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Mathematical Modeling Of Heart Rhythm Variability In Estimation Of Cardiovascular System Adaptation Capabilities In Patients With Type 2 Diabetes And Arterial Hypertension.

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ABSTRACT

It is possible to assess the adaptation reserves of the cardiovascular system, based on the heart rate variability indicators. This paper shows the development of a mathematical model based on the indicators of a statistical analysis of rhythmograms: PNN50, RMSSD, SDSD, SDNN, NN50. The developed mathematical models were tested in outpatient department, and showed high accuracy in determining the functioning of the cardiovascular system.

Keywords: heart rhythm variability, diagnostic features, mathematical model

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INTRODUCTION

The increase in mortality from cardiovascular diseases determines the relevance of research aimed at preserving the health of the population, and predicting the course of the pathological process. Coronary heart disease is common in all age groups, causing a high incidence of disability and mortality. Finding predictors of the ischemic myocardial damaging, and especially in patients with comorbidities, improves the quality of care even in the absence of clinical manifestations.

The aim of this work was the mathematical modeling of the functioning the cardiovascular system in patients with diabetes mellitus and ischemic heart disease based on a study of heart rate variability.

Heart rate variability makes it possible to measure the autonomic nervous system functioning, allows us estimate the state of the body's regulatory systems, which is highly important if the patient has a combined somatic pathology. Diabetic cardiac neuropathy in a patient with diabetes mellitus masking clinical manifestations, increases the risk of vascular catastrophes like myocardial infarction, stroke.

We considered 35 indicators of rhythmograms obtained during the daily recording of cardio intervals, including the indicator of the daily rhythm variability (TAKVR). Records were conducted in groups of patients with various functional classes of angina pectoris.

At the first stage of the study, the most informative indicators were selected on the basis of the correlation analysis to build a model of autonomic nervous dysfunction. Statistically significant correlation coefficients with the strongest coupling were selected. To build the model, the expert estimation method was used. Then weighted weights for the selected indicators

The values of the calculated model are in the range from zero to one and, depending on the obtained model value, a conclusion is made about the state of the adaptive capabilities of the patient's cardiovascular system within the functional class of angina. In the model developed by us, the normalized values of the indicators are substituted.

$$\text{Table1} \text{CBBP}_{1rp} = 0,353 * \text{SDNNind} + 0,24 * \text{NN50} + 0,24 * \text{PNN50} + 0,176 * \text{RMSSD} \quad (1)$$

Table1: Criteria of functioning of the developed model

The normalized value of the indicator	
Unsatisfactory level	1
Satisfactory level	0,333
Good level	0

Prognostic model of the index of heart rate variability of SVVR in patients with I FC angina. SDNN ind (the correlation coefficient is statistically reliable and equal to 0.58), NN50 (the correlation coefficient is statistically reliable and equal to 0.77), PNN50 (the correlation coefficient is statistically reliable and equal to 0.78), RMSSD (correlation coefficient reliable and equal to 0.62).

$$\text{UHVR} = f(\text{SDNN ind}, \text{NN50}, \text{PNN 50}, \text{RMSSD})$$

$$\text{Table 2: } \text{CBBP}_{2rp} = 0,516 * \text{PNN50} + 0,226 * \text{RMSSD} + 0,258 * \text{SDSD} \quad (2)$$

Table 2: Expert ranking of HRV indices in patients with angina pectoris FC I

Indicator	Expert estimates							
	1	2	3	4	5	6	7	8
SDNNind	1	1	1	2	1	1	1	2
NN50	2	2	2	2	1	2	3	3
PNN50	2	3	2	1	2	3	3	1
RMSSD	2	3	3	3	2	3	2	3

Prognostic model of the index of heart rate variability of SVVR in patients of the second group. PNN50 (the correlation coefficient is statistically reliable and equal to 0.74), RMSSD (the correlation coefficient is statistically reliable and equal to 0.72), SDSD (the correlation coefficient is statistically reliable and equal to 0.76) were selected as indicators.

$$CBBP=f(PNN50, RMSSD, SDSD)$$

Table 3: $CBBP_{3rp}=0,4332* SDNN +0,366* NN50+0,2*PNN50(3)$

Table3: Expert ranking of indicators of HRV in patients with angina pectoris FC II

Expert estimates								
Indicator	1	2	3	4	5	6	7	8
PNN50	1	1	1	1	1	1	1	1
RMSSD	2	3	3	2	1	1	3	2
SDSD	2	2	2	2	2	2	2	2

The models of the state of the adaptive capacities of the cardiovascular system developed by us were tested in clinical conditions and showed high accuracy in determining the state of functioning of the cardiovascular system [1-21].

Table4: Predictive model values

model values	
norm	0..0,333
Tense adaptation	0,34..0,666
Breakdown of adaptation	0,67..1

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