



QOL was found in young diabetic patients (till 30 years), in person with adiposity. The lowest level of QOL was estimated in DM 2 type. The lowest level of QOL was found in young asthmatic patient compare to older ones. As weight increased, PCS is lowered, MCS is raised. The universal factor worsening QOL at diabetic and asthmatic patients was arterial hypertension.

Conclusion: International questionnaire SF - 36 is the major tool which allows estimating a picture of illness eyes of the patient, to reveal «critical units», influencing on QOL in each specific case, to establish the possible reasons for a low assessment the patient of the physical, mental, social possibilities.

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**INFLAMMATION INFLUENCE ON THE FORMATION OF
ENDOTHELIAL DYSFUNCTION IN HYPERTENSIVE PATIENTS CAUSED
BY OBESITY**

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The aim of the study was to evaluate the levels of interleukin (IL)-4, 6 and endothelial nitric oxide synthase (eNOS) in patients with hypertension and abdominal obesity (AO).

Materials and methods: included a survey of 82 patients with hypertension. The first group consists of patients with hypertension ($n = 29$), the second group is patients with hypertension and AO ($n = 37$) and a control group ($n = 16$). AO was determined by measuring the waist circumference (for men greater than 102 cm and for women over 88 cm), concentration of IL-4, 6, and eNOS in serum were determined by ELISA set from "Vector-Best" (Russia) and «Uscn» (China).

Results: Levels of IL-6 in hypertensive patients was $(3,55 \pm 0,18)$ pg / ml, and IL-4 $(1,48 \pm 0,06)$ pg / ml. In hypertensive patients, combined with abdominal obesity concentration of IL-6 was significantly higher compared to the control group and was $(4,01 \pm 0,3)$ pg /ml and $(2,91 \pm 0,2)$ pg / ml, $p < 0,05$, while significant differences between the levels of IL-4 were not found. However, there was an increase in the means of hypertensive patients with AO $(1,81 \pm 0,09)$, $p > 0.05$, while it was $(1,45 \pm 0,07)$ in control group. Levels of eNOS were 68% lower in obese patients than in hypertensive patients and control groups.

Conclusions: We can see that the negative or opposite relation between IL-6 and eNOS in the group of hypertensive patients with obesity leads to the development of endothelial dysfunction. Increasing the concentration of IL-6 and decreasing in IL-4 in the examined patients associated with the degree of obesity shows an association of systemic inflammation with volume of fat tissue.

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**TYPE 2 DIABETES MELLITUS RISK IN PATIENTS WITH
ESSENTIAL HYPERTENSION**

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