

PROCEEDINGS

**IV INTERNATIONAL
SCIENTIFIC AND PRACTICAL
CONFERENCE**

**GLOBAL CHALLENGES OF SCIENTIFIC
ACHIEVEMENTS, EDUCATIONAL
TRAJECTORY AND DIGITAL TECHNOLOGY
INTEGRATION**

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СБОРНИК

IV МЕЖДУНАРОДНОЙ НАУЧНО-ПРАКТИЧЕСКОЙ КОНФЕРЕНЦИИ

**ГЛОБАЛЬНЫЕ ВЫЗОВЫ НАУЧНЫХ ДОСТИЖЕНИЙ,
ОБРАЗОВАТЕЛЬНЫХ ТРАЕКТОРИЙ И ИНТЕГРАЦИЯ
ЦИФРОВЫХ ТЕХНОЛОГИЙ**

**GLOBAL CHALLENGES OF SCIENTIFIC
ACHIEVEMENTS, EDUCATIONAL TRAJECTORY AND
DIGITAL TECHNOLOGY INTEGRATION**

**ILM-FAN YUTUQLARI HAMDA TA'LIM
TRAYEKTORIYALARINING GLOBAL MUAMMOLARI VA
RAQAMLI TEXNOLOGIYALAR INTEGRATSIYASI**

과학 성과, 교육 경로 및 디지털 기술 통합의 글로벌 과제

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IV Международная научно-практическая конференция «Глобальные вызовы научных достижений, образовательных траекторий и интеграция цифровых технологий», которая пройдет 16 апреля 2026 года в университете Пучон в г. Ташкент, является важной платформой для всестороннего осмысления современных трансформаций в науке, образовании и обществе в условиях усиливающейся цифровизации и глобализации. Конференция объединила более 200 участников – представителей академического сообщества, исследовательских центров и образовательных организаций, заинтересованных в обсуждении стратегий развития науки и образования в контексте мировых вызовов. В рамках пленарных и секционных заседаний были представлены доклады, посвященные актуальным вопросам интеграции цифровых технологий в научную и образовательную деятельность, формированию гибких образовательных траекторий, а также адаптации научных подходов к быстро меняющимся условиям глобальной среды.

Сборник материалов конференции и научных статей отражает широкий спектр исследований, связанных с внедрением цифровых решений в образовательный процесс, развитием дистанционных и смешанных форм обучения, а также совершенствованием профессиональной подготовки специалистов в условиях цифровой экономики. Особое внимание уделено вопросам использования искусственного интеллекта, анализа больших данных и цифровых платформ в научных исследованиях, развитию международного научного сотрудничества и интеграции научных достижений в глобальное пространство знаний. В публикациях также рассматриваются социальные и культурные последствия цифровой трансформации, проблемы цифрового неравенства, этические аспекты применения технологий и влияние цифровой среды на формирование личности. Подчеркивается междисциплинарный характер представленных работ, отражающий стремление исследователей к комплексному анализу современных процессов и поиску эффективных решений в условиях глобальных вызовов.

Сборник материалов конференции утвержден и рекомендован к публикации Учебно-методическим Советом Университета Пучон в г. Ташкент 16 апреля 2026 года (Протокол № 3 от 16.03.2026 г.).

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ВСТУПИТЕЛЬНОЕ СЛОВО

Мы рады приветствовать наших почётных партнёров, уважаемых гостей, спикеров и участников IV Международной научно-практической конференции «Глобальные вызовы научных достижений, образовательных траекторий и интеграция цифровых технологий»!

Современный этап развития общества характеризуется не только стремительной цифровизацией, но и усилением глобальных вызовов, затрагивающих научную, образовательную и социально-экономическую сферы. В этих условиях особую значимость приобретает интеграция цифровых технологий в научную деятельность и образовательные процессы, формирование гибких образовательных траекторий и развитие международного научного сотрудничества. В Республике Узбекистан последовательно реализуются инициативы, направленные на цифровую трансформацию, модернизацию научной инфраструктуры и внедрение инновационных решений в систему образования.

Стратегические ориентиры развития в данном направлении отражены в Указе Президента Республики Узбекистан от 05.10.2020 г. № УП-6079 «Об утверждении Стратегии «Цифровой Узбекистан–2030» и мерах по её эффективной реализации». В рамках данной стратегии предусматривается формирование единого цифрового пространства науки и образования, развитие современных платформ и сервисов, а также обеспечение эффективной интеграции информационных систем. Особое внимание уделяется созданию условий для подготовки высококвалифицированных специалистов, способных успешно работать в условиях цифровой экономики и глобальной конкуренции.

Важным шагом в этом направлении становится развитие цифровых экосистем в сфере высшего образования, науки и инноваций, а также укрепление межсистемного взаимодействия для обеспечения эффективного обмена данными и знаниями. Цифровые технологии открывают новые возможности для научных исследований, способствуют расширению доступа к

информации, активизации международного сотрудничества и формированию новых научных школ.

Проведение IV Международной научно-практической конференции «Глобальные вызовы научных достижений, образовательных траекторий и интеграция цифровых технологий» предоставляет учёным, преподавателям и молодым исследователям возможность обсудить актуальные проблемы и перспективы развития науки и образования, обменяться опытом и выработать новые подходы к решению стоящих перед обществом задач.

Желаю всем участникам успешной и плодотворной работы, конструктивного диалога и новых научных достижений!

Ректор университета Пучон в городе Ташкент А.В. Шин

UDC 616.12-005.4:616-008.9

STRATIFICATION OF PROATHEROGENIC POTENTIAL IN CHRONIC CORONARY SYNDROMES: SUPERIORITY OF APOLIPOPROTEIN B/A-I RATIO OVER TRADITIONAL LIPID METRICS IN THE UZBEK POPULATION

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Abstract. This research aims to provide a comprehensive evaluation of the diagnostic utility of the apolipoprotein B (apo-B) to apolipoprotein A-I (apo-A-I) ratio as a superior risk stratification tool compared to traditional LDL-C in comorbid patients with coronary heart disease (CHD). 210 patients with functional class II-III exertional angina were examined. Results demonstrated that while standard lipidogram values (LDL-C 3.6 ± 0.1 mmol/l) classified patients as "borderline" risk, the apolipoprotein ratio (1.31 ± 0.01) revealed a critically high atherogenic potential. A significant influence of subclinical hypothyroidism (28.1% in women) and obesity on the formation of pathological apolipoprotein profiles was established. The study concludes that integrating apolipoprotein screening is essential for accurately determining residual cardiovascular risk and optimizing preventive therapy in regional clinical practice.

Keywords: atherosclerosis, coronary heart disease, apolipoproteins, apo-B/apo-A-I ratio, subclinical hypothyroidism, metabolic syndrome, residual risk.

Introduction

The evolution of cardiological diagnostics has reached a critical juncture where traditional lipid measurements often fail to explain the progression of coronary atherosclerosis in a significant proportion of patients. Violation of the lipid spectrum of blood serum remains a cornerstone pathochemical manifestation in the development of atherosclerotic disease, yet clinical practice continues to rely on quantitative measurements that may not reflect the qualitative proatherogenic potential of blood serum.

Current evidence suggests that the absolute concentration of lipoproteins is less predictive of clinical events than the functional balance between atherogenic and anti-atherogenic particles. The standard method for assessing the content of lipoproteins

(LP) in the blood—focused primarily on the mass of cholesterol—does not always adequately reflect their actual amount due to the inherent heterogeneity of particles in size, density, and chemical composition. In patients with metabolic disorders, this heterogeneity leads to the formation of "small dense LDL," which carries less cholesterol per particle but possesses a much higher affinity for the arterial wall.

To refine risk assessment, the determination of lipid transport apolipoproteins (apo) has emerged as a more reliable indicator for the diagnosis of dyslipidemia. Unlike traditional lipid components, apo-B and apo-A-I are structural constants that do not leave the corresponding lipid-protein complex in which they participate. Apolipoprotein B (apo-B) serves as the essential structural scaffold for all proatherogenic lipoproteins: very-low-density (VLDL), intermediate-density (IDL), and low-density (LDL). Crucially, each atherogenic particle contains exactly one molecule of apo-B. Consequently, serum apo-B concentration provides a direct physical count of the total number of particles capable of infiltrating the intima.

Conversely, apo-A-I is the major protein constituent of anti-atherogenic high-density lipoproteins (HDL), acting as a functional antagonist to apo-B and facilitating reverse cholesterol transport. It has been established that the calculation of the ratio (R) of apo-B/apo-A-I reflects the dynamic relationship between atherogenic deposition and anti-atherogenic removal and can be considered a vital prognostic criterion for the development of adverse coronary conditions. Internationally, threshold values for increased cardiovascular risk are set at 0.9 for men and 0.8 for women.

The relevance of these markers is particularly high in the Republic of Uzbekistan, where metabolic syndrome, obesity, and thyroid dysfunction are prevalent. Subclinical hypothyroidism (SCH), characterized by elevated TSH with normal free T4 levels, has been shown to have a linear association with adverse lipid concentrations even within the reference range. This study aims to investigate the role of the apo-B/apo-A-I ratio in patients with FC II-III exertional angina to validate its informative superiority over standard LDL-C.

Materials and Methods

Patient Selection and Demographics

This clinical investigation involved 210 patients (91 men and 119 women) admitted to the Multidisciplinary Clinic of TSMU* with a confirmed diagnosis of coronary heart disease and exertional angina FC II-III. The average age was 63.3 ± 13.4 years. The duration of CHD was 6.7 ± 0.9 years in men and 5.2 ± 4.2 years in women. Inclusion criteria required a stable phase of the disease; patients with acute myocardial infarction (AMI), acute cerebrovascular accident (ACVA), complex arrhythmias, or acute infectious diseases were excluded from the study.

Functional and Anthropometric Evaluation

Body Mass Index (BMI) was calculated using the Quetelet (Kettle) formula ($BMI = \text{weight}/\text{height}^2$). Physical cardiac reserve was quantified using a cycle ergometer test (CET) on a Kettler-ergometer RX1 (Germany). The protocol utilized a continuous stepwise increase of 25 W every 3 minutes. The test continued until either clinical/electrocardiographic criteria for cessation were met or the submaximal heart rate according to the Andersen formula (1983) was reached. Clinical criteria for discontinuing the trial were standardized according to established guidelines. Tolerance to physical activity (TPA) was stratified based on threshold power: low (300 kgm/min or 50 W) and medium (450-600 kgm/min or 100 W).

Biochemical and Laboratory Analysis

Fasting venous blood was collected after a 12-hour fast. Serum was isolated by centrifugation (1000g for 15 min at 4°C) and stored at -26°C. Traditional parameters (TC, TG, LDL-C, HDL-C) and advanced apoproteins (apo-B, apo-A-I) were determined on a Sapphire-400 biochemical analyzer (Japan) using DiaSys diagnostic kits (Germany). The apo-B/apo-A-I ratio was calculated as the primary atherogenic index.

Statistical Analysis

Statistical processing was performed using Statistica 8.0. Quantitative results were presented as mean (M) and standard deviation (SD). Significance was determined via Student's t-test, with $p < 0.05$ defining clinical significance.

Results

Metabolic Comorbidity and Clinical Profile

The study population exhibited a high burden of metabolic comorbidities. Hypertension was ubiquitous, affecting 79.1% of men and 80.7% of women. The distribution of weight categories revealed profound metabolic shifts: only 14% of men and 12.3% of women maintained a normal body weight (Table 1).

Table 1.

Clinical and Anthropometric Characteristics of the Study Cohort

Parameter	Men (n=91)	Women (n=119)
Mean Age (years)	65.1 ± 18.6	62.0 ± 7.2
IHD Duration (years)	6.7 ± 0.9	5.3 ± 0.7
Hypertension	34 (79.1%)	46 (80.7%)
Diabetes Type 2	16 (37%)	14 (25%)
Subclinical Hypothyroidism	4 (9.3%)	16 (28.1%)
Normal Weight	6 (14%)	7 (12.3%)
Overweight	20 (46.5%)	14 (24.6%)
Obesity Class I	14 (32.6%)	18 (31.6%)
Obesity Class II	2 (4.7%)	14 (24.6%)
Obesity Class III	1 (2.3%)	4 (7%)

Data analysis showed that type 2 diabetes mellitus was present in 37% of men and 25% of women, significantly aggravating the course of IHD. A striking disparity was observed in thyroid function: the prevalence of subclinical hypothyroidism was three times higher in women (28.1%) than in men (9.3%).

Comparison of Lipid and Apolipoprotein Indicators

The core finding of the biochemical analysis was the discrepancy between traditional LDL-C and the apoprotein ratio. The mean LDL-C was 3.6 ± 0.1 mmol/l, which corresponds to the "borderline" risk level according to NCEP Guidelines. However, the calculation of the apo-B/apo-A-I ratio revealed a state of high risk (Table 2).

Table 2.

Lipoprotein and Apolipoprotein Indices ($M \pm m$)

Index	General Group	Men	Women	p-value
LDL-C (mmol/l)	3.6 ± 0.1	3.6 ± 0.1	3.6 ± 0.13	> 0.05
HDL-C (mmol/l)	1.13 ± 0.04	1.10 ± 0.05	1.14 ± 0.05	> 0.05
Apo-B (mg/dL)	142.2 ± 0.98	145.1 ± 7.2	140.6 ± 1.4	> 0.05
Apo-A1 (mg/dL)	108.9 ± 0.64	109.6 ± 0.9	108.4 ± 0.87	> 0.05
Ratio apo-B/apo-A-I	1.31 ± 0.01	1.3 ± 0.02	1.3 ± 0.02	> 0.05

In the general study group, the apo-B/apo-A-I ratio was 1.31 ± 0.01 , which is in the zone of high cardiovascular risk. Interestingly, the ratio was identical (1.3 ± 0.02) in both the male and female subgroups. This equalization of risk is significant because physiologically, women typically exhibit lower ratios; this finding suggests that the metabolic burden in the female group (higher obesity and hypothyroidism) has eliminated their biological protection.

Functional Testing and TPA

Exercise tolerance (TPA) was found to be low in 74.4% of men and 89.5% of women. Medium tolerance was observed in only 25.6% of men and 10.5% of women. High levels of the apo-B/apo-A-I ratio were consistently observed in patients with the lowest exercise tolerance, confirming a link between metabolic dyslipidemia and functional heart capacity.

Discussion*The Paradox of Borderline LDL-C*

The results of this study highlight a significant diagnostic gap: patients with "borderline" LDL-C (3.6 mmol/l) were found to be in a state of "high" atherogenic risk according to their apoprotein ratio (1.31). This confirms that traditional lipidograms are not able to fully reflect the proatherogenic potential of blood serum in multimorbid populations. While LDL-C measures the total mass of cholesterol, the apo-B level reflects the number of particles. In patients with obesity and diabetes—prevalent in our cohort—there is an overproduction of small dense LDL particles, which are more

proatherogenic but carry less cholesterol mass. This "discordance" between LDL-C and particle number (Apo-B) is a primary driver of residual cardiovascular risk.

Mechanisms of Thyroid-Lipid Interaction

The high prevalence of subclinical hypothyroidism in our female group (28.1%) is a major contributor to their elevated risk. Large studies demonstrate that subclinical hypothyroidism is associated with an increased risk of coronary artery disease, myocardial infarction, and cardiovascular mortality regardless of gender or age. Thyroid hormones regulate lipid metabolism through the induction of hepatic LDL receptor expression; a lack of hormones leads to hypercholesterolemia as a characteristic symptom. Furthermore, triiodothyronine regulates apolipoprotein A, which is essential for controlling triglyceride levels.

Our findings confirm that nearly all patients with hypothyroidism, including subclinical forms, exhibit lipid metabolism disorders: elevated total cholesterol, high LDL-C, and reduced HDL-C. The 3-fold higher prevalence of SCH in women explains why their apo-B/apo-A-I ratio was as high as that of men, effectively masking their gender-specific physiological advantages.

Obesity and Sedentary Lifestyle (Hypodynamia)

The metabolic profile was further compromised by BMI levels. In the general group, the average BMI was $29.3 \pm 0.7 \text{ kg/m}^2$, and in women, it reached the initial degree of obesity ($30.5 \pm 0.7 \text{ kg/m}^2$). Obesity promotes the hepatic secretion of apo-B-containing particles while impaired physical activity (found in 89.5% of women) reduces the synthesis of protective apo-A-I. Physical activity is known to elevate HDL-C and modify LDL composition from atherogenic small-dense to less harmful large-buoyant subtypes. The correlation between low TPA and high apo-B/apo-A-I ratios suggests that sedentary behavior synergistic with metabolic syndrome accelerates the progression of atherosclerosis in these patients.

Conclusion

1. The calculation of the apo-B/apo-A-I ratio provides a significantly more sensitive and informative assessment of the risk of developing coronary heart disease compared to standard lipid profile indicators.

2. In patients with stable exertional angina FC II-III, borderline LDL-C values (3.6 mmol/l) frequently mask a high-risk metabolic state that is only revealed by the apoprotein ratio (1.31).

3. The apo-B/apo-A-I ratio increases proportionally with the severity of the patient's condition and the presence of metabolic comorbidities, such as hypertension, type 2 diabetes, subclinical hypothyroidism, and obesity.

4. Gender-specific risk stratification is compromised in multimorbid patients; the high prevalence of subclinical hypothyroidism and obesity in women leads to a loss of biological protection, resulting in apoprotein ratios identical to those of men.

5. The study of the concentration of apoproteins with the subsequent calculation of the COP of apo-B/apo-A-I should be considered a primary prognostic criterion for the progressive development of atherosclerosis and integrated into standard cardiological protocols in Uzbekistan.

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ПАНФЕРОВА ИРИНА ВИТАЛИЕВНА

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ОБРАЗОВАТЕЛЬНЫХ ТРАЕКТОРИЙ И ИНТЕГРАЦИЯ
ЦИФРОВЫХ ТЕХНОЛОГИЙ**

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