

The Role of Socioeconomic Status in the Development of Arterial Hypertension in HIV-Infected Population

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Abstract: Development of a more advanced model for the formation of unfavorable epidemiological conditions in relation to the therapeutic continuum in the HIV-infected population, also to study and evaluate, along with behavioral risk factors, such factors as characteristics of family status, living conditions, social and educational status against the background of HIV infection .

Key words: Socio-economic status of the surveyed, poor housing and living status, dysfunctional family status, disadvantaged social status, low educational status, chronic stress.

Relevance. Hypertension ranks first among vascular diseases in terms of frequency, severity and mortality. At the initial stage, functional changes are observed in the entire vascular system, i.e., tonic narrowing of the arterioles, and in the later stages organic irreversible changes in the walls of arterial vessels are detected. Depending on the state of the vessels in the organs of vision, especially in the lens of the brain - in the fundus, it is possible to make a diagnostic conclusion about a specific stage of hypertensive changes in the vascular system. These studies are harmless to the patient, can be used in any conditions, additional funds are required.

Purpose of the study. Development of a more advanced model for the formation of unfavorable epidemiological conditions in relation to the therapeutic continuum in the HIV-infected population, also to study and evaluate, along with behavioral risk factors, such factors as characteristics of family status, living conditions, social and educational status against the background of HIV infection .

Materials and methods. Mathematical model of the formation of unfavorable epidemiological conditions in relation to the therapeutic continuum in the HIV-infected population.

Results and discussions. The table presents the results of our analysis of the contribution of behavioral social risk factors to the development of arterial hypertension in the HIV-infected population.

Table

Contribution of behavioral social risk factors to the development of arterial hypertension in HIV-infected population

Socio-economic status of the surveyed	N	Proportion of HIV and persons with different levels of blood pressure			
		There is a PAD		No PAD	
		abs .	%	abs .	%
Poor housing status (1)	272	77	28.3 ***	23	8.5
Dysfunctional marital status (2)	211	69	32.7 **	31	14.6

Disadvantaged social status (3)	449	91	20.2 ***	nine	2.0
Low educational status (4)	289	58	20.1 *	42	14.5
Chronic stress (5)	170	89	52.4 ***	eleven	6.5
Difference statistic by t -criterion (P)	< 0.05	1-3, 1-4, 2-3, 2-4, 5-1.2			
	< 0.01	5-3, 5-4			
	< 0.001	-			

As can be seen from the data presented in the table, the development of hypertension in HIV-infected patients in 30.7% of cases is influenced by socio-economic factors. Of the socio-economic risk factors, the following had the greatest contribution: poor housing and living status (HLS) - 28.3%, dysfunctional family status (NBSS) - 32.7%, disadvantaged social status (NBSSC) - 20.2%, low educational status (NOS) - 20.1% and chronic stress (CS) - 52.4%. The highest prevalence of hypertension occurs in connection with cholesterol and NBSS ($P_1 < 0.0001$; $P_2 < 0.01$).

Conclusions. A comprehensive analysis in some countries of the main cause of the therapeutic continuum of pattern recognition methods showed that out of 16 risk factors, the following had the greatest contribution among the HIV-uninfected population: genetic - 34%, social - 29%, alcoholism - 15%, biological - 10%, professional - 10% and smoking - 9%. According to some researchers, a stroke had an 8 times higher risk of developing in people living in poor living conditions than in those living in good ones.

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