<u>ISSN:3060-4567</u> <u>Modern education and development</u> THE IMPORTANCE OF DIETARY HYGIENE IN PATIENTS WITH CARDIOVASCULAR DISEASES

Nomozboeva Maftuna Abduhamidovna

Assistant, Department of Hygiene, Samarkand State Medical University maftunanomozboeva@gmail.com

Jomaboyev Tulkin Shakirovich Cardiologist-therapist of the Polytrauma Center of the Ishtikhan district medical association

jumaboyev.0494@gmail.com

Normurodova Hulkaroy Furkatjonovna Student of Samarkand State Medical University hulkaroynormurodova8@gmail.com

ANNOTATION. The article describes the importance of nutrition and cardiovascular diseases, myocardial infarction, which are considered to be one of the results of the hygienically irregular organization of nutrition and non-observance of a healthy lifestyle.

KEY WORDS. cardiovascular system, diseases of the cardiovascular system, healthy lifestyle, diseases, heart attack, myocardial infarction, food hygiene, diet, diet tables.

DOLLARITY OF SUBJECT. Proper organization of healthy and highquality nutrition is the life after cardiovascular diseases.

Changing the way of life is the main important condition for complete rehabilitation after a heart attack. One of its necessary steps is to correct the diet. What should be the diet after cardiovascular diseases?

If we look at the numbers and facts, today people who do not pay attention to nutrition and its quality, and people whose main source of food consists of fastprepared products, are the ones suffering from excess weight.

The first cause of excess weight is food hygiene, and as a result, it starts with atherosclerosis. As a result of atherosclerosis, many diseases are on the rise.

Obesity is the main concern of the field of dietetics, which is the most described and fiercely fought today. Not only does it affect health, but it also affects a person's mood and quality of work from a social point of view, causing laziness and wasting productive time.

People who have had a heart attack have a higher risk of new cardiovascular events than people with healthy hearts. Lifestyle changes can significantly reduce the risk. Taking into account statistical data, effective prevention of repeated cardiovascular events by changing the lifestyle in the experience conducted only in the USA saves the lives of more than 80,000 people per year.

According to studies, smoking cessation, regular physical activity and diet modification reduce mortality by more than 20%. However, despite such a strong preventive effect, not everyone is in a hurry to switch to a special diet after cardiovascular diseases, and especially after myocardial infarction. It is known that in high-income countries, only 43.4% and 25.8% of patients with cardiovascular diseases adhere to the principles of healthy eating. Even if they have full information about the importance of diet correction and the basic requirements for its change, many patients reduce the calorie content of food products and continue to eat improperly. At the same time, the principles of healthy eating are both easy to understand and easy to implement.

PURPOSE OF THE STUDY. The importance of nutritional hygiene in patients with cardiovascular disease.

RESEARCH MATERIALS. Patients who came to the department of politrauma of the Ishtikhon district medical association of Samarkand region with complaints of health and instructions on the diet and its use in the direction of nutritional hygiene and dietetics.

RESEARCH RESULTS. In our country, diseases of the cardiovascular system and the problem of excess weight, as well as endocrinologically, hormones

cannot be considered stable. According to some sources, this indicator is considered as the main issue that has spread to the general public on a global scale.

The following are the main principles of healthy eating:

I.Eat vegetables, fruits, whole grains, nuts, and seeds every day

II.Predominance of healthy fats in the diet

III.Eating fish or seafood two to three times a week

IV.Limiting the consumption of fried and baked foods, especially chips, cookies, cakes and other white flour pastries

V.Salt restriction.

As an example, an approximate scheme of a healthy diet, built in accordance with the main principles of choosing a diet for cardiovascular diseases, is organized as follows:

1. At least five portions of vegetables and two portions of fruit per day. Please note that a serving is as much as you can fit in the palm of your hand (about 80g).

2. Availability of wheat bread, durum wheat pasta, rice in the diet

3. Prefer lean meat (cut the fat and remove the skin from the bird). Limit the use of processed meat - sausages, sausages and other delicacies

4. Availability of two to three servings of fish and seafood in the diet. They can be fresh or canned or frozen

5. Presence of legumes in the diet. At least twice a week, the menu should include lentils, peas, dried or canned beans, etc.

6.Eating about six eggs a week

7. Minimize the consumption of salted, fatty foods, pastries, sweets

8. Prefer non-fat milk and lactic acid products to fatty milk products

9. The presence of unsaturated fats in the diet for cooking. Using sunflower, olive, soy, sesame oil instead of spread, mayonnaise, margarine

10. Limiting sugary drinks and teas, replacing caffeine with caffeinated drinks.

Healthy eating is equal to quality food preparation. A healthy diet is not only a lot of fruits, vegetables, fish and whole grains. It is also the correct heat

treatment of dishes that allows you to preserve the beneficial properties of food products.

How to fry properly?

-Instead of frying the meat in a pan, it is better to wrap the meat in foil and bake it in the oven or grill it. It is best to do the same with fish and poultry.

- Sunflower and olive oil should be used for frying. Use a non-stick pan to reduce the amount of food absorbed into the oil.

-It is important to trim the fat from the meat before cooking.

How to cook properly?

-Use minimal salt.

-Cool food immediately after cooking. The oil hardens on the surface, after which it can be removed.

Which products are best to choose?

-Use low-fat lactic acid products and unsweetened natural yogurt

-Replace sour cream or mayonnaise with low-fat cottage cheese, natural fat-free yogurt

-Give preference to low-fat cheese varieties

-Use olive and other vegetable oils instead of cooking oils

-Choose lean meats and skinless poultry.

There are three products that are hostile to the cardiovascular system if consumed in excess:

Oils!

Eating a lot of saturated fat leads to an increase in cholesterol, mainly the low-density lipoprotein fraction—the so-called bad cholesterol. Research shows that replacing saturated fat in the diet with polyunsaturated fatty acids found in vegetable oils can reduce the risk of cardiovascular disease by 18%.

Sources of saturated fats in the diet are animal fats found in meat, poultry, and dairy products. They are also found in some vegetable oils, particularly palm and coconut. Saturated fat stores are found in processed foods such as cookies, pastries, cheese, and meat.

Another important risk factor for the development of heart and vascular pathology is trans fats. They increase the likelihood of developing coronary artery disease more than other nutrients. Cardiovascular risk doubles with a 2.2% increase in calories from trans fat.

Trans fats increase the amount of total and "bad" cholesterol in the blood, as well as reduce the level of "good" cholesterol - high-density lipoproteins. Small amounts of trans fats are found in dairy products, beef, veal, and lamb. But in the diet, industrial, artificial trans fats can have a very large share. They are used in cooking, so cookies, cakes, buns and other sweets are rich in trans fats. It should be remembered that trans fats are also present in butter: it contains 50% saturated and 4% trans fats. As recommended by the World Health Organization, the amount of saturated fat in the diet should be less than 10% of total energy intake, and the amount of trans fat should be less than 1.01%. Unsaturated fats should be replaced.

Salt!

Great attention should also be paid to controlling salt intake. It is known that excessive consumption of salty foods leads to the development of arterial hypertension and other cardiovascular diseases. If more than 5 g of salt is consumed per day, the risk of heart and vascular diseases increases by 17%, and the risk of stroke increases by 23%.

After myocardial infarction, as well as after stenting, salt intake should be carefully monitored, as it is found in many ready-made products, including biscuits, processed meats and deli meats, sauces, pizzas, burgers, etc. available. The World Health Organization recommends consuming no more than 5 g of salt per day.

Alcoholic beverages!

A strong relationship between excessive alcohol consumption and cardiovascular diseases, in particular, cardiomyopathy, arterial hypertension, arrhythmia, hemorrhagic and ischemic stroke, has also been proven. "Excessive" means consuming three or more units of alcohol per day.

One unit of alcohol is contained in 100 ml of wine or 285 ml of beer or 30 ml of strong alcoholic drinks. There are no specific standards for alcohol consumption in a healthy diet. Undoubtedly, it is necessary to exclude alcohol from the diet, or at least try to minimize their consumption.

CONCLUSION. The observance and compliance of the population with a healthy lifestyle is a process that is inextricably linked with food hygiene. With the rise of diseases of the cardiovascular system, the science of dietetics and nutritional hygiene is gaining momentum. Health is the pledge of longevity. Therefore, in this way of life, in order to preserve the heart, to maintain the health of the circulatory system, it is necessary to reduce the amount or completely remove certain products. While reducing the amount of bad cholesterol accumulated in the veins, exercise and activity should be combined with a healthy diet.

LITERATURE.

1. Li S. et al. Better diet quality and decreased mortality among myocardial infarction survivors. // JAMA Intern. Med. NIH Public Access, 2013. Vol. 173, № 19. P. 1808–1818.

2. Якушин С.С. Инфаркт миокарда. ГЭОТАР-Мед. Москва, 2010. 224 р.

3. The American Heart Association's Diet and Lifestyle Recommendations[Electronicresource].2018.URL:http://www.heart.org/HEARTORG/HealthyLiving/HealthyEating/Nutrition/The-American-Heart-Associations-Diet-and-Lifestyle-

Recommendations_UCM_305855_Article.jsp (accessed: 11.11.2018).

4. Nettleton J.A. et al. Saturated Fat Consumption and Risk of Coronary Heart Disease and Ischemic Stroke: A Science Update. // Ann. Nutr. Metab. Karger Publishers, 2017. Vol. 70, № 1. P. 26–33.

 Iqbal M.P. Trans fatty acids - A risk factor for cardiovascular disease. // Pakistan J. Med. Sci. Professional Medical Publications, 2014. Vol. 30, № 1. P. 194–197.

6. Healthy diet. World Health Organization [Electronic resource]. URL: http://www.who.int/news-room/fact-sheets/detail/healthy-diet (accessed: 11.11.2018).

7. Cappuccio F.P. Cardiovascular and other effects of salt consumption. // Kidney Int. Suppl. Nature Publishing Group, 2013. Vol. 3, № 4. P. 312–315.

8. Klatsky A.L. Alcohol and cardiovascular diseases: where do we stand today? // J. Intern. Med. 2015. Vol. 278, № 3. P. 238–250.

9. Tektonidis T.G. et al. A Mediterranean diet and risk of myocardial infarction, heart failure and stroke: A population-based cohort study // Atherosclerosis. 2015. Vol. 243, № 1. P. 93–98.

10. Schwingshackl L., Hoffmann G. Monounsaturated fatty acids, olive oil and health status: a systematic review and meta-analysis of cohort studies // Lipids Health Dis. BioMed Central, 2014. Vol. 13, № 1. P. 154.

11.Российские рекомендации по диагностики и коррекции нарушенийлипидного обмена с целью профилактики и лечения атеросклероза[Electronicresource].2012.URL:www.scardio.ru/connekt/guidlines/rek_lipid_2012.pdf (accessed: 23.10.2018).

12. Normamatovich, F. P. (2024). aO'ZBEKISTONDA BRUTSELLYOZ KASALLIGINING ETIOLOGIYASI VA EPIDEMIOLOGIYASINING TAHLILI. Лучшие интеллектуальные исследования, 19(3), 75-80.

13. Номозбоева, М. А. (2024). АНАЛИЗ ЭТИОЛОГИИ И ЭПИДЕМИОЛОГИИ ЗАБОЛЕВАНИЯ БРУЦЕЛЛЕЗОМ В НАШЕЙ РЕСПУБЛИКЕ. Лучшие интеллектуальные исследования, 19(3), 86-91.

14. Furkatjonovna, N. H. (2024). O'ZBEKISTON RESPUBLIKASIDA ISTIQOMAT QILUVCHI AHOLI O'RTASIDA SIL KASALLIGINING TARQALISHINI OLDINI OLISHDA PROFILAKTIK CHORA-TADBIRLARNING AHAMIYATI. *OEPA3OBAHUE HAYKA U UHHOBALLUOHHBIE ULEU B MUPE*, *43*(5), 44-48.

15. Furkatjonovna, N. H. (2024). THE SIGNIFICANCE OF PREVENTIVE MEASURES IN PREVENTING THE SPREAD OF TUBERCULOSIS AMONG THE POPULATION RESIDING IN THE REPUBLIC OF *ISSN:3060-4567 Modern education and development* UZBEKISTAN. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *43*(5), 35-38.

16. Номозбоева, М. А., & Абдурахманова, Д. К. (2024). ЗНАЧЕНИЕ ПРОФИЛАКТИЧЕСКИХ МЕР В ПРЕДОТВРАЩЕНИИ РАСПРОСТРАНЕНИЯ ТУБЕРКУЛЕЗА СРЕДИ НАСЕЛЕНИЯ, ПРОЖИВАЮЩЕГО В РЕСПУБЛИКЕ УЗБЕКИСТАН. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ, 43*(5), 39-43.

17. Furkatjonovna, N. H. (2024). MODERNIZATION OF GELMINTPROFILING AND MEASURES AGAINST THE EPIDEMIC IN ALLRESIDENTIALREGIONSOFTHEREPUBLICUZBEKISTAN. ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ ВМИРЕ, 43(1), 17-22.

18. Furkatjonovna, N. H. (2024). RESPUBLIKAMIZNING BARCHATURAR JOY MINTAQALARIDA GELMINTLARNING PROFILAKTIKASIVAEPIDEMIYAGAQARSHICHORA-TADBIRLARINIZAMONAVIYLASHTIRISH.OEPA3OBAHUEHAYKAИИННОВАЦИОННЫЕ ИДЕИ В МИРЕ, 43(1), 37-42.

19. Номозбоева, М. А., Нормуродова, Х. Ф., & Абдурахмонова, Д. К. (2024). МОДЕРНИЗАЦИЯ ГЕЛЬМИНТНОГО ПРОФИЛИРОВАНИЯ И ПРОТИВОЭПИДЕМИЧЕСКИХ МЕРОПРИЯТИЙ ВО ВСЕХ НАСЕЛЕННЫХ ПУНКТАХ НАШЕЙ СТРАНЫ. *ОБРАЗОВАНИЕ НАУКА И* ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ, 43(1), 23-28.

20. Furkatjonovna, N. H. (2024). PREVALENCE OF HYMENOLEPIDOSIS IN UZBEKISTAN AND ITS MODERN EPIDEMIOLOGY CHARACTERISTICS. *INTERNATIONAL JOURNAL OF EUROPEAN RESEARCH OUTPUT*, 3(4), 24-29.

21. Yunus o'g'li, F. S., & Furkatjonovna, N. H. (2024). O'ZBEKISTONDA GIMENOLEPIDOZ KASALLIGINING TARQALGANLIGI VA UNING ZAMONAVIY EPIDEMIOLOGIK XUSUSIYATLARI. *Ta'lim innovatsiyasi va integratsiyasi*, 18(1), 172-176.

ISSN:3060-4567 Modern education and development 22. Furkationovna. N. H. (2024).THE PREVALENCE OF GEMINOLEPIDOSIS AMONG ADULT AND YOUNG POPULATIONS AND ITS **EPIDEMIOLOGICAL** FEATURES. Ta'lim innovatsivasi va integratsiyasi, 18(1), 182-186.

23. Номозбоева, М. А., Файзиев, С. Ю., & Нормуродова, Х. Ф. (2024). РАСПРОСТРАНЕННОСТЬ ГИМЕНОЛЕПИДОЗА В УЗБЕКИСТАНЕ, ЕГО СОВРЕМЕННЫЕ ЭПИДЕМИОЛОГИЧЕСКИЕ ОСОБЕННОСТИ. *Ta'lim innovatsiyasi va integratsiyasi*, *18*(1), 177-181.

24. Мусаева, О. Т., Номозбоева, М. А., & Халилова, Б. Р. (2023). Медицинская Помощь Для Людей Пожилого И Старческого Возраста В Узбекистане. *Research Journal of Trauma and Disability Studies*, 2(10), 4-8.

25. Мусаева, О. Т., Номозбоева, М. А., & Халилова, Б. Р. (2023). ФАКТОРЫ РИСКА ПРИ ВОЗРОСТНЫХ ЗАБОЛЕВАНИЙ И ИХ ПРОФИЛАКТИКА. European Journal of Interdisciplinary Research and Development, 14, 8-14.

26. Tuichievna, M. O., Abdukhamidovna, N. M., & Rasulovna, K. B. (2023). Risk Factors for the Development of Diseases in Old Age and their Prevention. *Research Journal of Trauma and Disability Studies*, 2(3), 15-21.

27. Musayeva, O., Nomozboyeva, M., & Khalilova, B. (2023). FEATURES OF PROVIDING MEDICAL CARE TO ELDERLY AND SENILE CITIZENS. Евразийский журнал медицинских и естественных наук, 3(2 Part 2), 36-40.

28. To'Xtarov, B. E., & Nomozboyeva, M. A. Q. (2023). DEVELOPMENT OF MEASURES TO PREVENT THE SPREAD OF HYMENOLEPIDOSIS IN UZBEKISTAN. *Scientific progress*, *4*(2), 52-55.

29. Намозбоева, М. А., Тухтаров, Б. Э., & Абдумуминова, Р. Н. (2022). ЎЗБЕКИСТОН РЕСПУБЛИКАСИДА ГИМЕНОЛЕПИДОЗ БИЛАН КАСАЛЛАНГАНЛАРНИНГ ЭПИДЕМИОЛОГИК ТАҲЛИЛИ. PROSPECTS OF DEVELOPMENT OF SCIENCE AND EDUCATION, 1(5), 58-60.

ISSN:3060-4567 Modern education and development Maftuna, N. (2022). GIMENOLEPIDOZNING TAROALGANLIGI VA 30. UNING PROFILAKTIK CHORA-TADBIRLARINI TAKOMILLASHTIRISH. Намозбоева, М. А., & Тухтаров, Б. Э. Абдумуминова РН 31. **ЎЗБЕКИСТОН** РЕСПУБЛИКАСИДА ГИМЕНОЛЕПИДОЗ БИЛАН КАСАЛЛАНГАНЛАРНИНГ ЭПИДЕМИОЛОГИК ТАХЛИЛИ Vol. 1 No. 5 (2022): PROSPECTS OF DEVELOPMENT OF SCIENCE AND EDUCATION. Умаров, Ф., Элмуродова, Л., & Холиков, Д. (2024). К ВОПРОСУ О 32. НЕОБХОДИМОСТИ СВОЕВРЕМЕННОГО ВЫЯВЛЕНИЯ ВНЕЛЕГОЧНОГО ТУБЕРКУЛЕЗА. Development of pedagogical technologies in modern sciences, 3(4), 112-114.

33. Faxriddin, U. (2024). MAKTABGACHA TA'LIM TASHKILOTIDA BOLALARNING OVQATLANISH TARTIBI. FARZANDLARIMIZNING KUNLIK RATSIONI. *Global Interdisciplinary Science Review*, 1(1).