 100,000 people. -The incidence of cardiovascular
diseases in Khorezm region has been significantly decreasing since 2017. Since 2017, the incidence of CVD has been decreasing significantly, both in the region and in the republic.

Table 1 Primary morbidity rate - Diseases of the circulatory system (per 100,000 population)

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The increase in morbidity rates is noted mainly among the adult population, while among children and adolescents the level is stable. The highest incidence of hypertension, it is almost half of all diseases of this group (42.9%), the detection of this disease in recent years 34.6% in the country, and in Khorezm region is 45.6% (Table 2). Hypertension is significantly more common among women than among men (2,339.6 and 1,839.9 per 100,000 population of the respective sex). The next most important and most frequent pathology is coronary heart disease (CHD).

Table 2 Diseases characterized by high blood pressure (per 100,000 population)

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In 42.8% of cases, CHD occurs without signs of hypertension and in 57.2% with the hypertensive syndrome. Among patients suffering from CHD in 41.01% of cases Stenocardia was registered, in 6.04% of cases they had...
acute myocardial infarction, which in 4.8% of cases ended in lethality, in 22.6% of cases there was repeated myocardial infarction (Fig. 1).

Cerebrovascular diseases are the most life-threatening among cardiovascular diseases. On average, 162.65 new cases of this pathology per 100,000 people are registered per year in the region.

The analysis showed that the risk of CVDs is almost the same in men and women, except for hypertension and rheumatism, which are 1.3 times more common in women, and myocardial infarction, which is 2.2 times more common in men.

![Fig. 1. Incidence of CHD among the population of Khorezm region, %]

There is a fact that myocardial infarction in male population occurs more often at younger age than in female population, on average 8-10 years earlier. According to the analysis we can conclude that cardiovascular diseases are the most frequent pathology, its rejuvenation is noted. All this causes and will continue to cause economic damage to the state, due to morbidity, temporary disability, disability and premature mortality.

Numerous epidemiological studies have proven that premature morbidity and mortality from many chronic noncommunicable diseases can be prevented by effective regular prevention programs [5, 17].

In countries where educational work on primary prevention is actively implemented and educational technologies are implemented during rehabilitation programs for patients in risk groups (Canada, United Kingdom, USA, Finland), positive dynamics of cardiovascular diseases, reduction of myocardial infarction and mortality rates can be clearly seen. The main components of rehabilitation programs are physical training, preventive education (healthy lifestyle education), and psychological support.

At present the state pays special attention to primary health care, adopts directive documents to optimize therapeutic and preventive measures among the population, identifying risk factors for frequently occurring non-communicable diseases. Disease prevention in primary health care should include issues of proper organization of preventive activities, selection of appropriate approaches, and involvement of appropriate specialists. The distribution of responsibilities for preventive measures among the population between physicians and nurses is still a matter of debate.

In Uzbekistan, the traditions of a healthy lifestyle are not something completely new, brought over from the culture of other countries. On the contrary, it should be noted that one of the founders of a healthy lifestyle was our great compatriot Abu Ali ibn Sino (Avicenna), who wrote a treatise "On healthy people" 1000 years ago. The relevance of his recommendations has not lost its significance in our time.

According to the WHO, the length and quality of a person's life depend on his or her lifestyle by more than 50%. Consequently, it is very important for each of us to build this harmony of development and improvement of our health with our lifestyle. The health of the population is increasingly determined by people's life activities, labor
activity, and their behavior in specific conditions. Therefore, the main focus of the work of general practitioners, nurses, and home care nurses should be on the active formation of a healthy lifestyle.

At the same time, for many years the concept of a healthy lifestyle was identified only with the promotion of the fight against smoking, alcohol, sedentary lifestyle, etc. For many years the concept of a healthy lifestyle was identified only with the promotion of smoking, alcohol and sedentary lifestyle, etc. Healthy lifestyle programs were of a general recommendatory nature and were not aimed at a comprehensive solution to the problem of improving the health of an individual. Nowadays, it is very important to form an understanding among the population of the importance of HL, designed to improve life not only through material well-being, but also through increasing the educational and cultural level, as well as forming a responsibility towards one's health.

Involving nurses to conduct HL outreach to the community in the primary health care system would help to solve the above problem. At present, CVD cannot be cured, but it is possible to control the course of the disease and prevent complications, prolong patients' life and improve its quality. However, it is impossible to successfully control this disease even with the maximum use of the arsenal of modern medicine, but without the active participation of the patient. The training is patient-oriented and helps patients and their families understand the cause of the disease, lead a healthy lifestyle, and provide proper care.

Nurses must be able to adapt their professional behavior to the educational level and perceptions of different patients. It is important for the nurse to be aware of patients' needs, taking into account their emotional state and talking clearly about the disease, its causes and treatments, to help patients manage their lifestyle and the various factors that can interfere with the treatment process.

A preliminary survey of doctors from polyclinics and rural health polyclinics led to the conclusion that the majority of doctors believe that nurses should be involved in the organization of home care for patients and in conducting outreach work among patients with CVDs.

Unfortunately, it is very common to find a lack of understanding of the disease by patients themselves and an inadequate response to intervention by medical professionals and, consequently, many errors arising in treatment interventions are due to patients' low (or incorrect) awareness of their disease and refusal to follow the doctor's orders.

The patient's role in the treatment of his illness cannot be limited to passive obedience to medical prescriptions. He should be an active, responsible participant of the therapeutic process, and a medical worker, who has full medical knowledge and is familiar with the issues of risk factors, prevention, the main symptoms of CVD, can help him in this.

A nurse must be both a psychologist and a teacher, i.e. a nurse must be prepared to solve problems related to the analysis of public health, organization and conduct of preventive, health promotion activities, implementation of pedagogical and educational activities.

To determine nurses' knowledge of CVD prevention, a survey of 363 visiting nurses working in family practice clinics and rural health units (RHU) was conducted (Figure 2), of whom 94% were nurses with a specialized secondary education and 6% with a higher medical education.
More than half of the respondents were able to give a complete and correct answer to the question "What nosological forms of CVD diseases do you know? On the question "what risk factors contribute to CVDs," 100% believe that obesity, 99% pointed to smoking, 92% stress and 90% pointed to the factor of heredity. When visiting patients, almost 86% of the nurses recommend a proper diet (fruits and vegetables, fish, lean meat, low-fat dairy products, eggs, restriction of salt, fats, lack of alcohol), physical activity (exercise, slow walking), avoidance of stressful situations, while monitoring the implementation of the doctor's prescription for CVDs.

To identify CVD risk factors, we conducted a survey among respondents without CVD (n=355), including 29.3% men (n=104) and 70.7% women (n=251). Respondents ranged in age from 30 years and older, with people between 30 and 50 years of age participating the most in the survey.

When asked about the state of their health respondents - 57.7% of cases assessed as moderate, 3.1% of cases - as severe and considered the causes of their poor health - age (48.2%), lack of opportunities for regular rest - (25.1%), lack of attention to their health, bad habits - (16.9%) and (9.9%) - poor diet.

Hereditary factor (presence of CVD in relatives, death of a relative of working age) was mentioned by 14.3% - in relatives aged 40 to 50 years - 6.4%, in 2 blood relatives of any age - 5.7% and 2.8% - in 3 blood relatives of working age.

47.6% of respondents do not have bad habits, but every fifth respondent has a certain history of smoking, the use of alcohol was noted by 35.2%.

1/3 of those surveyed deny having stress in their lives, although 55.2% noted periodic stressful situations and 10.1% constant stressful situations.

Only more than half of the respondents (56.6%) consider their diet to be proper and balanced (plenty of fresh vegetables and fruits, fish, lean meat, low-fat dairy products, eggs 1-3 per week, limitation of salt, fats, absence of alcohol), the rest (43.4%) do not limit themselves in eating unhealthy foods (fried, salty, fatty, etc.). One fifth of the respondents have risk factors that can lead to CVDs, but do not adhere to a healthy lifestyle. Consequently, it is among this category of the population, in the first place, measures to promote a healthy lifestyle are necessary.

Considering that one of the risk factors for CVDs is excessive body weight, we analyzed the BMI of our respondents. Thus, approximately half of the respondents (47.0%) had a BMI within the norm, 14.9% had a BMI under 5 kg, 15.2% had a BMI under 10 kg, 8.2% had a BMI under 15 kg, and 11.0% had a BMI over 20 kg. It was found that 39.2% of the respondents had different stages of obesity and were classified as having CVD risk factors.
The next risk factor for CVDs is low physical activity. It should be noted that most of our respondents pay attention to physical activity. For example, 50.1% of respondents spend at least 30 minutes a day walking at a quick pace or walking for 40 minutes 3-4 times a week, 18.3% walk by bicycle, 12.1% engage in recreational activities and only 2.5% swim. However, almost 20% of those surveyed do not do any physical activity, and thus fall into the risk zone for CVDs.

Blood pressure was up to 120/80 mm Hg for 68.2% of respondents and up to 140/90 mm Hg for 28.2% and over 140/90 mm Hg for 3.9%, which is in the "red zone" for CVD.

When asked to measure BP by the home care nurse during a home visit, 91.8% responded positively, 4.5% responded negatively, and 3.7% said they measure BP when they ask for it.

When asked about regular preventive medical check-ups, 49.6% of the respondents answered positively, 37.7% said that the home nurse reminds them about it, 14.1% reminds the home nurse, but they do not go through it themselves, and 1.9% do not go through it and have no information about it.

When asked if nurses conduct preventive measures (information, health education, CVD screening, etc.), 91.8% of respondents confirmed, 2.82% did not confirm, and 5.35% found it difficult to answer.

It was found that 51.5% of the surveyed population evaluated the professional qualities of the patronage nurse of their area as "good", 22.9% as "satisfactory", 13.8% as "very good" and 2.3% as "very bad". These assessments should be taken into account when planning appropriate nursing activities.

The same survey was conducted among CVD patients (n=816), of whom 34.6% (n=282) were men and 65.4% (n=534) were women. The age of respondents varied as well as among healthy individuals from 30 and over.

According to the questionnaire 58.8% of the respondents evaluated their health condition as average, and the reasons for deterioration of their health are age (57.4%), lack of opportunities for regular rest (22.3%), irrational nutrition (12.0%), long conflict situations at home, at work (3.6%), lack of attention to their health, bad habits (13.7%), lack of access to quality health care (0.9%) and 11.3% pointed to a genetic predisposition.

When asked about blood pressure (BP) measurement, 55.0% of respondents, 38.8% for health reasons, and 6.2% did not pay attention (Figure 3), and 39.6% of respondents stated that the home care nurse recommended that they measure BP twice a day to monitor it. 90.2% of respondents said that the home care nurse measured BP regularly during the home visit.

Among the respondents, hypertension 71.1% (n=580), angina 9.9% (n=81), heart defects 3.2% (n=26), and myocardial infarction 1.9% (n=16) were more common (Figure 4).
A total of 91.2% (n=744) of respondents believed that nurses conducted preventive activities (information, health education, CVD screenings, etc.) It should be noted that answers to the questions of both healthy and sick people were almost identical. Unfortunately, some of the respondents having those or other factors that can lead to SPD and various complications in the presence of this pathology, do not adhere to the rules of a healthy lifestyle, do not want to give up their bad habits. However, it is encouraging to note that most of the healthy and sick people we surveyed are aware of mistakes in their behavior and are willing to follow all of the doctor's instructions in the future. Consequently, the issues of improving medical literacy of the population on various aspects of disease prevention and their consequences do not lose their relevance.

Under these conditions, the role of medical professionals in the implementation of prevention programs and patient education on healthy lifestyles is increasing. A number of studies have demonstrated the effectiveness of information technologies and patronage in different groups of patients with chronic non-infectious diseases, aimed at changing lifestyles and correcting risk factors.

Methodology for assessing the role of the community nurse in primary and secondary prevention of CVD

The main goal of patronage is the formation of social responsibility of nurses and patients for preserving health and improving the quality of life.

The work of nurses should be aimed at optimizing disease control by forming a partnership with the patient. Properly delivered work with the patient will give the opportunity to improve the quality of life of the patient, which will lead to an increase in healthy life expectancy and reduce stressful situations (MI, stroke, hypertensive crises, etc.).

The main tasks set for patronage nurses:

- Raising public awareness of CVDs and their risk factors;
- Increasing the population's own responsibility for preserving their health;
- forming the patient's motivation for health improvement and adherence to treatment;
- developing patients' skills in self-monitoring of their health (measuring blood pressure, heart rate, etc.);
- teaching patients how to help themselves during exacerbations and crises;
Teaching patients to develop a healthy lifestyle (nutrition, physical activity, avoiding bad habits, stress management);

making an individual wellness plan with the patient, taking into account the presence of certain behavioral factors;

Thus, the main goal of the nurse in the organization of education of healthy population and patients with CVDs is to provide the necessary knowledge on the issues of CVD and its complications, to teach skills and abilities to form motivation to form a healthy lifestyle, as well as to implement the recommendations of the family physician.

To establish a trusting partnership, the nurse needs both clinical and additional professional knowledge and skills. Because only a nurse who is competent and knows her job to a high standard can be trusted by patients. Nurses should know the basics of the communication process (ability to communicate effectively, establish feedback) the principles of psychological approach individually to each patient. Since any illness, especially a chronic one, changes the patient's perception, reduces their self-esteem and very often they do not want to make contact with medical workers, i.e., they try to take a defensive position.

The nurse must be able to recognize the patient's condition and the level of their response to their illness. Consequently, depending on the level of the patient's response to his or her state of health, the nurse's role in primary and secondary prevention of CVD changes as well.

One of the effective tools for assessing the quality of services provided at primary care level, including nursing home care, is the methodology of LQAS (Lot Quality Assurance Sampling). In our case, an assessment of the role of nurses in primary and secondary prevention can be made by conducting a satisfaction survey of the population at the site served. The LQAS method is a sampling methodology that uses small samples from each site to determine how well the goals of a particular site nurse have been met.

The advantage of this method is that it makes it possible to identify the main factors affecting the quality of services and to adjust the work of the patronage nurse on primary and secondary prevention of CVD. The results of the assessment will help to build a step-by-step action plan to improve the system for prevention of CVDs. To assess the role of a patronage nurse in primary and secondary prevention, it is necessary to prepare a team of interviewers in advance; it is advisable to involve specialists at the oblast level, representatives of khokimiyat, makhalla, heads of primary health care organizations.

The main purpose of LQAS is a qualitative assessment of the role of the district nurse in the detection of cardiovascular risk factors and prevention of CVDs, with a focus on such issues as the development of a healthy lifestyle. Using the LQAS methodology, it is possible to identify the "worst" and "best" observation sites.

IV. CONCLUSION:

1. The survey of nurses showed that most of them are aware of prevention issues, risk factors, primary symptoms of CVDs. Consequently, nursing staff should be seen as a valuable health care resource for primary and secondary prevention of CVDs among the population, the formation of a healthy lifestyle among the population, i.e. providing the population with accessible, acceptable and cost-effective care.

2. It has been revealed that professionally trained nurses can help the patient realize the essence of what is happening, show the connection between his/her behavior and health hazards, the necessity of following treatment recommendations and leading a healthy lifestyle to prevent complications.

3. In the context of the shortage of medical personnel, particularly family physicians in the field, nursing staff, should be considered as a valuable health care resource for providing accessible, acceptable and cost-effective cardiovascular disease prevention care to the population in the primary care setting.

4. It was found that patronage nurses are closely connected with the population who served their area, gained sympathy and trust, thus they can influence the opinion on the lifestyle, and conduct preventive measures of non-communicable diseases, in particular cardiovascular diseases. Thus, they can carry out primary and secondary prevention among the population in the most accessible way.
REFERENCES