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BLOOD PRESSURE CHANGES UNDER THE ACTION OF STRESS FACTORS IN THE AGE ASPECT IN PATIENTS WITH STABLE ANGINA PECTORIS AGAINST A BACKGROUND OF METABOLIC SYNDROME

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The decrease of the life expectancy of the Ukrainian population is largely due to the high mortality from diseases of the circulatory system (DCS). According to statistics, DCS growth rates for the previous and recent years have doubled (from 21 to 41%). The first places in terms of the incidence rate are arterial hypertension (AH) and coronary heart disease (CHD), the increase of which was in the last 5 years, respectively, 69.8 and 48.1%, the prevalence of AH and CHD increased by 27.2 and 29.1%. Since the end of the 70s of the XX century, the subject of the debate is the hypothesis that people with an increased reaction to stress in the form of significant increase of arterial pressure (AP), accelerated heart rate and other cardiovascular reactions have an increased risk of chronic AH development.

Objective of research: to study changes in the physiological parameters of blood pressure under the influence of physical and psychoemotional loads, depending on the age.

We examined 60 patients with stable angina pectoris and the metabolic mature and elderly syndrome. The dynamics of blood pressure was studied with the help of round-the-clock monitoring of blood pressure by the AVRМ-04 apparatus (Hungary). The patients were divided into three groups: group I - patients with a significant increase of blood pressure mainly under the influence of physical activity; group II - patients with a significant increase of blood pressure, mainly under the influence of psychoemotional load; group III - patients in whom blood pressure was not significantly changed under the influence of physical or psychoemotional load. A detailed analysis showed that in the first group, the ratio of elderly and mature persons is 1:2, and in the second group, on the contrary, 2:1, in the third group the number of persons of mature and elderly age was almost the same.

The data obtained indicate that the highest rate of systolic blood pressure (SBP) per day was recorded in patients of group I ($165,37 \pm 2,5$, $p < 0,001$), which significantly differed from the similar value in group II ($136,9 \pm 4,7$, $p < 0,001$) and group III ($129,6 \pm 8,2$, $p < 0,001$). SBP max was significantly higher in the first group ($184,32 \pm 9,05$, $p < 0,05$) in comparison with this index in patients of the second group ($177,9 \pm 10,4$, $p < 0,05$). The same tendency was traced by SBP min ($124,9 \pm 5,89$ vs. $120,21 \pm 5,23$). The value of daytime SBP was also the highest in group I ($168,73 \pm 3,23$, $p < 0,05$), significantly differing from the same index in group III ($144,47 \pm 1,1$, $p < 0,05$). At night time, SBP in the first ($154,32 \pm 5,37$, $p < 0,001$) and in the second ($157,76 \pm 2,58$, $p < 0,001$) groups did not differ between themselves with a probable predominance in comparison with the third group ($118,59 \pm 3,1$, $p < 0,001$).

The diastolic blood pressure (DBP) value for all characteristics was the highest in group II of investigated persons. Attention is drawn to the fact that significant differences were recorded in terms of DBP min: group I - $61,29 \pm 6,14$, group II - $63,58 \pm 7,06$, group III - $46,17 \pm 2,42$. Thus, the revealed patterns indicate that the highest indicators of SBP were recorded in patients of group I, and the highest values of DBP - in group II.

Thus, under the influence of stress factors on the cardiovascular system the origin of arterial pressure disorders in patients with stable angina pectoris against a background of the metabolic syndrome is realized through various pathogenetic chains and has a certain dependence on the patient's age. The further carrying out of similar researches is actual, since it will allow to individualize prescription of adequate therapy.

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PERFORMANCE OF ANALYSIS OF RESPIRATORY FUNCTION IN PATIENTS WITH RHEUMATOID ARTHRITIS

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In patients with rheumatoid arthritis (RA) in ~ 40% clinically evident extraarticular manifestation occur. Among factors, contributing to mortality, is interstitial lung disease (ILD), the most common subtype of lung involvement in RA. The risk of death among individuals with clinically evident RA-associated ILD is 3 times higher than that among RA patients without ILD. Recent studies have further demonstrated that even though the overall mortality rates in RA are declining, the rate of death due to RA-ILD has increased significantly. Pulmonary injury in patients with RA may be stipulated both by the disease itself and taking certain medications. Methotrexate, being the preparation of the first line in RA therapy, according to the literature data causes lung injury more often than other principal anti-inflammatory drugs. Only isolated works where the questions of lung damage at RA, particularly concerning the functional state of the respiratory organs at this nosology, are found in literature.

Aim of work was to explore the specific characteristics of the functional data of external respiration in patients with rheumatoid arthritis during the period of exacerbation.

39 patients with rheumatoid arthritis who were treated at the Rheumatology department of Municipal clinical hospital №3, Chernivtsi, were included into survey. The diagnosis was verified according to the criteria, proposed by ARA/EULAR (2010). Distribution of patients with RA as to the degree of activity was the following: I degree - 17