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Justification for valsartan and telmisartan prescribing to patients with coronary artery disease and diabetes melitus type 2

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Introduction: It is known that there is a need to prescribe blood pressure control drugs to patients with coronary artery disease (CAD). Among them there is the reninangiotensin-aldosterone system blockers group (ARBs). There is evidence that the designation of ARBs improves predictions of the progress of CAD.

Results and discussion: ARBs have a number of advantages when choosing a drug for patients with CAD and diabetes melitus (DM) type 2. First of all, this group of drugs demonstrates significant effectiveness of blood pressure control, high tolerability, and economic accessibility. Drugs of this group also have pronounced organoprotective effects, in particular, direct cardioprotective action, manifested in the form of significant regression of left ventricular myocardial hypertrophy. Exactly this effect makes possible to achieve an improvement in intracardial hemodynamics, and therefore to reduce the risks of thrombosis and aggregation. It also slows the development of fibrosis in the hypertrophied myocardium, and therefore the heart failure development. It is known that ARBs can improve metabolic performance by reducing levels of inflammatory markers, stimulating the bradykinin system, and reducing endothelial dysfunction. In addition, the nephroprotective effect of ARBs in patients with DM type 2 in the form of a decrease in microalbuminuria and a slowdown in the development 71 of diabetic nephropathy was proved in the MARVAL study, among them telmisartan and valsartan had the best results. The metabolic effect of ARBs in patients with cardiovascular diseases and DM type 2 in the form of increased tissue sensitivity to glucose is also known.

Conclusions: ARBs can reduce the likelihood of developing cardiovascular events and death from causes associated with the cardiovascular system in patients with CAD with concomitant DM type 2. All this factors lead to the choice of ARBs prescribing as drugs for the treatment of CAD in patients with CAD and DM type 2, namely, the use of telmisratan and valsartan.