

- стресс. Агрессивность может быть следствием стресса;
- эмоции могут привести к агрессивности, в том числе страх, гнев и т. д.;
- боль. При наличии боли люди часто становятся нервными и агрессивными, особенно, если они не могут точно определить характер боли и выразить это словесно.

Основными признаками агрессивности являются возбужденный внешний вид, напряженная поза, наличие угрожающих жестов, разговор на повышенных тонах, изменение цвета кожи, потливость.

AGE-RELATED DYNAMICS AND GENDER DIFFERENCES IN MORTALITY CAUSED BY VARIOUS DISEASES IN THE POPULATION OF ARGENTINA

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Earlier we studied age-related dynamics and gender differences in morbidity and mortality caused by various diseases in three Brazilian states of Southern region. Just recently we have investigated the same parameters for morbidity in the population of Chile. In present work the mortality in Argentina was studied during the two 3-year chronologic periods: 2001–2003 and 2005–2007. Primary data were obtained from the site belonging to the Ministry of Health of Argentina. The annual data for both genders together in each age category were recalculated in percent of the whole mortality for all age categories combined. Thereafter, feminine fraction of mortality was calculated in each age category as a percentage of the whole mortality for both genders together. Finally, epidemiologic parameters were analyzed with descriptive statistics methodology, finding arithmetic means and standard errors of the mean in two 3-year chronologic periods separately. The focus was made on two groups of diseases: cardiometabolic and infectious. As could be expected, the mortality in the group of cardiometabolic diseases was concentrated in the oldest category (> 65 years). In fact, this age category had more than 70-80 % of the whole mortality burden for hypertension, diabetes mellitus, ischemic myocardial disease and cerebrovascular disorders. The similar age distribution was observed only for septicemia in the group of infectious diseases. What for tuberculosis, the oldest age category (> 65 years) had only approximately 45 % of the whole mortality burden, i. e. the age-related increase in mortality was not so steep for this infectious disease. On the other hand, the principal mortality burden (> 70 %) for HIV/Aids was concentrated in the age category of young adult and mature persons (25–44 years). As an example of weak age dependency, the mortality caused by suicides was rather evenly distributed along the age scale. What for gender aspect, the most prominent differences, with great predominance of males, were observed for ischemic myocardial disease, HIV/Aids and suicides, although less expressive male predominance was registered in some age categories for other cardiometabolic disorders and for tuberculosis. It is interesting that feminine fraction demonstrated age-related alterations for the majority of diseases, as referred to sexual maturation and especially, to menopause. There were no marked differences in epidemiologic parameters of mortality between the two chronologic 3-year periods examined. In conclusion, although the data on mortality in Argentina appear to be quite similar to those in Southern region of Brazil, the next stage of our research would be direct comparison between the two geographic areas, adjusting for the differences in age categories and chronologic periods observed. In this sense, the methodology employed by us for studying morbidity and mortality may be rather useful, considering also the similarity of populations examined in ethnic composition of predominantly European origins, what should be important, at least, for the components of metabolic syndrome.