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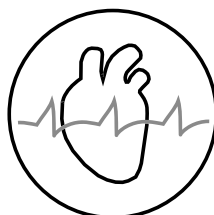
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The dynamics of blood pressure and proinflammatory parameters under antihypertensive treatment

Index	Group I (telmisartan) n = 29		Group II (S-amlodipine) n = 27		Group III (combination)n = 43	
	Baseline	After treatment	Baseline	After treatment	Baseline	After treatment
Day-time SBP, mm Hg	153,9±2,2	136,9±1,7***	158,3±3,0	132,8±2,3***	158,2±1,6	133,6±1,0***
Day-time DBP, mm Hg	95,2±2,0	84,1±1,9***	153,1±2,1	135,2±1,7***	98,2±1,6	83,6±1,1***
Nighth-time SBP, mm Hg	137,2±2,6	122,5±1,5***	136,7±1,8	120,3±2,9***	139,5±2,5	121,8±1,9***
Nighth-time DBP, mm Hg	77,3±1,8	70,0±1,4***	79,0±1,9	68,9±1,4***	80,4±1,6	70,4±1,2***

of antihypertensive therapy. The first subgroup of patients (30 patients) received a non-fixed combination of perindopril-indapamide-amlodipine. The second subgroup (32 patients) received a fixed combination of these drugs. Examination of patients included generally accepted clinical, laboratory and instrumental methods. 24-hour monitoring of blood pressure (BP) was carried out using the apparatus "ABRM-02/0" "Meditech" (Hungary). The examination was carried out before the start of treatment and after 3 months. Antihypertensive therapy was carried out against the background of recommendations for lifestyle correction and taking atorvastatin at a daily dose of 20 mg as a lipid-lowering drug in the presence of atherogenic dyslipidemia.

Results. In the group of patients who received a fixed combination of drugs after 3 months of treatment, a significantly higher frequency of achieving target BP levels (systolic BP <140 mm Hg and diastolic BP <90 mm Hg) was revealed than in the group of patients who received a non-fixed combination of these drugs: 78 % vs. 57 %, $p < 0.05$. At the same time, the use of a fixed combination of drugs in these patients was associated with higher adherence to therapy in comparison with the use of a non-fixed combination of these drugs. So, after 3 months of therapy, 84 % of patients continued to take a fixed combination of drugs and only 63 % of patients continued to take a non-fixed combination of prescribed drugs ($p < 0.05$). According to the data of 24-hour BP monitoring, the fixed combination of the drugs used led to a more complete correction of such parameters as 24-hour average, average day-time and average night-time systolic and diastolic BP, the degree of nocturnal decrease in systolic BP and the 24-hour average systolic BP variability.

Conclusions. In patients with AH, which occurs within the 2–3 degree, the fixed combination of perindopril-indapamide-amlodipine is significantly more effective than the non-fixed combination of these drugs. An important advantage of the fixed combination of these drugs over the non-fixed one is a significantly higher adherence to treatment, which contributes to maintaining the achieved efficiency for a long time.

Gender differences in exercise capacity and left ventricular geometry among patients with comorbid pathology – hypertension with chronic obstructive pulmonary disease

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Background. Hypertension (HT) and chronic obstructive pulmonary disease (COPD) are one of the most common comorbid pathologies associated with the risk of cardiovascular events. As long as the ejection fraction (EF) remains preserved, it is quite challenging to establish signs of heart failure. Dyspnea and exercise intolerance in COPD can mask reduced heart function, especially in hypertensive patients. Concentric and eccentric hypertrophy are common in patients with heart failure with preserved EF

Purpose. to assess gender differences in exercise capacity using 6-min walk test (6MWT) and left ventricular (LV) geometry among patients with HT and COPD.

Methods. In total, 69 HT stage II with COPD (GOLD 2, group B) patients in remission (57 males $55,97 \pm 5,73$ y.o. and 12 females $55,00 \pm 4,47$ y.o.) old were monitored. All patients underwent general clinical and laboratory examination, 6MWT, pulse oximetry, spirometry, electrocardiography, echocardiography and chest x-ray. Dyspnea level was assessed two times – before and after the 6MWT using the Borg Scale. Oxygen saturation (SpO_2) also was assessed two times – before and after the 6MWT. Pulse oximetry was performed on device Heaco CMS 50C (Great Britain). Echocardiography was performed on ultrasound device RADMIR Ultima PA (Ukraine).

Results. Dyspnea level before and after the 6MWT, drop in SpO_2 during the 6MWT as well as the distance walked in the 6MWT showed no significant ($p > 0,05$) differences in men and women – $3,09 \pm 0,76$ points vs. $2,83 \pm 0,58$ points; $3,91 \pm 0,99$ points

vs. $3,58 \pm 0,79$ points; $4,23 \pm 1,45$ % vs. $3,75 \pm 1,36$ %; $383,68 \pm 15,10$ m vs. $382,08 \pm 14,14$ m.

LV systolic function was preserved in all patients (EF > 55 %). LV diastolic function echocardiographic parameters didn't show significant differences between men and women. At the same time, we found that all women had unfavorable types of LV geometry (concentric and eccentric hypertrophy), concentric hypertrophy was predominated – 83,33 % (10 of 12 patients). All four types of LV geometry were found among men. Favorable types of geometry (normal geometry and concentric remodeling) occurred in 31,58 % (18 of 57 patients). The dominant type of geometry in men was concentric hypertrophy – 43,86 % (25 of 57 patients). LV concentric hypertrophy was significantly more common in women than in men ($\varphi = 2,69$, $p < 0,01$).

Conclusions. Despite the lack of differences in clinical and functional data by gender, the predominance of LV concentric hypertrophy in women was reliably established among the patients with HT and COPD.

Melatonin as a biomarker of the combined course of arterial hypertension and osteoarthritis

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Currently, a characteristic phenomenon in the internal medicine clinic is nosological comorbidity, which is why much attention of researchers is focused on this problem. Scientists are particularly interested in a combination of such diseases that have important medical and social significance, among which arterial hypertension (AH) and osteoarthritis (OA) occupy a prominent place.

Since the search for ways and means of improving the diagnosis and medical correction of hypertension and OA in order to slow down their progression and the burden on the health care system is still ongoing, the effectiveness of melatonin as a means of improving the pharmacotherapy of various pathological conditions has been considered in recent years. The interest of researchers is caused by its role in the regulation of the cardiovascular system, the functioning of the autonomic nervous system, the influence on the immune system and inflammatory processes.

The objective is to find out the role of melatonin as a biomarker in patients with hypertension who also suffer from OA, taking into account the indicators of daily blood pressure monitoring

(DBPM) and the concentration of melatonin in blood serum.

Material and methods. In accordance with the aim and tasks of our study, a total of 60 people of different ages ($62,2 \pm 2,3$ years) and gender, patients with hypertension and OA and 10 healthy volunteers were examined. All patients underwent DBPM with the VAT41–2 device (ICS-TECH, Ukraine). The concentration of melatonin in the blood serum of patients was determined using the Melatonin ELISA reagent kit (IBL International, Germany) by the immunoenzymatic method. The obtained data were processed by the methods of variational statistics using the Statistica 12 program.

The results. During the study, it was observed that the highest indicators of daily SBP (147,7 mm Hg) and DBP (84,3 mm Hg) were in “night-peaker” patients, and the lowest daily SBP (139,3 mm Hg) and DBP (85,4 mm Hg) in patients whose daily index (DI) corresponded to «dipper». In accordance with the study plan, fasting melatonin levels in blood serum were determined in patients with combined pathology. Thus, in the subjects examined in the group with combined pathology, the average indicators of melatonin levels are 2,6 times ($46,71 \pm 6,26$ pg/ml) lower than the similar indicator in the control group ($125,43 \pm 8,13$ pg/ml, $p < 0,05$).

In the course of the study, it was found that in patients of groups with combined hypertension and OA, there is an inverse correlation ($r = -0,49$, $p < 0,05$) between indicators of average daily SBP and melatonin concentration.

During the analysis, it was found that in a significant part of patients with combined hypertension and OA, in whom DI corresponded to the degree of «night-peaker» pressure reduction, the average melatonin values ($37,0 \pm 7,4$ pg/ml) were the lowest compared with a control group. In cases where the DI in the studied group corresponded to «non-dipper», higher concentrations of melatonin were observed ($41,03 \pm 6,05$ pg/ml). The highest average values of melatonin ($60,2 \pm 7,1$ pg/ml) in the group with combined pathology were those patients whose blood pressure corresponded to the “dipper” profile, which further confirms the negative correlation between the concentrations of melatonin and ghrelin and SBP indicators. The melatonin values corresponding to the DI «dipper» were significantly higher ($p < 0,05$) than the melatonin values in the subgroups with the DI «non-dipper» and «night-peaker». In the «non-dipper» and «night-peaker» subgroups, the difference in indicators was not reliable.

Conclusions. The low levels of melatonin studied in patients with combined hypertension and OA confirm our interest in it as a marker for early diag-

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