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К ВОПРОСУ ФИЗИОЛОГИИ КИСЛОТНО-ОСНОВНОГО СОСТОЯНИЯ
КРОВИ.

TACTICS OF CHOICE OF ANTIHYPERTENSIVE THERAPY FOR PATIENTS WITH ARTERIAL HYPERTENSION WITH CONCOMITANT CHRONIC OBSTRUCTIVE DISEASE

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Introductions. The problem of the combined course of arterial hypertension (AH) and chronic obstructive pulmonary disease (COPD) is an urgent problem of modern medicine due to its high prevalence, difficulties in diagnosis, and mutually burdensome pathogenetic connections.

This is especially relative to the treatment of patients with arterial hypertension with concomitant COPD, because the treatment of patients with combined pathology in addition to high efficiency, should be safe, not adversely affect the function of external respiration, pulmonary hemodynamics and mucociliary clearance.

Aim: to evaluate the clinical efficacy and safety of various regimens of antihypertensive therapy in patients with combined hypertension and COPD based on the study of clinical and respiratory parameters and quality of life.

Materials and methods. We treated 3 groups of patients with a combined course of COPD and AH. In group 1, there were 25 patients receiving a combination of ramipril at a dose of 5 mg per day and nebivolol at a dose of 5 mg per day; Group 2 - 25 patients receiving ramipril at a dose of 5 mg per day and hydrochlorothiazide at a dose of 25 mg per day; Group 3 - 25 patients receiving ramipril at a dose of 5 mg per day and amlodipine at a dose of 5 mg per day.

All patients underwent a clinical study, daily monitoring of electrocardiography (ECG) and blood pressure (BP), echocardiography, computed

spirometry and determination of quality of life parameters according to the MOS SF-36 questionnaire. Statistical processing of the obtained results was performed on a personal computer using the statistical software package SPSS 12.0 for Windows, Grand Pack, Serial Number 9593869).

Results and discussion. The patients of group I had a significantly faster dynamics of clinical manifestations, namely a decrease in the degree of dyspnea on the MCR scale, which was observed after 12 months of treatment by 19.3% ($p = 0.023$). In group II, the largest reduction in shortness of breath was observed after 24 months by 9.3%, but these changes were not significant.

In group III there was a significant reduction in the degree of dyspnea by 22.8% after 24 months of treatment ($p = 0.035$). We noted a significant decrease in systolic blood pressure (CAT) and diastolic blood pressure (DBP) in all groups of patients during the day. Among the main hemodynamic parameters that most likely responded to antihypertensive therapy were noted in group I improvement of left ventricular systolic function, decrease in left ventricular myocardial mass, antiarrhythmic effect ($p = 0.034$, $p = 0.002$), in group II decrease in variability of mean pressure variability, a decrease in the functional class of heart failure ($p = 0.028$, $p = 0.03$), in group III a significant decrease in systolic pressure in the pulmonary artery, a decrease in the number of episodes of elevation of coronary insufficiency ($p = 0.031$, $p = 0.05$).

In group I patients, physical status significantly improved after 12 months of treatment by 9.6% ($p = 0.004$) and continued to increase until 24 months of treatment by 17.5% ($p = 0.001$). In group II there was a significant improvement in physical status after 24 months by 17.3% ($p = 0.003$). In group III - after 6 months there was a significant increase of 9.8% ($p = 0.004$) and increased throughout the study period.

Conclusions. Patients with antihypertensive therapy and with a combined course of COPD and hypertension leads to a significant improvement in the structural and geometric remodeling of the myocardium.

The degree of reduction of Systolic blood pressure and Diastolic blood pressure on the background of antihypertensive therapy contributes to significant

organ protection, which is most expressed for patients receiving a combination of ramipril and nebivolol. With the use of nebivolol, there is a faster and more significant improvement in myocardial geometry and a decrease in the pressure load time index.