

**PRESENCE OF SMOKING AND ALCOHOLISM AMONG PATIENTS WITH
ISCHEMIC HEART DISEASE**

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Abstract

Background. Ischemic heart disease (IHD) remains the leading cause of global mortality. Among modifiable risk factors, smoking and alcohol misuse play a crucial role in both the development and progression of IHD, increasing the risk of myocardial infarction, sudden cardiac death, and recurrent coronary events.

Objective. To assess the prevalence of tobacco smoking and alcohol misuse among patients with IHD based on contemporary epidemiological evidence.

Methods. A narrative review of epidemiological studies, international registries, and systematic reviews published between 2019 and 2025 evaluating smoking and alcohol consumption patterns in patients with IHD.

Results. Large registries report that **25–45%** of patients with IHD are current smokers, with prevalence exceeding **50%** among middle-aged men [1,2]. Alcohol consumption is reported in **60–70%** of IHD patients, while harmful alcohol use or alcohol dependence is identified in **10–25%** [3,4]. Combined exposure to smoking and alcohol misuse is associated with earlier onset of IHD, increased incidence of myocardial infarction, and worse long-term outcomes [5].

Conclusions. Smoking and alcohol misuse are highly prevalent among patients with IHD and significantly worsen prognosis. Systematic screening and targeted interventions addressing these behaviors should be integral components of secondary prevention strategies.

Keywords: ischemic heart disease; smoking; alcohol use disorder; cardiovascular risk factors; atherosclerosis; secondary prevention.

Introduction

Cardiovascular disease is the main manifestation of atherosclerotic lesions of the coronary arteries and the main cause of cardiovascular mortality. Despite the achievements in drug therapy and interventional treatment methods, controlling modifiable risk factors remains a cornerstone of prevention. Tobacco smoking and alcohol abuse have direct pro-atherogenic, pro-inflammatory, and pro-thrombotic effects, exacerbating the course of coronary artery disease [1].

Purpose of research

To assess the prevalence of tobacco smoking and alcoholism in patients with coronary artery disease and their clinical significance based on modern scientific data.

Materials and methods

The following data were analyzed:

- international registries of coronary heart disease and acute coronary syndromes;
- Population cohort research;
- systematic reviews and meta-analyses (2019-2025).

Indicators of the prevalence of active smoking, previous smoking, alcohol consumption, as well as the frequency of harmful consumption and alcohol dependence in patients with established coronary artery disease were assessed.

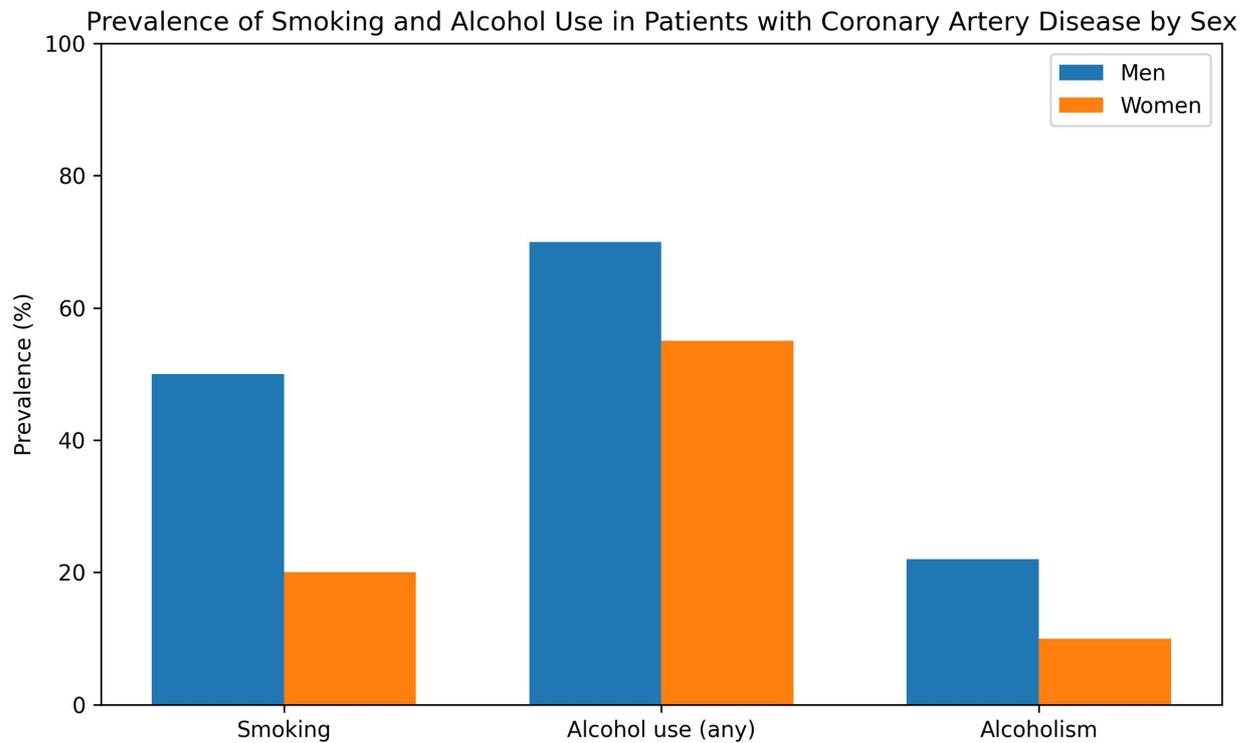
Results and discussion

Frequency of tobacco smoking in coronary artery disease

According to European and Asian registers, active smoking is detected in 25-45% of patients with coronary artery disease [2]. Among men under 60 years old, this figure reaches 50-55%, while among women it is 10-20%. Smoking patients typically have a earlier onset of coronary heart disease and a higher frequency of myocardial infarction compared to non-smokers [1].

Prevalence of alcoholism and harmful alcohol use

Most patients with coronary artery disease consume alcohol, however, the nature of consumption differs significantly. According to systematic reviews, signs of harmful consumption or alcohol dependence are detected in 10-25% of patients [3]. Chronic alcohol abuse is associated with arterial hypertension, rhythm disturbances, cardiomyopathy, and increased mortality in patients with coronary artery disease [4].



Combined effects of smoking and alcohol

The combination of tobacco smoking and alcoholism has a synergistic negative effect: endothelial dysfunction, oxidative stress, and thrombus formation intensify. In groups of patients with coronary artery disease, such a combination is associated with more frequent recurrence of coronary events and a worse prognosis [5].

Conclusion

Tobacco smoking and alcoholism are widespread among patients with coronary artery disease and remain a serious problem of secondary prevention. Systematic screening, motivational counseling, and interdisciplinary programs for smoking cessation and alcohol addiction correction should be a mandatory part of managing patients with coronary artery disease.

Literature

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