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CARDIOPROTECTIVE AND METABOLIC EFFECTS OF ANTIHYPERTENSIVE THERAPY IN PATIENTS WITH TYPE 2 DIABETES MELLITUS AND COMORBID CONDITIONS

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Introduction. Arterial hypertension (AH), type 2 diabetes mellitus (T2DM), and obesity are among the most prevalent chronic non-communicable diseases and represent a significant global health burden. The coexistence of these conditions forms a high-risk phenotype associated with accelerated atherosclerosis, endothelial dysfunction, insulin resistance, and progressive target organ damage.

Activation of the renin-angiotensin-aldosterone system plays a key role in the pathogenesis of cardiovascular and metabolic disorders in such patients. Its excessive activity contributes to vascular remodeling, myocardial hypertrophy, and deterioration of metabolic control. Therefore, antihypertensive drugs that inhibit this system are considered a cornerstone of therapy.

Modern treatment strategies focus not only on blood pressure control but also on reducing overall cardiovascular risk, improving metabolic parameters, and preventing long-term complications.

Aim. To evaluate the cardioprotective and metabolic effects of antihypertensive therapy based on inhibition of the renin-angiotensin-aldosterone system in patients with type 2 diabetes mellitus and comorbid arterial hypertension and obesity.

Materials and methods. The study included 56 patients with arterial hypertension, type 2 diabetes mellitus, and obesity. The mean age of the participants was 64.4 ± 1.1 years; 43% were men and 57% were women. Diagnoses were established according to current international clinical guidelines. Patients were divided into two groups depending on the prescribed therapy. The first group received ramipril at a dose of 10 mg per day, while the second group received telmisartan at a dose of 40 mg per day. All patients also received standard therapy including bisoprolol and metformin, along with recommendations for lifestyle modification such as dietary changes and increased physical activity. Clinical assessment included measurement of systolic and diastolic blood pressure and heart rate. Laboratory investigations included fasting glucose, glycated hemoglobin, insulin levels, and lipid profile parameters. Echocardiography was performed to evaluate structural and functional parameters of the left ventricle. All parameters were assessed at baseline and after three months of treatment. Statistical analysis was performed using standard methods with a significance level of less than 0.05.

Results. After three months of therapy, a statistically significant reduction in systolic and diastolic blood pressure was observed in both groups. Heart rate also decreased, indicating improved hemodynamic stability. Echocardiographic evaluation demonstrated positive changes in cardiac structure and function, including a decrease in left ventricular volumes and myocardial mass, as well as an increase in ejection fraction. These findings indicate regression of left ventricular hypertrophy and improvement of systolic function. No statistically significant changes were observed

in fasting glucose, glycated hemoglobin, or insulin levels, which suggests that the studied therapies do not adversely affect carbohydrate metabolism. At the same time, improvements in lipid profile parameters were noted, particularly a reduction in low-density lipoprotein cholesterol and atherogenic index. A decrease in body mass index was also observed. Both treatment regimens demonstrated similar effectiveness in achieving blood pressure control and improving cardiovascular parameters.

Conclusions. Antihypertensive therapy based on inhibition of the renin-angiotensin-aldosterone system in patients with type 2 diabetes mellitus and comorbid arterial hypertension and obesity leads to significant improvement in hemodynamic parameters and cardiac function. Such therapy contributes to regression of structural changes in the myocardium and improves systolic function of the left ventricle. The studied treatment approaches do not have a negative impact on carbohydrate metabolism and demonstrate beneficial effects on lipid profile and body mass index. The use of these therapeutic strategies may reduce the risk of cardiovascular complications and improve clinical outcomes in patients with type 2 diabetes mellitus.

Key words: type 2 diabetes mellitus, arterial hypertension, obesity, antihypertensive therapy, cardioprotection, metabolic effects.