

**PREVALENCE AND CLINICAL COURSE OF CHRONIC HEART FAILURE AMONG
THE POPULATION OF ANDIJAN REGION**

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Chronic heart failure (CHF) is one of the most important medical and social problems in the modern healthcare system. This syndrome is characterized by the inability of the heart's pumping function to fully meet the tissues' demand for oxygen and nutrients. CHF is associated not only with the disease itself but also with disability, premature death, and increased economic burden. Worldwide, the prevalence of heart failure continues to grow yearly, which is closely related to population aging, an increase in comorbid conditions, and lifestyle factors. Therefore, assessing the prevalence of CHF, evaluating risk factors, and studying its clinical course are considered priorities not only in global but also in regional healthcare policy. Particular attention is being paid to studying the prevalence of CHF at the local level and the factors influencing its clinical course.

Materials and Methods. A population-based study was conducted among the adult population of Andijan city, involving 1,802 individuals over the age of 18. The methods included questionnaires, clinical examination (NYHA classification, "SHOKS" scale, six-minute walk test), paraclinical assessments (ECG, echocardiography, biochemical tests), and statistical data processing.

Results. The main risk factors for chronic heart failure were identified as arterial hypertension, ischemic heart disease, type 2 diabetes mellitus, and obesity. The highest prevalence of the disease was observed in elderly individuals. The clinical picture was dominated by dyspnea, orthopnea, peripheral edema, and reduced physical activity, most frequently corresponding to NYHA functional class II–III.

Conclusion. For the first time, a population-based study has demonstrated the widespread prevalence of CHF in Andijan city. This finding is closely linked to population aging and comorbid diseases. The obtained data emphasize the need to establish a regional epidemiological registry, improve early diagnosis at the primary care level, and adapt treatment strategies based on ESC/ACC guidelines to local conditions.

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