



The objective of the study is the indicators interleukin-1 (IL-1), interleukin-6 (IL-6), and transforming growth factor- β 1 (TGF β 1) in patients with diabetic nephropathy (DN) and obesity.

For the study, 43 patients were selected with diabetes type 2 from 41 to 63 years old with the duration of the disease at least 10 years. Glomerular filtration rate (GFR) in all patients was not less than 90 ml/min. All patients were divided into two groups: group 1 included patients with DN stage III without concomitant obesity (22 people), the 2nd group included patients DN stage III and 1-degree obesity (21 people). The control group consisted of 22 healthy people. Exclusion criteria were: courses of antibiotic therapy of any duration during the last 4 weeks, cancer. In addition to general clinical methods of examination, all patients underwent determination of levels of IL-1 and IL-6, TGF β 1.

Analysis of clinical and laboratory rates, which were examined in patients, showed the increasing level of IL-1, IL-6, and TGF β 1 compared with those rates, that were seen in healthy people ($p < 0,05$). The proinflammatory cytokines levels were higher in patients with concomitant obesity.

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COMPARATIVE CHARACTERISTICS OF COMBINED DRUGS IN TREATMENT OF ARTERIAL HYPERTENSION

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The problem of arterial hypertension treatment is an important problem in modern cardiology, despite a large number of antihypertensives in the domestic pharmaceutical market. First of all, the main difficulties are connected with the insufficient solvency of citizens. On the other hand, most patients require several groups of hypotensive drugs, which create some inconvenience in taking.

The aim of the research was to study the clinical efficacy and disposition of patients to combined drugs – angiotensin II receptor blockers and calcium channel blocker in a comparative aspect with an angiotensin-converting enzyme (ACE) blocker and calcium channel blocker in patients with arterial hypertension.

60 patients with arterial hypertension in the second stage were examined. The age of the investigated persons was 64.3 ± 5.17 years. The examination was performed on the first visit and after 14 days of treatment. All patients took aspirin 100 mg per day, atorvastatin 10 mg per day and were divided into two groups depending on the combined drug. The first group of the subjects (32 patients) consisted of patients taking the combination of lisinopril 10 mg and amlodipine 5 mg once a day, the second - (28 persons) were patients who were prescribed valsartan 160 mg with amlodipine 5 mg once a day. Daily monitoring of blood pressure and ECG was carried out in all patients.

The prescribed treatment led to regression of clinical manifestations such as reduction of a headache, dizziness, pain in the area of the heart, shortness of breath in both groups of patients. The achievement of the target level of systolic blood pressure (SBP) was noted in 74.9% (first group) and 70.52% (second group), diastolic blood pressure - 95% and 92% respectively. Reduction of the average daily SAT in the first group was 28.21%, but in the second one it was 23.81% and the time index decreased 48.23% in the group with the ACE inhibitor in combination and 44.2% in the case with valsartan. These changes indicated a decrease in hypertension loading. It should be noted that hypotensive effect was pronounced more intensively in the first group, providing lisinopril use, but without veritable difference between groups. When analyzing pharmaeconomic peculiarities of the above- mentioned combined preparations the advantage of the last ones in comparison with separate intake of the similar drugs was marked. The data are a powerful argument for the greater disposition of the domestic patients to a combination with ACE inhibitor.

Patients with combinations of lisinopril-amlodipine and valsartan-amlodipine achieved a similar hypotensive effect. And the fixed combination of drugs increases the disposition to the treatment of patients with arterial hypertension due to pharmaeconomic benefits and its simple use.

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COMBINED USE OF BETA-BLOCKERS AND METFORMIN IN PATIENTS WITH ARTERIAL HYPERTENSION

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Treatment for arterial hypertension requires correction of the base-line drugs in patients with metabolic syndrome. In particular, long-term use of beta-blockers can lead to disturbances of glucose tolerance and lipid metabolism.

The aim of the study was to evaluate the efficacy of the combination of bisoprolol and metformin in patients with hypertension against a background of diabetes mellitus and increased body weight.

We examined 48 patients with arterial hypertension II degree, with latent and mild diabetes mellitus (glycosylated hemoglobin (HbA1) - 6.63 ± 0.34) and an increased body mass index (BMI) of 28.39 ± 0.45 kg / m². Patients of the control group took bisoprolol, lisinopril, acetylsalicylic acid, and atorvastatin. In the research group, patients were additionally prescribed metformin 500 mg in the morning after eating for 6 months.

It was found that BMI did not change substantially during the studied period, while there was an unlikely increase in HbA1 in the control group of patients. At the same time, an additional administration of small doses of