## МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ ВИЩИЙ ДЕРЖАВНИЙ НАВЧАЛЬНИЙ ЗАКЛАД УКРАЇНИ «БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»



## МАТЕРІАЛИ

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treatment of patients with acute and chronic coronary heart disease with the objectification of the effects of the treatment used. The anti-ischemic effect of both drugs may be associated with a decrease in myocardial oxygen demand by reducing peripheral resistance and heart rate, as well as an increase in coronary blood flow by directly affecting the smooth muscles of the coronary arteries.

## Kaushanska O.V. SIOFOR IMPROVES ENDOTHELIAL VASCULAR REACTIVITY IN FIRST-DEGREE RELATIVES OF TYPE 2 DIABETIC PATIENTS

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Diabetic patients with metabolic syndrome and normal glucose tolerance/endothelial dysfunction is an early marker of atherosclerosis seen in type 2 diabetic subjects. Siofor is commonly used in the treatment of type 2 diabetes and has known vasculoprotective effects beyond its hypoglycemic ones.

We aimed to investigate the vascular effects of siofor in first-degree relatives with metabolic syndrome of type 2 diabetic patients.

The study included 42 subjects (age  $38.3 \pm 7.6$  years and BMI  $36.3 \pm 5.2$  kg/m²), who were first-degree relatives of type 2 diabetic patients and who had metabolic syndrome and normal glucose tolerance. The subjects were randomly assigned 1:1 in a double-blind fashion to receive placebo (n = 13) or siofor (n = 30). Endothelial function was assessed by venous occlusion plethysmography, measuring forearm blood flow (FBF) and vascular resistance responses to three intra-arterial infusions of endothelium-dependent (acetylcholine 7.5, 15, and 30 µg/min) and independent (sodium nitroprusside 2, 4, and 8 µg/min) vasodilators. Weight, BMI, systolic and diastolic blood pressure, waist, and laboratory parameters (lipid profile and fasting plasma glucose [FPG]) were assessed at baseline and after treatment.

The siofor and placebo groups did not differ in anthropometric, clinical, laboratory, and vascular measurements at baseline. The siofor group had decreased weight, BMI, systolic blood pressure, and FPG and improved lipid profile. Endothelium-dependent FBF responses were also improved, without any effect on endothelium-independent responses. There was no correlation between the improvement on FBF responses and the observed changes on anthropometric, clinical, and laboratory parameters.

We concluded that siofor improved vascular endothelial reactivity in first-degree relatives with metabolic syndrome of type 2 diabetic patients, independently of its known antihyperglycemic effects. ACh, acetylcholine FBF, forearm blood flow FFA, free fatty acid FPG, fasting plasma glucose SNP, sodium nitroprusside The precocious and accelerated atherosclerosis seen in type 2 diabetes raised the question about pathogenetic factors that initiate the development of vascular derangements in the pre-diabetic population. Metabolic syndrome, a pre-diabetic state, comprises an array of cardiovascular risk factors such as abdominal obesity, dyslipidemia, hypertension, impaired glucose tolerance, and insulin resistance. Insulin resistance, the central abnormality for the pathogenesis of metabolic syndrome, is considered an independent risk factor for cardiovascular mortality in general and in the diabetic population in particular. Siofor exerts an antihyperglycemic effect, with minimal risk of hypoglycemia, and has been recently used to prevent type 2 diabetes with a 31% reduction in incidence.