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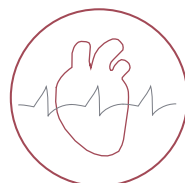
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Normotonic type ($n = 21$; 42 % of the total number of subjects) was characterized by the absence of significant changes in blood pressure and heart rate and of quantitative integrative parameters of TRG (RSI, DKI, DSI, AFI, ARD and VOI) after Anfimov proofreading test and 3 minutes after its completion – there were no its significant changes, which characterizes a certain stability of the BP regulation system in subjects with this type of response.

In subjects with hypertensive response of the cardiovascular system, which was detected in 29 patients (58 %), there was a significant ($p < 0.01$) increase in blood pressure and heart rate by more than from the initial ones. Three minutes after the Anfimov proofreading test, blood pressure and heart rate stay significantly higher than the basic ones. In this group analysis of the TRG revealed hypertensive type of the rheographic curve and increasing of DKI, DSI, AFI, ARD and VOI. Such changes reflected increased tonus of arteries and arterioles venous vessels and increase in total blood flow in general. 3 minutes after the Anfimov proofreading test, the parameters of TRG were also significantly higher than those of the baseline.

Thus, in female patients of young age with essential hypertension, mental operative activity during Anfimov proofreading test influence on blood pressure and TRG was investigated. 2 basic types of BP and TGR changes – normotonic and hypertensive were revealed. The obtained data indicate a decrease in overall mental task performance in patients with stage II of EH, the presence of imbalance between the processes of excitation and inhibition in brain cortex, in particular conditional differentiation inhibition and processes by inertia type in the regulation of blood pressure with a shift towards responsiveness excitation in brain cortex and blood pressure control centers.

A comparative study of calcium antagonists and angiotensin II receptor blockers effects on the daily blood pressure profile and left ventricular diastolic dysfunction in patients with essential hypertension in combination with chronic obstructive pulmonary disease

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The goal of the present study: to conduct a comparative investigation of the effectiveness and safety

of calcium antagonists and angiotensin II receptor blockers in patients with essential hypertension in combination with chronic obstructive pulmonary disease.

Material and methods. 70 patients with essential hypertension (EH) stage II and chronic obstructive pulmonary disease (COPD) stage II (38 men (54,3 %) and 32 women (45, 7 %) were examined. Along with general clinical examinations, daily monitoring of blood pressure (DMBP) and echocardiographic examination (EchoCG) with Valsalva test and tissue Doppler imaging (TDI) were performed in all subjects. Daily monitoring of blood pressure was performed by means of ABPM-04 device (Hungary). The following parameters of DMBP were investigated: average values of systolic (SBP) and diastolic (DBP) blood pressure day, night, 24 hours; hypertensive load was assessed by time index (TI); variability of blood pressure (BP) (day, night), diurnal index in the initial state and at the end of the treatment period. According to echocardiography, patients with left ventricular diastolic dysfunction (LVDD) were divided into 2 groups. Patients of the 1st group ($n=34$, 48,6 %) were prescribed telmisartan 40 mg/day, patients of the 2nd group ($n=36$, 51, 4 %) – diltiazem 120 mg/day. Titration and increasing of drugs dosage was carried out as necessary in the second and fourth weeks of treatment. Re-examination was carried out after 12 weeks of treatment.

Results. After 12 weeks of treatment, a satisfactory effect of antihypertensive therapy was noted in all patients (the target blood pressure level was achieved in 94,1 % ($n=32$) of patients in the 1st group and 91, 7 % of patients in the 2nd group ($n=33$). In both groups, a significant ($p < 0,05$) decrease in pressure load parameters was noted (decrease of TI for SBP by 48,4 %, TI for DBP – 47,8 % in group 1 and decrease of TI for SBP by 46,5 %, TI for DBP – 44, 2 % in group 2). In both groups, a significant decrease in morning maximum SBP (by 24,6 % in group 1 and by 20,7 % in group 2, $p < 0,05$) and DBP (by 21,9 % in group 1 and by 18,3 % in group 2, $p < 0,05$). As a result of treatment with telmisartan of patients with hypertension in combination with COPD and LVDD, a significant improvement in the diastolic function of the left ventricle was revealed, $p < 0,04$. At the same time, in 44.1 % of patients ($n=15$) parameters of LV diastolic function according to the data of TDS normalized. A tendency towards improvement was noted in the rest of the examined ($n=19$, 55,9 %). Under the influence of diltiazem, diastolic function of the LV according to data of TDI normalized in 38,9 % of patients ($n=14$), $p < 0,05$; 61,1 % of

patients (n=22) had a clear tendency towards its improvement.

Conclusions. Obtained data of calcium antagonists and angiotensin II receptor blockers effects investigating on daily blood pressure profile and left ventricular diastolic dysfunction in patients with hypertension in combination with chronic obstructive pulmonary disease reflects a reliable significant positive effect of treatment on daily monitoring of blood pressure

parameters and LV diastolic dysfunction, that was established both with the use of telmisartan and in the diltiazem group. The administration of telmisartan, in comparison with diltiazem one, causes a significantly more pronounced and stable effect on the normalization of blood pressure and daily monitoring of blood pressure parameters and have a more expressed positive influence on correction of left ventricle diastolic dysfunction.