INDEPENDENT INTERVENTIONS OF THE NURSE IN THE MANAGEMENT OF CARDIOVASCULAR RISK FACTORS

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Background. Cardiovascular diseases are the leading cause of morbidity and mortality worldwide. It has been demonstrated that primary prevention is more cost-effective than treating complications. Nurses play a crucial role in the primary healthcare team, implementing prevention activities among the population.
Objective(s). The aim of the study was to determine the extent of nurses' interventions in implementation of prevention methods in the management of people with cardiovascular risk factors.
Materials and methods. We conducted a narrative review study using PubMed and Google Scholar. We used keywords for the search and applied the following inclusion criteria: complete, free articles in English published within the last five years. The exclusion criteria used: only abstract available and the language other than English. The total number of articles was 35.
Results. Researchers found that nurses play a pivotal role in reducing cardiovascular risk through the following independent activities: actively promoting and supporting recommended physical activity, personalized diets, quitting smoking/ decreasing alcohol consumption, managing hypercholesterolemia, diabetes, obesity, and high blood pressure. Nurses accomplish this by providing information, education, support, motivation, setting personalized plans, monitoring results, scheduling repeat visits, individual consultations (face-to-face, telephone or other AI devices), group consultations, increasing compliance, including treatment.
Conclusion(s). The nurse actively contributes to the prevention of cardiovascular risk through various specialized activities independent of the physician, thereby significantly reducing the physician's burden in carrying out these tasks and being a trusted and essential member of the medical team.
Keywords: nurse, prevention, interventions, cardiovascular risk

HYPERTENSIVE EMERGENCY CAUSED BY SEVERE CAROTID STENOSIS, CLINICAL CASE

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Background. Carotid stenosis is diagnosed in 25% of hypertensive patients, more commonly in men over 50 years old. Interventional treatment facilitates the prognosis of patients. Hypertensive emergency and ineffective response to antihypertensive treatment may be influenced by carotid artery stenosis.
Objective(s). Presentation and analysis of the clinical case of the patient (man, smoker) with uncontrolled hypertension, hypertensive emergency and severe stenosis of the carotid artery.
Materials and methods. Man, 66 years old, urgently hospitalized in the Cardiology Department CMH "Holy Trinity" with BP 240/110 mmHg, FCC 62 b/min. Clinical and paraclinical data were obtained from the discussion with the patient and the medical record. Patient was investigated on ECOCG, duplex-color doppler of extracranial vessels,

hematological, biochemical blood tests.
Results. Paraclinical: ECG sinusal rhythm with FCC 60 b/min. Signs of left ventricular hypertrophy. EcoCG: severe concentric left ventricular hypertrophy; EF 67%. Duplex of brachiocephalic vessels: obliterating atherosclerosis with bilateral artery damage. On the right: stenosis ACC 20%, carotid bulb – 35%, ACI – 65%, ACE – 25% on the left: stenosis ACC – 20%, carotid bulb – 80%, ACI – 50% general analysis of urine and blood within normal limits, dyslipidemia. Combined treatment with ARB, CCB, diuretic, antiaggregants, statins. Surgical intervention: percutaneous transluminal angioplasty of the left carotid artery with its stenting.
Conclusion(s). Ineffective antihypertensive treatment, complicated by hypertensive emergencies, may be caused by carotid stenosis. Smoking patients with hypertension and dyslipidemia require Doppler of extracranial vessels to detect carotid artery stenosis and its interventional treatment.
Keywords: hypertension, stenosis of the carotid artery, dyslipidemia

DISTINCTIVE FEATURES OF ANCA-ASSOCIATED INTERSTITIAL LUNG DISEASE

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Background. ANCA-associated vasculitis (AAV) usually presents with pulmonary nodules, cavities, or alveolar hemorrhage. However, interstitial lung disease linked to ANCA has emerged as a distinct entity. Many ILD patients show ANCA positivity without vasculitis, raising questions about disease progression and management.
Objective(s). To comprehensively compare AAV and isolated ANCA-positive ILD across clinical presentation, serological markers, pulmonary function, imaging features, and treatment responses.
Materials and methods. A systematic review was performed by analyzing 60 peer-reviewed studies obtained from medical databases, including PubMed, Google Scholar, Elsevier, ScienceDirect and ResearchGate. These studies were selected based on relevance and quality to provide a comprehensive overview and reliable synthesis of the current knowledge on the subject.
Results. 7-15% of ILD patients were ANCA positive at diagnosis, with 25% converting to microscopic polyangiitis. ANCA-ILD was associated with 40% vasculitis risk. Symptoms like cough and dyspnea overlapped, but AAV had more systemic involvement and fever. Laboratory findings showed higher ESR (69 vs. 17, $p<0.001$) and C reactive protein (23.4 vs. 2.4, $p<0.001$) in AAV when compared to ANCA-ILD. AAV had mixed restrictive/obstructive lung function; ANCA-ILD mostly restrictive (76.9% vs. 40%). Fibrotic patterns dominated ANCA-ILD (73.9%), AAV had more non-fibrotic (60% vs. 30.7%). Immunosuppressants stabilized AAV; nintedanib showed promise in ANCA-ILD.
Conclusion(s). ANCA-ILD and AAV exhibit similar clinical features but vary in systemic involvement, inflammation, and imaging patterns. ANCA positivity in ILD signifies a distinct subgroup that may require more specific, tailored therapeutic approaches for optimal management and improved prognosis.
Keywords: ANCA-ILD, vasculitis, AAV, interstitial lung disease, ILD