

РАСПРОСТРАНЕННОСТЬ ФАКТОРОВ РИСКА СЕРДЕЧНО-СОСУДИСТЫХ ЗАБОЛЕВАНИЙ У БОЛЬНЫХ ГИПЕРТОНИЧЕСКОЙ БОЛЕЗНЬЮ С ЦЕРЕБРОВАСКУЛЯРНЫМИ НАРУШЕНИЯМИ

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Введение (цели/ задачи):

Раннее выявление факторов риска (ФР) гипертонической болезни (ГБ) позволяет наиболее объективно оценить риск развития осложнений, а, значит, своевременно, с помощью профилактики и лечения замедлить, а в некоторых случаях предотвратить, наступление тяжелых проявлений когнитивных расстройств. Цель исследования: оценить распространенность факторов риска у пациентов с гипертонической болезнью и церебральными нарушениями.

Материал и методы:

Исследовано 125 больных с ГБ II стадии, находившихся на поликлиническом этапе обследования и лечения в возрасте от 30 до 72 лет (мужчин - 45, женщин - 80). Все больные получали комбинированную антигипертензивную терапию. Проводилось общеклиническое обследование и анкетирование по выявлению ФР. В зависимости от выраженности церебральных расстройств, все пациенты были разделены на 2 группы: 1 - ю составили 22 больных АГ без церебральных нарушений (возраст $35,5 \pm 3,6$ лет) и 2 - ю - 103 больных (возраст $56,9 \pm 1,43$ лет) АГ с церебральными нарушениями. Среди больных 2 - ой группы начальные проявления недостаточности кровоснабжения мозга (НПНКМ) были у 24 человек, дисциркуляторная энцефалопатия (ДЭ) I стадии - у 46 человек, ДЭ II стадии - у 33 человек.

Результаты:

У больных 1 - ой группы уровень АД был: САД $132,4 \pm 5,9$ мм рт. ст., ДАД $88,5 \pm 3,4$ мм рт. ст.; избыточная масса тела и ожирение (ИМТ - $30,7 \pm 1,6$ кг/м²) выявлялась у 13 (67,6%), табакокурение - у 11 (55,5%), злоупотребление алкоголем - у 8 (52,4%), малоподвижный образ жизни - у 6 (27,3%), отягощенная наследственность по сердечно-сосудистым заболеваниям (инсульт, инфаркт миокарда или артериальная гипертензия у ближайших родственников) - у 16 (72,7%), гиперхолестеринемия (уровень общего холестерина плазмы крови $5,79 \pm 0,1$ ммоль/л) - у 7 (31,8%) обследованных, сахарный диабет и нарушение толерантности к глюкозе выявлено у 1 (4,5%). У больных 2 - ой группы уровень АД был САД $148,3 \pm 2,9$ мм рт.ст., ДАД $95,1 \pm 1,5$ мм рт. ст. В отличие от больных 1 - ой группы, выявлялось увеличение частоты избыточной массы тела и ожирения (ИМТ - $32,5 \pm 0,7$ кг/м²), которое регистрировалось у 98 (86,4%), малоподвижного образа жизни - у 42 (41,1%), отягощенной наследственности по сердечно-сосудистым заболеваниям (инсульт, инфаркт миокарда или артериальная гипертензия у ближайших родственников) - у 98 (95,1%), а также снижалась частота гиперхолестеринемии (уровень общего холестерина $6,8 \pm 0,2$ ммоль/л; $p < 0,001$) - у 27 (26,2%), курения табака - у 23 (22,31%), злоупотребления алкоголем - у 16 (15,5%). В этой группе у 17 (16,5%) больных выявлялся сахарный диабет (уровень глюкозы крови - $7,4 \pm 0,3$ ммоль/л) и нарушенная толерантность к глюкозе.

Заключение:

Полученные данные свидетельствуют о том, что среди боль-

ных ГБ как 1 - ой, так и 2 - ой групп имели распространение модифицируемые факторы риска сердечно - сосудистых заболеваний, однако, среди больных 2 - ой группы, ожирение, гиподинамия, сахарный диабет и нарушенная толерантность к глюкозе, а также отягощенная наследственность по сердечно - сосудистым заболеваниям встречались чаще. Выявление факторов риска необходимо учитывать при построении индивидуальных профилактических мероприятий, основная цель которых - предотвращение грозных осложнений ГБ и повышение качества жизни.

ARTERIAL HYPERTENSION AND CHRONIC PANCREATITIS: CALCIUM DEPENDENT PATHOLOGY AND ITS COMPLICATIONS

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Введение (цели/ задачи):

The course and progression of arterial hypertension (AH) and chronic pancreatitis (CP) occurs against a background of increased consumption or insufficient intake of calcium ions into the body. Most often, the development of AH is associated with a genetic defect at the level of the angiotensin-converting enzyme with a violation of the permeability of the cell membrane, and, consequently, the loss of potassium against the background of accumulation of sodium and calcium inside the cell. The result of excess calcium in the cell is an increase in the vessels tone and their increased sensitivity to catecholamines. At the same time, with CP, the mechanisms of bone resorption are associated with a violation of calcium absorption as a result of the formation of maldigestion syndromes and malabsorption. The arising systemic spasm of the vascular canal with AH promotes the progression of CP and the violation of the synthesis of enzymes in the organ, which is calcium dependent. Thus, despite the different mechanisms of calcium absorption intake/impairment, the combination of these nosological forms can be considered as a predictor of the osteopenic syndrome. Purpose. Improvement of early diagnosis of metabolic bone disorders and predicting osteopenic changes in patients with combined course of AH and CP.

Материал и методы:

37 patients with AH and CP (main group) and 21 patients with isolated AH under the age of 40 years were examined. The young age of the subjects was due to the possibility of preventing the influence of pre-climacteric syndrome on the development of osteoporosis. The norms of the biochemical parameters were obtained by examining 20 practically healthy patients. Patient groups were representative of age, gender and timing of AH. The content of osteocalcin involved in the synthesis of bone tissue (enzyme immunoassay, reagents kit of ELISA, USA) and tartrate-resistant acid phosphatase (TRAP) synthesized by osteoclasts and an indicator of bone resorption (biochemical method, reagents from SpectroMed, Moldova) were examined. Simultaneously, all patients underwent densitometry - ultrasound examination of bone tissue (USA). Statistical processing of the results was carried out using the Statistica software package.

Результаты:

A densitometric study showed that in 5 patients with AH (23.8%) and 12 with AH and CP (32.4%) a violation of bone tissue architecture was diagnosed. In comparison group 1 patient (4.8% of 21 patients) had osteoporosis and 4 (19.0%) - osteopenia. In comorbidity AH and CP 5 patients were diagnosed (13.5%) osteoporosis and 7 (18.9%) had osteopenia. The level of osteocalcin in the blood serum of patients with AH was 26.8 ± 0.5 ng/ml at a norm of 27.4 ± 0.7 ng/ml; while in individuals with metabolic changes in bone

tissue it was reduced to 23.4 ± 0.8 ng/ml. In patients with AH and CP, this indicator was 22.5 ± 0.8 ng/ml, and among patients with changes in densitometry - 17.7 ± 0.7 ng/ml. The bone resorption index (TRAP) in groups was 2.34 ± 0.3 units and 3.21 ± 0.4 units, respectively, at the control level of 0.97 ± 0.12 units. Patients with densitometric verified changes had level of TRAP 2.86 ± 0.2 units and 3.54 ± 0.2 units respectively. Thus, the combined course of AH and CP is accompanied by a violation of the ratio between the two main processes of bone tissue remodeling, which leads to the development of osteopenic syndrome.

Заключение:

In patients with AH metabolic disorders of bone tissue are formed, due to a violation of bone synthesis and resorption. With the combined course of arterial hypertension and chronic pancreatitis, favorable conditions for the formation of osteoporotic changes are created, which is manifested by the predominance of bone resorption processes over bone formation.

AWARENESS OF PATIENTS WITH HYPERTENSION WITH BRAIN DAMAGE ABOUT BASIC PRINCIPLES FOR HEALTHY LIFESTYLE

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Введение (цели/ задачи):

Formation of healthy lifestyle contribute to preserving and strengthening of public health through its impact on adjustable risk factors. Purpose. To study the awareness of patients with essential hypertension (HT) with cerebral disorders about the basic rules of a healthy lifestyle.

Материал и методы:

125 patients with stage II HT who were at the polyclinic stage of examination and treatment at the age of 30 to 72 years were examined (45 for men, 80 for women). All patients received combined antihypertensive therapy. A general clinical examination and a questionnaire were conducted to identify the RF. Depending on the severity of cerebral disorders, all patients were divided into 2 groups: the first consisted of 22 patients with AH without cerebral disorders (age 35.5 ± 3.6 years) and 2 - 103 patients (age $56.9 \pm 1, 43$ years old) AH with cerebral infarction. Among the patients of the 2nd group, initial manifestations of cerebral blood supply deficiency (NPNCM) were in 24 people, stage I of discirculatory encephalopathy (DEP) in 46 people, DEP of stage II in 33 people.

Результаты:

When studying the main principles of a healthy lifestyle in patients of the 1st group, it was found that 17 (77.3%) of the subjects were aware of the elevated level of ABP (140/90 mmHg and above), measured ABP only with deterioration of well-being - 17 (77.3%). They indicated the presence of a connection between an increased level of ABP and excess body weight, 15 (68.2%), smoking - 16 (72.7%), with low physical activity - 12 (54.5%), with a hereditary burden of 14 (63.6%), with alcohol (more than 30 grams of pure alcohol for men and more than 15 grams of women per day) - 15 (68.2%). When questioning indicated their cholesterol level - 5 (22.7%), body weight - 21 (95.9%), sugar level - 7 (31.8%); owned information that with arterial hypertension it is necessary to limit the intake of salt to 5 g / day. - 15 (68.2%), with excessive body weight - reduce the total calorie content of food to 1500-1200 kcal - 12 (54.5%), with hypodynamia - walk at a moderate pace (with acceleration) for at least 30 minutes. per day - 15 (68.2%) of the

examined. The survey showed that to maintain their health, they are ready to observe the regime of day - 12 (54.5%), rational eating - 13 (59.1%), exercise - 15 (68.2%), be able to overcome psycho-emotional stress - 8 (66.2%) of those surveyed. In the second group of AH patients with cerebral disturbances, 61 (59.2%) of the subjects were aware of the increased level of blood pressure (140/90 mm Hg and above), they were aware of the relationship between elevated blood pressure and excess body weight - 57 (55.9%), with smoking - 60 (58.3%), with low physical activity - 34 (33.0%), with hereditary burden - 62 (60.2%), with alcohol abuse (more than 30 g pure alcohol for men and more than 15 grams of women per day) - 55 (53.3%). A smaller percentage of people 53 (51.5%) measure ABP only if their well-being worsens. At the questioning indicated their body weight - 71 (68.9%), cholesterol level - 72 (69.9%), sugar level - 54 (52.5%). They knew that in arterial hypertension it is necessary to limit salt intake to 5 g / day - 64 (62.1%), with excessive body weight, it is necessary to reduce the total calorie content of food to 1500-1200 kcal - 58 (56.3%), to improve health should be walked at a moderate pace (with acceleration) at least 30 minutes. per day - 73 (70.9%), be able to overcome psychoemotional overstrain - 84 (62.1%). When interviewing, a larger percentage of people were ready to observe the regime of the day - 70 (67.9%), to eat rationally - 72 (69.9%), exercise - 70 (67.9%).

Заключение:

Patients with HT with brain damage, unlike patients without brain disorders, have more information about basic principles for healthy lifestyle. This should be considered creation of individual rehabilitation programs.

GENETIC MARKERS OF ARTERIAL HYPERTENSION PROGNOSIS IN PATIENTS WITH DIABETES MELLITUS TYPE 2

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Введение (цели/ задачи):

The European Society of Cardiology in its recommendations noted that the development of arterial hypertension (AH) is due to the presence of a large number of mutations in genes that monitor the main blood pressure monitoring systems. That is, AH is considered as a highly heterogeneous disease with a multifactorial etiology and polygenic changes. The prevalence of the disease is so high (up to 30% of the world's population), the complications that arise are so serious and arterial pressure in most cases remains uncontrollable, that the disease is considered to be socially significant, which affects not only the quality of life, but also the mortality of patients. The high prevalence among all causes of morbidity allows to assume its combination with other diseases of internal organs, among which a special place is occupied by diabetes mellitus (DM). The defeat of the vascular system against the background of changes in all types of metabolism leads to serious complications when combined. Purpose: diagnostic optimization of the combined course of AH and type 2 diabetes mellitus by establishing the role of the ACE and NO-synthase genes polymorphism.

Материал и методы:

Forty-nine patients with combined course of AH and type 2 diabetes at the age of 39.2 ± 5.6 years and 42 patients with AH aged 37.8 ± 4.7 years took part in the work. 50 practically healthy people entered the control group. The groups were comparable in gender and duration of anamnesis for hypertension. All patients with diabetes were taking metformin 1000 mg/day to correct the glycemia 17 among them were additionally prescribed with insulin. ACE inhibitors, β -blockers, diuretics were used for the treatment of hypertension. The insertion-