

CEREBROVASCULAR DISEASE IN THE FERGANA VALLEY

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Department of Neurology. Cerebrovascular disease often manifests in a person experiencing an acute nonfatal event (emergency department [ED] visit, hospitalization) or fatal event, with stroke being the primary disease type. Cerebrovascular disease is a leading cause of serious long-term disability, and the second leading cause of death worldwide. Despite the large public health burden of cerebrovascular disease, no surveillance system exists to collectively track fatal and nonfatal events attributed to cerebrovascular disease or describe the potential shift in burden of these events among different demographic groups in the Fergana valley. The aim of our study was to help address this limitation in public health surveillance by estimating burden of fatal and nonfatal cerebrovascular disease events (a combination of the mutually exclusive estimates of treat-and-release emergency department [ED] visits, nonelective acute nonfatal hospitalizations, and deaths) by age, sex, and region. The findings and methodology presented in this study can be used to guide efforts to decrease the health care and mortality burden of cerebrovascular disease in the Fergana valley and to track the progress of these efforts. Our data provide the latest estimates on the total fatal and nonfatal cerebrovascular disease events in the Fergana valley. Overall, no change occurred in the burden of primary cerebrovascular disease event rates, but the rate of the comorbid cerebrovascular disease, and combined burden of primary plus comorbid cerebrovascular events increased.

Notably, we found that among younger adults (35–64 y) the primary cerebrovascular disease event rate increased 19%, the comorbid cerebrovascular disease event rate increased 48%, and the total burden increased 36%. These increases stand in contrast to the findings for older adults (≥ 65 y), where primary cerebrovascular disease events declined but no change was observed in the comorbid cerebrovascular disease event burden or the combined burden of primary plus comorbid events. The finding of increasing trends in cerebrovascular disease event burden in younger adults is consistent with several studies (6,16–18). The Greater Cincinnati/Northern Kentucky Stroke Study found trends of increasing stroke incidence among those aged 20 to 54, which would carry a potentially greater lifetime burden of disability (16). Towfighi et al identified significant increases in ischemic stroke hospitalizations among adults aged 35 to 44. George et al reported significant increases in ischemic stroke hospitalizations and associated traditional stroke risk factors for the 2003–2012 period among persons aged 18 to 54. The extensive 27-year population study showed a significant increase in ischemic stroke incidence in people younger than 55 and a rising prevalence of vascular risk factors, especially among smokers. Recently, a CDC study reported a deceleration in the decline of stroke death rates with nearly one-third of the estimated excess stroke deaths (representing the hypothetical achievable stroke death reduction) attributable to the slowdown occurring among adults aged 35 to 64 (5). The overall deceleration of stroke mortality in the CDC study is consistent with our finding of no change in the mutually exclusive primary cerebrovascular disease event rates for ED visits, hospitalizations, and deaths. The changes in the increasing trends in both primary and comorbid cerebrovascular disease events in young adults is a concern. Obesity is an important risk factor for high blood pressure, which is a primary risk factor for cerebrovascular disease.