

VISFATIN LEVEL IN HYPERTENSIVE PATIENTS WITH ABDOMINAL OBESITY AGAINST THE COMBINATION OF ANTIHYPERTENSIVE THERAPY AND ATORVASTATIN.

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The purpose of the study is to improve the treatment of hypertensive patients with abdominal obesity and dyslipidemia considering the dynamics of the visfatin level in the blood serum receiving combination of anti-hypertensive therapy and atorvastatin. Methods. 84 hypertensive patients were examined who were divided into the first group of patients with hypertension (n=25) and the second group of hypertensive patients with abdominal obesity (n=59), the third control group consists of apparently healthy individuals (n=17). Patients comparable with age and sex. The level of visfatin in the serum was determined by ELISA «RayBiotech», USA. Lipid profile (total cholesterol, triglycerides, low-density lipoprotein, very low-density lipoprotein, high-density lipoprotein) – is determined with enzymatic photometric method ("DAS-SpectroMed», Moldova). Both groups received the combination of anti-hypertensive therapy (10 mg olmesartan medoxomil and amlodipine 5 mg 1 time per day). Atorvastatin was given to the first group of 64% of patients, and to the second one of 67% of patients diagnosed with dyslipidemia. Result. The achievement of target blood pressure of hypertensive patients with abdominal obesity for SBP from (177,8±3,7) mm Hg to (144,1±3,9) mm Hg and of hypertensive patients from (166,4±2,9) mm Hg to (131,4±2,7) mm Hg ($p<0.05$) was noticed. In patients with abdominal obesity the level of visfatin significantly differed from the control group by (33,9±1,47) ng/ml and (17,51±0,96) ng/ml ($p<0.05$), while in the group of hypertensive patients (24,27±1,2) ng/ml, significant differences were not found. In the second group of patients who took the combination of anti-hypertensive therapy the level of visfatin in serum was significantly decreased by 37% ($p<0.05$). In the first group the level of visfatin in serum was not significantly changed and decreased by 24% ($p>0.05$). Atorvastatin was added in the 1st group if they have dyslipidemia where the level of visfatin was changed by 26% ($p>0.05$), but in the second group it was significantly decreased by 40% ($p<0.05$). Conclusions. Thus, the combination of anti-hypertensive therapy has achieved the target blood pressure in the both groups and at the same time it has significantly changed the level of visfatin in the serum of patients with abdominal obesity, and especially expressed in dyslipidemia during treatment with atorvastatin.