

Materials and methods. The term "tactical medicine" has been used in our country since the beginning of the last decade. This area of combat training was developed by enthusiasts from among the medical workers of the special forces units, as well as the "Center for Special Training" (CSP) of the BFSO "Dynamo". At the same time, at the Department of Organization of Medical Support of troops and Disaster Medicine of the Military Medical Faculty (VMedF), work was carried out to improve the practical component of military medical training of servicemen.

By the joint Resolution of the Ministry of Defense of the Republic of Belarus and the Ministry of Health of the Republic of Belarus No. 8/45 of May 3, 2021, the Military Medical Faculty at the EE "BSMU" was reorganized into a Military Medical Institute (VMedI). On the basis of subparagraph 6.5. of paragraph 6 of this Resolution, the "Regulation on the Training Center for Tactical Medicine in MEDI (CTM) was approved. The CTM was created in the state of VMedI to implement educational programs of training courses for additional adult education in tactical medicine and training of servicemen of the Armed Forces, other troops and military formations to provide first aid, in which individual medical interventions (first aid) are performed.

The Tactical Combat Casualty Care (TSSC) algorithms were used as a starting point in standard-setting activities. The joint work of the staff of the Department of Organization of Medical Support of troops and Disaster Medicine and representatives of special forces allowed us to adapt these algorithms to the realities of our country. At the same time, the head of the VMU of the Ministry of Defense of the Republic of Belarus initiated amendments to the legislative regulation of first aid. The result of this activity was, firstly, the introduction of a conceptual first aid apparatus in the "Law on Healthcare", in which individual medical interventions are performed in relation to military personnel. And, secondly, the joint resolution of the Ministry of Defense of the Republic of Belarus and the Ministry of Health of the Republic of Belarus of 9.07.2021 № 15/80 "On first aid issues", which reveals the principles, procedure and standard equipment for training and first aid in special conditions.

Results. The improvement of methodological support for tactical medicine was achieved by conducting these classes on the basis of military educational institutions, military units (mechanized, engineering, amphibious, etc.), special forces units, which ensured that the classes were tied to the conditions for performing tasks by combat units for their intended purpose. In 2018, the accumulated educational and methodological materials were published in the form of a textbook on military

medical training.

For effective first aid, domestic samples of individual and group first aid tools are being developed. Thus, the domestic hemostatic turnstile TKB-1 was created and entered into a number of departments, work continues on the creation of dressing and evacuation means.

Conclusion: The ongoing systematic work on improving practical skills creates the basis for the further development of tactical medicine in the Republic of Belarus.

CARDIOVASCULAR RISK IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Introduction. It has been proven that rheumatoid arthritis (RA) is an autoimmune, immunoinflammatory rheumatic disease characterized by chronic erosive arthritis and systemic damage to internal organs, leading to early disability and shortening the life expectancy of patients. The prevalence of RA among the adult population in different geographic zones of the world ranges from 0.5 to 2%. Rheumatoid arthritis significantly reduces the life expectancy of patients due to the development of early atherothrombosis, arterial hypertension and associated vascular complications. The main cause of death in RA is cardiovascular diseases, and the main causes of high mortality from cardiovascular diseases (CVD) in RA are the rapid progression of atherosclerosis and the development of heart failure.

Aim: To assess the level of cardiovascular risk in patients with rheumatoid arthritis.

Materials and methods. 60 patients with rheumatoid arthritis (RA) were examined (ACR / EULAR criteria 2010), women - 43 (71.6%) and men - 17 (28.3%). The patients' age ranged from 36 to 60 years, on average 46 ± 5.7 years, the duration of the disease ranged from 4 to 15 years, on average 7.3 ± 3.4 years. Cardiovascular risk stratification was performed using the SCORE / EULAR scale. The patients underwent: OAC, OAM, rheumatic test, detection of ACCP in the blood, determination of total blood cholesterol, fasting blood glucose, ECG, Echo-KG, R-graphy of the hands, ultrasound of internal organs.

Results. In 72% of patients, ACCP was detected, in 70% - seropositive RA, in 30% - seronegative. In 24 (40%) patients, grade III RA activity was detected, in 33 (55%) patients, stage III-IV RA was radiologically determined. Clinical examination revealed the presence of the following risk factors in patients: obesity (body mass index