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# Determination of Psychological Types of Patients with Ischemic Heart Disease and Hypertension on the Background of Covid-19

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***Annotation:*** *The diagnosis of ischemic heart disease COVID-19 has caused obvious difficulties, because the lack of blood circulation can take the clinical picture of many specific diseases and it is impossible to update it in time. fatigue, tachycardia, tachypnea, wheezing in the lungs during auscultation, accumulation of fluid in the pleural cavity, management may occur. People with diseases of the cardiovascular system are the main risk group of getting infected with COVID-19. Patients with hypertension (HK), CKD, and diabetes mellitus (DM) are more likely to suffer from COVID-19, which in turn complicates CKD and, in some cases, results in death. This is related to the systemic effect of the coronavirus infection COVID-19 on the body. Thus, due to the fact that the damage to the cardiovascular system during the infection with KOV-19 has not been thoroughly studied pathogenetically and the effectiveness of treatment against it is low, this disease worsens in patients with diseases of the cardiovascular system, causing the development of various complications of these diseases and even the development of death. due to its possibility, it has become an actual problem of modern-day cardiology. Z. Jing and co-authors (2020) recommended urgent in-hospital reperfusion with thrombolytic therapy when ST-segment elevation ACS is detected in individuals with confirmed or suspected COVID-19. Z. Jing and co-authors (2020) recommended urgent in-hospital reperfusion with thrombolytic therapy when ST-segment elevation ACS is detected in individuals with confirmed or suspected COVID-19. But E. Mahmud and co-authors opposed this idea. First, in such cases, performing thrombolysis is not justified and may introduce additional risks. Second, thrombolysis helps only in 50-60% of cases, and after ineffective thrombolysis, percutaneous coronary intervention is still necessary.*

***Key words:*** *COVID-19, ischemic heart disease, hypertension, cardiovascular system, atherosclerosis, tachyarrhythmia.*

## Introduction

The incidence of cardiovascular diseases has become the leading cause of death worldwide, among which acute coronary syndrome (ACS) is characterized by the leading role. ACS is characterized by angina pectoris that has arisen for the first time, angina pectoris that does not go away even after taking nitroglycerin, myocardial infarction (MI) that has accumulated from angina pectoris that has persisted for a long time, and myocardial infarction (MI) that has developed from angina pectoris that has persisted for a long time. This estimated necessary medical care is timely, based on the course of the disease, the results of laboratory and instrumental examinations, within 24 hours to provide clinical care (MI or unstable angina) and determine the principles of further treatment.

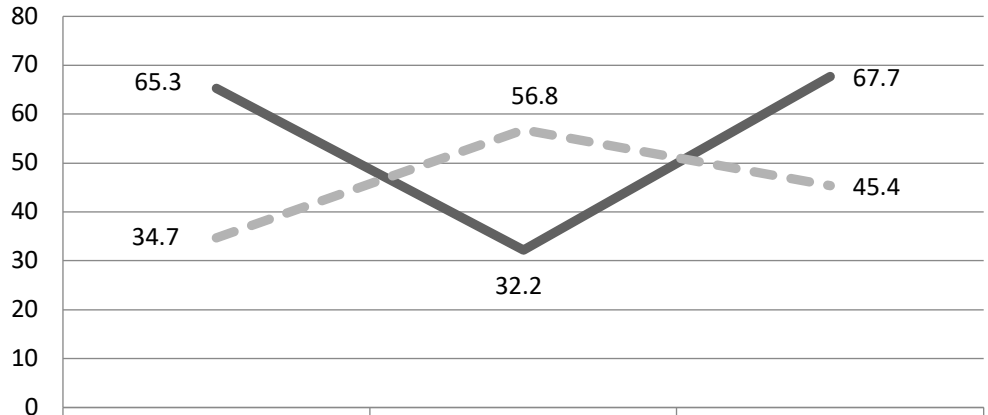
There are specific hours of the course of IHD against the background of COVID-19. Coronary thrombosis in the background of COVID-19 can develop according to two main mechanisms: first, it is manifested by coagulopathy characteristic of this disease, and secondly, it is manifested by destabilization of coronary atherosclerosis in response to systemic inflammation and viral infection. The reason for the development of IHD against the background of COVID-19 lies in the increased demand of the myocardium for oxygen and its dissection as a result of oxygen delivery against the background of severe resuscitation and hemodynamic disorders.

**Research methods.**

The studies were conducted from 2020 to 2023 at the Samarkand branch of the Republican Scientific Center for Emergency Medical Care (RSCEM) and the Samarkand regional industrial branch of the Republican Specialized Scientific Medical Center for Cardiology. The studies revealed that 95 people aged 35 to 75 years old were infected with UIC against the background of COVID-19. Of the patients, 38 were women, which made up 40.0%, and 57 were men, which made up 60.0%.

In the survey of patients with UIC against the background of COVID-19, the types of patients recommended by psychologists Jung were studied. The studies found that 65.3% of patients belonged to type A, and 34.7% of patients belonged to type B. Among men, type A (67.7%), and among women, type B (56.2%) were the majority.

**Diagram .** Psychological types (%) of patients according to YUNG in YUIK against the background of COVID-19




| | Total | Women | Men |
|---|---|---|---|
| A type | 65.3 | 32.2 | 67.7 |
| Б type | 34.7 | 56.8 | 45.4 |

Type A people are mainly extroverts, they are characterized by quickly receiving information from the outside world, influencing the outside world or being in the outside world, influencing and relying on others, liking to make noise and fuss, being the center of attention of others. These patients always tried to get their point across. Constant haste, eating a lot and drinking alcohol, and a tendency to smoke were characteristic. Type B patients are introverted by nature, they liked to be in their inner world, they liked to be outside the noise and bustle.

The dependence of comorbidities and complications in IHD and hypertension on the psychological types of patients is presented in the table.

| Description | Total | Psychological type | |
|---|---|---|---|
| | | A type | Б type |
| Total | 95 | 62 | 33 |
| Average age | 53,8 | 51,9 | 57,4 |
| Duration | 7,4 | 6,9 | 8,3 |
| HD stage I | 3 | 3(4,8%) | - |
| HD stage II | 67 | 40(64,5%) | 27(81,8%) |
| HD stage III | 25 | 19(30,6%) | 6(28,6%) |
| AG stage I | 3 | 3(4,8%) | - |
| AG stage II | 51 | 30(48,3%) | 21(63,6%) |
| AG stage III | 41 | 29(46,8%) | 12(57,1%) |
| Angina | 37 | 23(37,0%) | 14(66,6%) |
| PIX | 12 | 12(19,3%) | - |
| Heart failure | 23 | 17(27,4%) | 6(28,6%) |
| Arrhythmia | 19 | 15(24,1%) | 4(19,0%) |
| DCE | 26 | 20(32,2%) | 6(28,6%) |
| Stroke | 5 | 5(8%) | - |
| SUD | 87,2 | 87,5 | 86,5 |
| SAB1 (8:00-11:00) | 171,3 | 171,7 | 170,0 |
| SAB2 (13:00-16:00) | 173,0 | 180,0 | 177,0 |
| SAB3 (22:00-24:00) | 165,9 | 164,0 | 168,8 |
| DAD1 (8:00-11:00) | 105,8 | 106,4 | 104,0 |
| DAD2 (13:00-16:00) | 107,7 | 108,8 | 105,0 |
| DAD3 (22:00-24:00) | 100,9 | 98,4 | 105,0 |

**Research results:** In our studies, it was observed that the age and duration of the disease in patients with coronary artery disease and hypertension against the background of COVID-19 were older than in people with type B. In both types, the second stage of hypertension, the second and third stages of hypertension were more common. Also, the disease indicators, pulse rate, and the SBP and DBP indicators determined at different times, did not have significant differences between the two types. However, the majority of patients with angina pectoris were type A.

**Conclusion:**

People with COVID-19-related IBD have type A characteristics (79.2%). Depressive disorders are mainly mild and moderate (38.5%).

People with type A have a higher incidence of SUD, heart rhythm disturbances, and dyscirculatory encephalopathy, while ischemic heart disease and stroke were detected only in people with type A.

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