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ОЦЕНКА ВЛИЯНИЯ СЕЛЕКТИВНЫХ БЕТА-АДРЕНОБЛОКАТОРОВ НА СУТОЧНЫЙ ПРОФИЛЬ АРТЕРИАЛЬНОГО ДАВЛЕНИЯ У БОЛЬНЫХ ГИПЕРТОНИЧЕСКОЙ БОЛЕЗНЬ

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АННОТАЦИЯ

На фоне терапии бисопрололом до и после лечения отмечалась положительная динамика показателей СМАД. Через 12 недель лечения бисопрололом уровня целевого АД (менее 140/90 мм рт. ст.) при офисном измерении достигли 16 человек (26%). У 9 пациентов, не достигших целевого АД, при офисном измерении среднее АД в положении сидя снизилось на 10 мм рт. ст. и более. По результатам офисного измерения АД в результате лечения бисопрололом достигнуто достоверное снижение систолического и диастолического АД в изучаемой группе больных. Анализ исходных данных суточного мониторирования АД позволил выявить повышение среднесуточных, среднедневных и средненочных значений систолического и диастолического АД, нарушения суточного профиля АД. Бета-адреноблокатор бисопролол обладает высокой клинической эффективностью при лечении больных с АГ II степени. 12-недельная терапия бисопрололом позволяет сохранить целевой уровень АД, снижать вариабельность АД в дневные и ночные часы, нормализовать степень ночного снижения систолического и диастолического АД. Следовательно, у больных АГ бисопролол в течение 12 недель обеспечивает снижение средних значений систолического и диастолического АД, а также вариабельности АД в дневные и ночные часы.

Ключевые слова: Суточное мониторирование артериального давления, бисопролол, вариабельность АД, среднесуточные, среднедневные и средненочные значения систолического и диастолического АД.

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EVALUATION OF THE INFLUENCE OF SELECTIVE BETA-ADRENOBLOCKERS ON THE DAILY PROFILE OF ARTERIAL PRESSURE IN PATIENTS WITH HYPERTENSION

ANNOTATION

During therapy with bisoprolol before and after treatment, there was a positive trend in ABPM. After 12 weeks of treatment with bisoprolol, the level of target blood pressure (less than 140/90 mm Hg. Art.) in office measurements was reached by 16 people (26%). In 9 patients who did not achieve the target BP, at the office measurement, the mean BP in the sitting position decreased by 10 mm Hg. Art. and more. According to the results of office measurement of blood pressure as a result of treatment with bisoprolol, a significant decrease in systolic and diastolic blood pressure was achieved in the studied group of patients. Analysis of the initial data of 24-hour BP monitoring made it possible to reveal an increase in the average daily, average daily and average night values of systolic and diastolic BP, violations of the 24-hour BP profile. Beta-blocker bisoprolol has a high clinical efficacy in the treatment of patients with stage II hypertension. 12-week therapy with bisoprolol allows you to maintain the target level of blood pressure, reduce the variability of blood pressure during the day and night, normalize the degree of nighttime decrease in systolic and diastolic blood pressure. Therefore, in patients with hypertension, bisoprolol for 12 weeks provides a decrease in the average values of systolic and diastolic blood pressure, as well as blood pressure variability in the daytime and at night.

Key words: Ambulatory blood pressure monitoring, bisoprolol, BP variability, mean daily, mean daily and mean night values of systolic and diastolic blood pressure.

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GIPERTONIYA KASALLIGI BILAN BEMORLARDA ARTERIAL QON BOSIMI KUNLIK PROFILI KO'RSATKICHLARIGA SELEKTIV BETA-ADRENOBLOKATORLARNING TA'SIRINI BAHOLASH

ANNOTATSIYA

Davolashdan oldin va keyin bisoprolol bilan terapiya paytida AQBSMda ijobiy tendentsiya kuzatildi. Bisoprolol bilan 12 haftalik davolanishdan so'ng, ofis o'lchovlarida maqsadli qon bosimi darajasi (140/90 mm Hg dan kam) 16 kishiga (26%) erishildi. Maqsadli qon bosimiga erisha olmagan 9 bemorda, ofisda o'lchanganida, o'tirgan holatda o'rtacha AQB 10 mm Hg ga kamaydi. Qon bosimini ofis o'lchash natijalariga ko'ra, bisoprolol bilan davolash natijasida o'rganilayotgan bemorlar guruhida sistolik va diastolik qon bosimining sezilarli darajada pasayishiga erishildi. Sutkalik qon bosimi monitoringining dastlabki ma'lumotlarini tahlil qilish imkon berdi. Sistolik va diastolik qon bosimining o'rtacha sutkalik, o'rtacha kunlik va o'rtacha tungi qiymatlarining oshishi, kunlik qon bosimi profilining buzilishini aniqlash. Beta-blokator bisoprolol AG II darajasi bilan bemorlarni davolashda yuqori klinik samaradorlikka ega. Bisoprolol bilan 12 haftalik terapiya qon bosimining maqsadli darajasini saqlab qolish, kunduzi va kechasi qon bosimining o'zgaruvchanligini kamaytirish, sistolik va diastolik qon bosimining tungi pasayish darajasini normallashtirish imkonini beradi. Shuning uchun, gipertoniya bilan og'rigan bemorlarda bisoprolol 12 hafta davomida sistolik va diastolik qon bosimining o'rtacha qiymatlarining pasayishini, shuningdek, kunduzi va kechasi qon bosimining o'zgaruvchanligini ta'minlaydi.

Kalit so'zlar: Arterial qon bosimining sutkalik monitoringi, bisoprolol, AQB o'zgaruvchanligi (variabelligi), sistolik va diastolik qon bosimining o'rtacha sutkalik, o'rtacha kunlik va o'rtacha tungi qiymatlari.

Dolzarbli. Gipertoniya kasalligi tibbiyotning dolzarb muammolaridan biri bo'lib qolmoqda. Asoratlarning rivojlanishiga olib keladigan arterial gipertenziya yurakdagi (AG) strukturaviy va funktsional o'zgarishlarning rivojlanishi bilan birga keladi.

Qon bosimining yetarli darajada kamaymasligini o'rganish muhimdir. Shu bilan birga, hozirgi vaqtda qon bosimining kunlik monitoringi usulidan foydalangan holda, qon bosimining tungi kamayishi bilan arterial gipertenziya kursining, prognozining va patogenezining ma'lum va juda muhim xususiyatlari bilan tavsiflanganligi aniqlandi. Hozirgi vaqtda asoratlanmagan gipertoniya bilan og'rigan va tungi qon bosimini yetarli darajada kamaytirmaydigan bemorlarda simpatolitik faollikka ega bo'lgan dorilarni, ya'ni beta-bloklerni qo'llash ayniqsa samarali bo'lishi mumkinligini taxmin qilish juda oqilona.

Tadqiqotning maqsadi beta-blokerlar ta'sirida arterial qon dosimining sutkali monitoring parametrlarini o'rganish.

Tadqiqot materiallari va usullari. Tadqiqotga AG II darajasi bilan 61 nafar bemor; shundan 33 yoshdan 67 yoshgacha bo'lgan 26 nafar ayol va 35 nafar erkak tekshirildi. Klinik kuzatuv 12 hafta davom etdi. Bemor o'tirgan va tik turgan holda Korotkov usuli yordamida qon bosimi o'lchandi.

Barcha bemorlarga selektiv beta-blokator bisoprolol buyurilgan. Bisoprolol kuniga boshlang'ich dozada qo'llanilgan. 2 haftadan so'ng yetarli darajada gipotenziv ta'sir ko'rsatilmaganda, dozasi kuniga 5 mg ga, ko'tarildi.

Shu bilan birga, bemorlar davolanishning boshida va oxirida Arterial qon bosimining sutkali monitoringi (AQBSM) o'tkazildi. Biz AQBSMning quyidagi ko'rsatkichlarini o'rgandik: o'rtacha sutkalik, o'rtacha kunlik, sistolik va diastolik qon bosimining o'rtacha tungi qiymatlari, AQBning variabelligini aniqlash. AQBSM bo'yicha normal daraja 135/85 mm Hg dan kam edi.

Dastlabki bosqichda va bisoprolol monoterapiyas-

idan so'ng ushbu guruhidagi bemorlarda ekokardiyografik tadqiqot o'tkazildi va markaziy gemodinamikaning asosiy strukturaviy va funktsional ko'rsatkichlari aniqlandi.

Natijalar. Davolashdan oldin va keyin bisoprolol bilan terapiya paytida AQBSMda ijobiy tendentsiya kuzatildi. Dozani titrlash rejimida bisoprolol bilan terapiya paytida gipotenziv ta'sir asta-sekin rivojlandi. Bisoprolol bilan 12 haftalik davolashdan so'ng maqsadli qon bosimi darajasi (140/90 mm Hg dan kam) 16 nafar bemorlarda kuzatildi. 9 nafar bemorlarda Bisoprolol bilan 12 haftalik davolashdan so'ng maqsadli qon bosimi darajasi 140/90 mm Hg dan kam bo'lgan.

Natijalarni muhokama qilish. Shunday qilib, bisoprolol bilan davolash natijasida qon bosimini ofisda o'lchash natijalariga ko'ra, o'rganilayotgan bemorlar guruhida sistolik va diastolik qon bosimining sezilarli pasayishiga erishildi.

Qon bosimining tungi pasayish darajasiga ko'ra, bemorlarning 47% dipper, 37% - nondipperlar, 12% naytpiklerlar va 4% giperdipperlar tashkil qildi. Davolanishning 12 hafta davomida qon bosimining kunlik monitoringi ma'lumotlariga ko'ra, sistolik va diastolik qon bosimining o'rtacha sutkalik, o'rtacha kunlik, o'rtacha tungi ko'rsatkichlarining sezilarli darajada pasayishi aniqlandi.

Kunduzi va kechasi sistolik va diastolik qon bosimining o'zgaruvchanligining sezilarli darajada pasayishi ham qayd etildi, bu kunduzgi va tungi sistolik qon bosimi uchun ham aniqroq edi ($p < 0,05$).

Bisoprolol bilan 12 haftalik terapiyadan so'ng, sistolik va diastolik qon bosimining sutkalik ko'rsatkichi mos ravishda 40,3% va 43,8% ga sezilarli darajada oshdi, shuning uchun tekshirilgan bemorlar guruhida qon bosimining haddan tashqari pasaygan bemorlari yo'q edi.

Nightpicker guruhidagi bemorlarning 80 foizida qon bosimining sirkadiyalik ritmining normallasuvi qayd etildi, normal sirkadiyalik BP ritmi (dippers) bo'lgan bemorlarning ulushi asl nusxadagi 41,1% dan 64,7% ga etdi.

Shunday qilib, beta-blokator bisoprolol AG II daraja-

si bilan bemorlarni davolashda yuqori klinik samaradorlikka ega. Bisoprolol bilan 12 haftalik terapiya qon bosimining maqsadli darajasini saqlab qolish, kunduzi va kechasi qon bosimining o'zgaruvchanligini kamaytirish, sistolik va diastolik qon bosimining tungi pasayish darajasini normallashtirish imkonini beradi.

Ushbu tadqiqot davomida aniqlangan bisoprololning eng muhim xususiyatlaridan biri bu uning kun davomida qon bosimining o'zgaruvchanligiga ta'siri. AG bilan og'rigan bemorlarda yuzaga keladigan qon bosimining yuqori o'zgaruvchanligi turli xil asoratlarni, shu jumladan chap qorincha

miyokardini rivojlanishi uchun xavf omillaridan biridir.

Shu sababli, bisoprololni 12 haftalik qabul qilishda kunduzi ham, kechasi ham sistolik va diastolik qon bosimining o'zgaruvchanligini sezilarli darajada kamaytirganligi haqida olingan ma'lumotlar preparatning organoprotektiv ta'siridan dalolat beradi.

Xulosa. Shuning uchun, gipertoniya bilan og'rigan bemorlarda bisoprolol 12 hafta davomida sistolik va diastolik qon bosimining o'rtacha qiymatlarining pasayishini, shuningdek, kunduzi va kechasi qon bosimining o'zgaruvchanligini ta'minlaydi.

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