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Матеріали XXV Національного конгресу кардіологів України (Київ, 24-27 вересня 2024 р.)

- Атеросклероз та ішемічна хвороба серця
- Гострий інфаркт міокарда
- Інтервенційна кардіологія
- Дисліпідемії
- Артеріальна гіпертензія
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- Медико-соціальні аспекти кардіології в умовах війни





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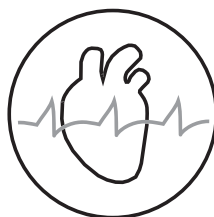
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comparison of spasticity indicators (SI) of IH was performed using the two-tailed Maun-Whitney test.

On the 1st week after hemisection, both males and females had gross violations of the muscle tone of IH: 3.9 ± 0.03 ($n=55$) and 3.84 ± 0.05 ($n=57$), respectively. At the 1st month after SCI, a decrease in the level of IH spasticity, mainly a significant increase in muscle tone and difficulties in performing passive movements in the group of males «SCI» continued to be noted – 3.83 ± 0.04 ($n=55$). Whereas in females with SCI, the SI was 3.67 ± 0.07 ($n=57$), which mainly corresponded to a significant increase in IH tone and difficulties in passive movements performing. On the other hand, in males of the «SCI+MSC» group, the SI was 2.47 ± 0.15 points ($n=20$), which was manifested in a significant increase in the tone of IH muscles, and in some of them – a slight level of spasticity and was manifested in grasping, tension or relaxation of IH muscles with the least resistance. In «SCI+MSK» females, the SI was 2.14 ± 0.14 ($n=18$), which corresponded to a slight violation of IH tone, and free performance of passive movements. At the 3rd month, in males with SCI, a decrease in SI was noted to 3.76 ± 0.05 ($n=55$), which was reflected in gross, less often, significant violations of IH tone. Whereas in females with SCI, the SI was 3.68 ± 0.08 ($n=57$), which was manifested in a significant increase in IH tone and difficulties in passive movements. At this time, the SI of «SCI+MSC» males was 2.37 ± 0.18 points ($n=20$), which was mainly manifested in a significant increase in IH muscle tone and only in some animals --a slight increase in it. In the group of females «SCI+MSC», the SI was 1.97 ± 0.2 ($n=18$), which reflected a significant or insignificant increase in IH tone, free movements and grasping. At all observation periods, a significant difference ($p < 0.001$) was established in the SI of both «SCI» and «SCI+MSC» groups compared to the control, as well as between the «SCI» and «SCI+MSC» male and female groups. The obtained results indicate that the intravenous injection of MSCs reliably reduces the level of IH spasticity in mice of different sexes after SC damage, therefore, this type of SC is promising for improving the condition after SCI.

Chemerin and adropin as markers of endothelial dysfunction in hypertensive patients with obesity

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The purpose of the study is to study the features of metabolic disorders and the state of the endothelium in patients with hypertension in combination with obesity.

Materials and methods. 41 patients (23 women) with a diagnosis of stage I-II hypertension and stage

I-II obesity with an average age of $51,92 \pm 8,07$ years who were being treated in the cardiology department were examined. The control group consisted of 39 patients (20 women) with hypertension of the I-II stages, the 1-2 degrees without obesity, with an average age of $52,11 \pm 7,93$ years. Cardiohemodynamic parameters were evaluated on a Philips HD11XE ultrasound machine (USA). The degree and nature of obesity was assessed by calculating body mass index and waist and hip circumference. Blood lipid profile was studied by enzymatic method, chemerin and adropin - by immunoenzymatic method. Nitric oxide levels were measured spectrophotometrically using the Griess reagent, following the method of Marzining M. et al., with modifications by O.M. Kovaleva and others. Microalbuminuria was detected by the Albumin-IFA system (Granum, Ukraine), microalbuminuria was estimated in the range of 20 – 200 $\mu\text{g/ml}$ (30–300 mg/day).

The results. When studying the correlations between adropin, chemerin and indicators of endothelial wall function in patients with arterial hypertension (AH) and obesity, a statistically significant moderate negative correlation was found between adropin and microalbuminuria: $r = -0,30$, $p < 0,05$. The relationship between chemerin and microalbuminuria varied, showing a trend toward a direct correlation, although statistical significance was not reached. This suggests that a drop in adropin levels may lead to further endothelial dysfunction, manifested as increased microalbuminuria. In the group with isolated hypertension, we found a similar relationship between adropin and microalbuminuria, but with a stronger inverse correlation: $r = -0,44$, $p < 0,05$. Chemerin showed a weak but significant correlation with microalbuminuria in this group: $r = 0,27$, $p < 0,05$.

Our analysis of correlations between the signal peptides of adropin and chemerin with parameters of endothelial function in patients with arterial hypertension and obesity revealed a statistically significant positive correlation between adropin and nitric oxide: $r = 0,33$, $p < 0,05$. However, no significant correlation between chemerin and nitric oxide was observed in this group. In contrast, in the subgroup with isolated hypertension, nitric oxide demonstrated a statistically significant positive and stronger correlation with adropin compared to the comorbid group: $r = 0,51$, $p < 0,05$. Chemerin also did not show a significant correlation with nitric oxide in this group of patients.

Conclusions. The present study suggests that chemerin may be less correlated with integral markers of endothelial dysfunction, such as microalbuminuria and nitric oxide, compared to adropin. Adropin appears to be more closely associated with microalbuminuria both in isolated hypertension and in combination with obesity. In addition, adropin shows a more significant

interaction with markers of endothelial function in both groups of patients, whereas the correlation of chemerin with microalbuminuria appears to be limited to patients with isolated arterial hypertension. Based on these findings, signaling peptides, particularly adropin, may serve as markers of endothelial dysfunction in patients with arterial hypertension, particularly in the context of obesity, due to their associations with microalbuminuria and nitric oxide.

Cad patients with hypertension and somatoform disorders modern rehabilitation

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Improvement of blood oxygen transport function and stabilization of the psycho-emotional sphere is a priority for rehabilitation of CAD patients with hypertension, especially at anxiety-depressive disorders. In 50 patients (men aged 47.8 ± 1.8 years) with stable exertional angina pectoris II-III FC, stage II hypertension, anxiety-depressive disorders under traditional treatment, conventional rehabilitation exercises (1 gr.) and in 50 patients (men aged 46.7 ± 1.6 years) with 10% - 5 ml intravenous bolus mildronate combination under holographic modeling (2 gr.) before and after 10 days of rehabilitation were studied ER resistance, the level of 2,3-diphosphoglycerate (2,3-DPhG), methemoglobin (MetHb), Hb fractions - HbA₀, HbA₁, HbF, cardiohemodynamics. Were used coronary artery angiography, bicycle test, Holter ECG, 24-hour blood pressure monitoring, disc electrophoresis, EchoCG, "Test self-identification system", "Self-assessment of the level of psychoemotional exertion", holographic modeling - the spatial unfolding of the internal hologram of our state (engram)

created by the unfolding of an integrative image with its subsequent reflection in external objects with positive feedback to stabilize and restore cardiovascular system and psychoemotional sphere.

After a 10-day rehabilitation cardiohemodynamics and psychological status improved more significantly in the 2 gr. than in the 1 gr. patients: an increase in the minute volume of blood circulation, cardiac and stroke indices ($P < 0.05$). After rehabilitation systolic blood pressure decreased more in the 2 gr - from 178 ± 1 to 132 ± 1 mm Hg ($P < 0.05$) and diastolic - from 109 ± 2 to 82 ± 1 mm Hg ($P < 0.05$). In 84 % of patients of 2gr. and 21 % - 1 gr. decreased the frequency and duration of ischemic episodes. After rehabilitation in patients 2 gr. the content of MetHb and HbA₁ significantly decreased, the level of HbA₀ increased ($P < 0.05$). At the same time, the number of ER with increased resistance and the content of 2,3-DPhG in them increased, which optimizes the supply of O₂ to tissues and its utilization. In patients of 1gr. there was a tendency to an increase in the levels of MetHb, HbA₁, maximum hemolysis of ER. Psychoemotional exertion indices (PEI) prior to the start of rehabilitation in the 1 gr. and 2 gr. were respectively: anxiety - 8.77-8.79, aggressiveness - 4.67-4.64, fear of death - 8.14-8.13, feeling of loneliness - 8.52-8.53, suicide - 4.38-4.36. After rehabilitation in the 2 gr. and 1 gr. PEI were: anxiety - 3.52 and 7.33, aggressiveness - 2.32 and 3.98, fear of death - 3.72 and 7.21, feeling of loneliness - 4.27 and 7.35, suicide rates - 2.18 and 3.78 respectively. In 67% of patients of the 2 gr. the doses of β -blockers and calcium channel blockers drugs are reduced while maintaining stable parameters of cardiohemodynamics, 54 % of patients stopped taking psychotropic drugs.

Holographic modeling with the appointment of mildronate improve cardiohemodynamics, blood oxygen transport function and psychological status under CAD patients with hypertension and anxiety-depressive disorders rehabilitation.

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