

COLLECTION OF SCIENTIFIC PAPERS WITH PROCEEDINGS OF THE

VI INTERNATIONAL SCIENTIFIC AND PRACTICAL CONFERENCE

«Education and science of today: intersectoral
issues and development of sciences»



Cambridge
United Kingdom



March 29
2024



**Cambridge Data Science LTD &
NGO European Scientific Platform**



ISBN (online) 978-1-8380557-3-8
ISBN (print) 978-617-8312-02-2

DOI 10.36074/logos-29.03.2024

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United Kingdom
«P.C. Publishing House»

Ukraine
«UKRLOGOS Group»

2024

UDC 082:001
E 25



Chairman of the Organizing Committee: Goldenblat M.¹
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The organization on behalf of which the book is published:

¹ NGO European Scientific Platform, Ukraine

² Cambridge Data Science LTD, United Kingdom

Responsible for the layout: Bilous T. Responsible designer: Bondarenko I.

Recommended for publication by the Academic Council of the Institute of Scientific and Technical Integration and Cooperation. Protocol N° 29 from March 28th, 2024.

E 25 **Education and science of today: intersectoral issues and development of sciences:** Collection of scientific papers «ΛΟΓΟΣ» with Proceedings of the VI International Scientific and Practical Conference, Cambridge, March 29, 2024. Cambridge-Vinnytsia: P.C. Publishing House & UKRLOGOS Group LLC, 2024.

ISBN 978-617-8312-02-2

«UKRLOGOS Group» LLC, Ukraine

ISBN 978-1-8380557-3-8 (PDF)

«P.C. Publishing House», United Kingdom

DOI 10.36074/logos-29.03.2024

Papers of participants of the VI International Scientific and Practical Conference «Education and science of today: intersectoral issues and development of sciences», held in Cambridge, March 29, 2024, are presented in the collection of scientific papers.



The conference is certified by Euro Science Certification Group
(**Certificate N° 22513 dated January 7, 2024**);

The conference is also included in the catalog of International Scientific Conferences by ResearchBib; and registered by State Scientific Institution «Ukrainian institute of scientific and technical expertise and information» in the database «Scientific and technical events of Ukraine» (**Certificate N° 72 dated 5 January 2024**).



Bibliographic descriptions of the conference proceedings are indexed by Google Scholar, CrossRef, OpenAIRE, OUCI, Scilit, Semantic Scholar, Mendeley, WorldCat and ORCID.

UDC 082:001

ISBN 978-617-8312-02-2
ISBN 978-1-8380557-3-8 (PDF)

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DOI 10.36074/logos-29.03.2024.101

ANTIHYPERTENSIVE THERAPY FOR COMORBID CONDITIONS IN THE PRACTICE OF A FAMILY DOCTOR

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Actuality . Recently , attention has been paid to the problem of polymorbidity in therapy big attention Study problems polymorbidity is especially relevant in relation to the most widespread and socially significant diseases Comorbidity (from Latin - "So" - together + " morbus " - disease) - presence several chronic related diseases between themselves as one pathogenetic mechanism . Transsyndromal comorbidity - coexistence in one patient two and/ or more syndromes , pathogenetically interconnected among ourselves. It is established that number comorbid diseases directly depends from age patient : in young people such a combination diseases meets less often , however what older man , tim bigger probability development comorbid pathologies . Under the age of 19 comorbid disease happen only in 10% of cases , up to 80 years this indicator reaches 80%. Influence comorbid pathologies on clinical manifestations, diagnosis , prognosis and treatment many diseases multifaceted and individual . Interaction diseases , age and medical conditions pathomorphosis much changes clinical picture and course main nosology , nature and severity complications , worsen quality life of the patient is limited or make it difficult medical and diagnostic process

The aim of the study . Study antihypertensive efficiency drugs the second lines in comorbid conditions.

Materials and methods. In the course of our work, we worked out and analyzed foreign and domestic literary sources, WHO and MOH surveys related to this topic. All studies were taken from the period 2015-2021. 44 patients aged from 66 to 73 years old (average age - 69.3 ± 0.9) were under our observation, 20 of them were men; women - 24. In addition to general clinical tests, fasting glucose level

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and lipidogram were analyzed . The control group consisted of 20 patients with arterial hypertension who received combined antihypertensive therapy: iACE , BAB and diuretics . 24 patients, in addition to these drugs, were prescribed moxonidine 0.4 mg per day.

Results and discussion . The problem of comorbidity becomes especially relevant under demographic conditions aging people . Improvement treatment and promotion duration life led to an increase frequency comorbid conditions and growth quantity medicines that are accepted . Comorbidity is a negative factor for the prognosis of the disease , which p increases probability of death Arterial hypertension , LVH (hypertrophy the left ventricle), sugar type 2 diabetes , obesity and dyslipidemia - each from these factors alone is an independent risk factor cardiovascular diseases , however most often observed combination (syntropy) of all these pathological states in one a person

By consequences our study of AH of the first degree found in 2 (4.6%) patients ; second degree – in 39 (88.6%) and third degree degrees – in 3 (6.8%), all sick received combined antihypertensive therapy , however during admission was it was found that they did not achieve target JSC level .

Before treatment the levels of SAT , DBP and PAT , as well as heart rate, did not differ by group . In process therapy is noted decrease arterial pressure , moreover more expressed in the group patients who accepted moxonidine (physiotens firm Abbott). In process complex therapy in this the group happens reliable decrease in BP as systolic (152.6±1.8 vs baseline 178.5±2.3 mm Hg), and diastolic (80.8±1.5 vs. original 95, 2±1.6). Pulse blood pressure as well decreased to 68.9±1.1 against the original 78.5±1.6 . In the second (control) group is noted also positive dynamics : SBP decreased to 169.2±1.6 against 178.2±1.4; DBP up to 83.7±0.9 against 95.1±1.1 and PA T up to 80.4±1.5 against 83.6±0.9. When resistant arterial hypertension combined physiotherapy discovered more pronounced hypotensive effect : out of 9 patients, 7 were observed essential decrease in blood pressure, and in 4 - achievement target JSC level . In 8 weeks therapy in combination with physiotherapy BP was normalized noted in 60 (66.7%) patients , while in the group patients who were only on standard therapy antihypertensive drugs - only in 13 (46.4%).

In four (4.4%) patients at a dose of 0.4 mg, it occurred dryness in the mouth , in connection with which was the dose was reduced to 0.2 mg. In the comparative studies results treatment target blood pressure level in the control room the group reached 60%, while in the group that received combined therapy with moxonidine - 79.2%. Until the end of the treatment course with moxonidine BMI in the range from 25 to 29 – was in 21 (47.7% - 9 and 12 by groups), from 30 to 34.9 in 12 (27.3% - 8 and 4) patients , from 35-40 in 11 (25% - 7 and 4). Currently there is



enough number drugs that used for treatment patients on different stages cardiovascular pathology. Simultaneously recently , views on the choice of the optimal drug in clinical practice practice undergo some changes When insufficient efficiency antihypertensives drugs the first line there is a need for them combinations with other drugs.

Conclusions . In particular , the application moxonidine in a dose of 0.4 mg in the process course therapy within 4 weeks leads to a reliable reduction of both systolic and diastolic pressure Place antihypertensive actions moxonidine - central nervous system, except this has cardiovasoprotective , nephroprotective effect , with metabolic syndrome contribute decrease insulin resistance , reduction masses bodies and improve Indexes lipid exchange Unlike from the first generations highly selective of imidazoline receptors , moxonidine causes oppression pretty activity and further decline peripheral resistance in arterioles is practically unchanged volume cardiac emission.

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