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## THE INFLUENCE OF THYROID FUNCTION ON ARTERIAL HYPERTENSION IN PATIENTS WITH NON-ALCOHOLIC FATTY LIVER DISEASE

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**Background.** Cardiovascular diseases (CVD) take one of the first places in the structure of mortality in many countries. 17.3 million people died from CVD, representing 30% of the causes of death in the world, according to the World Health Organization in 2009. Arterial hypertension (AH) is the most common among CVD (V. Kovalenko, 2010; Mitchell A. Lazar, 2011). Several studies have indicated (Eliseev AJ, 2012; Drapkyna OM, 2012; Kalant N., 2012) frequent combination of hypertension and non-alcoholic fatty liver disease (NAFLD). The presence of arterial hypertension causes more severe underlying disease in patients with concomitant liver disease. Impact of the thyroid gland is expected in the course of AH hypertension in patients with NAFLD as liver diseases fluctuation occurs in the metabolism of thyroid hormones.

**Objective:** The aim of study was to analyze the literature about the effect of the thyroid gland in the flow of AH in patients NAFLD.

**Materials and Methods:** The literature depth 10 years was study.

**Results:** The literature suggests the presence of different manifestations tireopathy approximately 50% of patients with CVD, including AH. During this period, the effect on the CVD of overt hypothyroidism is more studied, subclinical hypothyroidism issues do not provide enough attention. So, today, frequency of thyroid dysfunction and its forms remain poorly known in patients with liver disease. There is unexplored problem of the relationship of thyroid function and NAFLD.

**Conclusions:** The study of peculiarities of AH depending on thyroid function in patients with NAFLD is relevant and will be accompanied by optimization of diagnosis and treatment of hypertension in these patients, given the proliferation of thyroid dysfunction liver pathology and its impact on the progression of cardiometabolic risk factors.

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## THE ROLE OF INTERLEUKIN-4 AND INTERLEUKIN-6 IN THE DEVELOPMENT OF CONCOMITANT GASTROESOPHAGEAL REFLUX DISEASE IN PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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**Background.** Today there is no a doctor who in his daily clinical practice is not faced with patients having a chronic obstructive pulmonary disease (COPD). The characteristic feature of COPD is that it is more often observed in the patients older 40 years (LaufsU.,2001; LawlorD.A.,2005). In this age many concomitant pathologies appeared, among them is gastroesophageal reflux disease (GERD)



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