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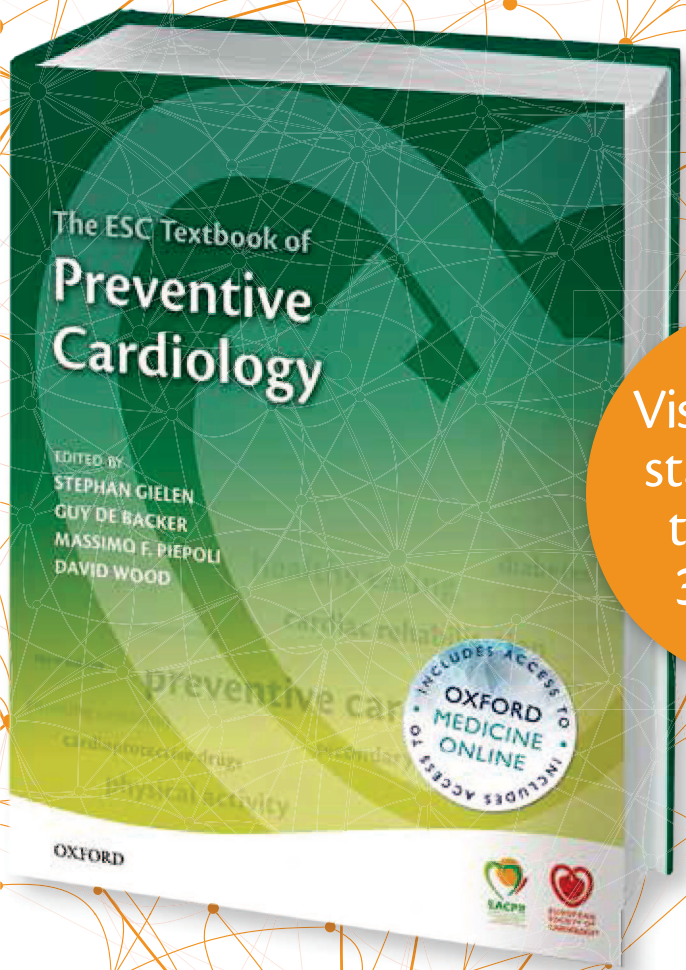

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The changes of systemic inflammation markers in women with arterial hypertension depending on reproductive age

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Purpose. To establish the relationship between the markers of systemic inflammation and cardiovascular parameters in women with arterial hypertension (AH) of different reproductive ages.

Methods. The study involved 86 women with stage II hypertension (mean age 52.4 ± 2.42 years) with different reproductive function according to STRAW classification. The following data were analyzed: C-reactive protein (CRP), interleukin-6 (IL-6), estradiol, echocardiography, the carotid intima-media thickness (CIMT), endothelium-dependent vasodilation (EDVD) of the brachial artery, ambulatory blood pressure monitoring (ABPM). The control group included 20 healthy women (mean age - 51.6 ± 0.8 years).

Results. The levels of CRP and IL-6 in women with AH were 42% and 45% higher than the ones in the control group (CRP: 4.68 ± 0.14 mg/ml, control group 2.12 ± 0.06 mg/ml; $p < 0.05$; IL-6: 8.76 ± 0.27 ng/L, control group 4.16 ± 0.08 ng/L; $p < 0.01$). The increasing age of women with AH was characterized by elevation of systemic inflammation markers (early and late reproductive age in comparison with the control group: CRP 24% and 39% higher, IL-6 30% and 51% higher, respectively). Estradiol levels weakly correlated with IL-6 ($r = -0.27$, $p < 0.05$) in women with premenopause. The moderate correlation between estradiol and CRP, IL-6 levels was found in women with postmenopause ($r = -34$, $r = -0.40$, $p < 0.01$), respectively.

The indexes of systemic inflammation were associated with changes of the cardiovascular parameters in women with hypertension and postmenopause: the level of IL-6 correlated with myocardial mass index, CIMT and EDVD of brachial artery ($r = 0.29$, $r = -0.34$, $r = -0.37$, $p < 0.01$, respectively), the CRP level correlated with CIMT and EDVD value ($r = 0.38$, $r = -0,35$, $p < 0.01$, respectively). At the same time no correlation was found between pro-inflammatory markers and ABPM indexes.

Conclusions. The activation of systemic inflammation can be considered as a pathogenetic factor of adverse influence of menopause on the cardiovascular system in women with arterial hypertension.

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