**LEVEL OF TNF-α, sTNF-RI AND 8-ISOPROSTANE IN THE COMBINED THERAPY OF LACIDIPINE AND CANDESARTAN AT OVERWEIGHT HYPERTENSIVE PATIENTS**

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One of the manifestations of the pathogenesis of such combined pathology as hypertension (AH) and obesity is the development of endothelial dysfunction (ED). Recent studies suggest a possible role of immune-inflammation activation mediated by pro-inflammatory cytokines, and oxidative stress (OS) in the development of ED.

**Aim.** Assessment of the level of TNF-α, sTNF-RI and 8-isoprostane, as the main marker of OS, at overweight patients with arterial hypertension in combined lacidipine (2 and 4 mg) and candesartan (4, 8, 16mg) therapy.

**Material and methods.** The content of serum 8-iso-PgF2α (8-isoprostane), TNF-α and its soluble receptor type I (sTNF-RI) determined by ELISA. The obtained data were expressed in pg/mL, ug/ml and ng/ml respectively. 44 overweight hypertensive patients, (2–stage, 2-3 degree of AH, age–54,7+0,58years), without preliminarily antihypertensive therapy were examined.

The TNF-α level was decreased to 87,65 (44,99±5,6 compared with base line before treatment 132,64±22,58, p<0,05) which is 66,08%. Middle level sTNF-RI noted a reverse trend, ie increase its average 0,53 ng/ml (25,24%) after the treatment (2,63±0,53 compared with before treatment 2,10±0,16). The decrease in TNF-α / sTNF-RI 72,9% (17,11 VS 63,16) indicates a change of ligand / receptor ratio on, ie the reduction of TNF-α on the background of sTNF-RI shows a significant decrease in the level of immuno activation after 10 weeks of treatment by ARA II + AC.

Decreased content of serum 8-isoprostane on 80,9% (2,42±1.49 compared to baseline 12,67 ± 9,63) and respectively 5,24 times becomes lower.

**Conclusions.** Lacidipine treatment in combination with candesartan is accompanied by a decrease in intensity of oxidative stress, which manifests a decrease in the level of 8-isoprostane and evidence of antiimmunoinflammatory and antiapoptotich effects during therapy.