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«ИННОВАЦИОННЫЕ ТЕХНОЛОГИИ
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ANTIHYPERTENSIVE THERAPY IN ELDERLY PATIENTS WITH CHRONIC KIDNEY DISEASE

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Methods. We analyzed 75 case histories of elderly patients treated in the nephrology department of the 3-clinic of the Tashkent medical academy. The average duration of hospitalization was $12,79 \pm 0,26$ days. The mean age of patients was $66,24 \pm 0,56$ years (60% – women). AH of the 1st degree was revealed in 4% of patients, AH of the 2nd degree – in 36%, AH of the 3rd degree – in 60%. Stage II CKD had 2.7% of patients, stage III CKD – 61.3%, stage IV CKD – 28%, stage V CKD – 8%. Proteinuria less than 300 mg/day was detected in 24% of patients, proteinuria 300–3000 mg/day in 32%, and proteinuria over 3000 mg/day in 5.3%. Pharmacotherapy was analyzed by prescription sheets.

Results. Combined antihypertensive therapy was administered in 97.3% of patients. The average number of simultaneously prescribed antihypertensive drugs per patient was 3.12 ± 0.14 . Beta-adrenoblockers (BABs) were given to 70.7% of the patients (of which bisoprolol in 58.5% of cases, metoprolol in 32.1%, nebivolol in 5.7%, atenolol in 3.8%, and carvedilol in 3.8%). Calcium antagonists (CA) were administered in 69.3% of patients (including amlodipine in 76.9%, nifedipine in extended forms in 14.7%). Diuretics (D) were received orally by 65.3% of patients (indapamide – 71.4%, furosemide – 22.4%, thorasemide –

18.4%, spironolactone – 6.1%). In addition, 14.7% of patients received intravenous furosemide. ARBs were prescribed in 45.3% of patients (fosinopril – 61.8%, enalapril – 41.2%). Centrally acting drugs were received by 25.3% of patients (rilmenidine – 68.4%, moxonidine – 38.5%). ARBs were received by 26.7% of patients (losartan – 90%, telmisartan – 5%, eprosartan – 5%). 6.7% of patients received the alpha-adrenoblocker doxazosin. In 18 cases, when ACEIs were not used, ARBs were prescribed. Thus, the total number of patients who received nephroprotective drugs (ACEIs and BRA) was 69.3%. The incidence of hyperkalemia was 39.1% and the incidence of stage V CKD was 34.8% in the group of patients who received neither (ACEIs) nor ARBs. During the performed therapy, blood pressure (BP) significantly decreased from $157.79 \pm 3.02/92.27 \pm 1.18$ to $128.47 \pm 1.07/82.33 \pm 0.83$ mm Hg. Target BP (target BP (<140/80 mm Hg) at the time of discharge was achieved in 53.3% of patients.

Conclusion. The majority of elderly patients with CKD and AH received nephroprotective drugs (ACEIs and ARBs), which is in line with the current recommendations. In 30.7% of patients they were not prescribed, apparently due to hyperkalemia and the presence of marked azotemia.

ASSESSMENT OF THE FUNCTIONAL STATE OF THE LIVER IN PATIENTS WITH CHD AND OPTIMIZATION OF WAYS OF CORRECTION

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Purpose of the study. In this connection the aim of our study was to investigate the parameters of liver function in patients with stable angina II–III on the background of combined therapy with atorvastatin and milk thistle extract.

Materials and methods. The study included 80 patients with stable angina II–III. All patients were divided into 2 groups. 42 patients with stable angina II–III functional class (FC) who received standard therapy together with milk thistle extract were included into the main group (I group). The control group included 38 patients with CHD (Chronic heart disease) who received only basic therapy without milk thistle extract. The study was conducted in the departments of cardiology and cardiac rehabilitation of 3 clinics of Tashkent Medical Academy. All patients were taking drugs for stable angina according to the standards: antianginal drugs, B-blockers, ACE inhibitors, statins, anticoagulants, antiaggregants. All patients were

prescribed atorvastatin 20 mg in the evening after dinner, and patients in the main group took milk thistle extract (30 mg silymarin) for 3 months (1 tablet 2 times a day with meals).

All patients before and after treatment, along with general clinical tests had OAC, AML, biochemical blood tests, including ALT, AST level, total bilirubin, Serological screening for viral hepatitis (HBsAg, anti-HCV), blood lipid spectrum (triglycerides, total cholesterol, HDL-C, LDL-C), coagulogram, ECG, Holter monitoring were studied. Intracardiac hemodynamic parameters were determined by EchoCG.

Results of the study. against the background of therapy with atorvastatin together with milk thistle extract after 3 months the liver transaminases values were observed in comparison with the initial indices, there was a tendency to decrease the mean level of cytotoxic markers: after 3 months the mean level of

ALT decreased to 46,25±3,12 ME/l ($p<0,05$), AST to 37,13±3,65 ME/l ($p<0,05$) in 31 (73,8%) patients, in 11 (26,2%) patients there was stabilization of liver enzymes level. In the 1st group of research, after the conducted therapy in patients lipid profile indexes have improved: in the majority of 33 (78,5%) patients normalization of level of OS, HDL cholesterol, and in 9 (21,5%) decrease of LDL cholesterol has been reached. Also, in 24 (75%) patients included in group 2 of the study, the lipid spectrum improved and a tendency to increase the mean value of cytotoxicity markers was observed in 9 (28,1%) patients in group 2 and to stabilize in 23 (71,9%) patients. At use of a combination of milk thistle extract and atorvastatin it was possible to achieve a reliable decrease of LDL cholesterol and triglycerides levels, which is extremely important in patients with CHD. Taking into account the results of the study on the combined use of milk thistle extract and atorvastatin, it can be concluded that this combination can be recommended for the treatment of dyslipidemia in patients with CHD.

Conclusion. The use of statins in patients with CHD belonging to very high risk group is the “gold standard” in treatment of this category of patients. Use of milk thistle in patients with CHD has a favorable effect both on liver function and lipid metabolism in comparison with group 2 patients who received only basic therapy without milk thistle. Thus, combined therapy with statins and milk thistle in patients with CHD can achieve an effective reduction of total cholesterol and LDL cholesterol with simultaneous leveling of side effects of statins by low and medium doses of statins. Therefore, the combination of statins and milk thistle in the treatment of dyslipidemia in patients with CHD is justified and promising. Patients with stable angina pectoris FK 2–3 should be recommended statin therapy (atorvastatin 20 mg 1 tablet in the evening after meals) in combination with milk thistle (milk thistle extract 1 tablet 2 times daily with meals, for 1–3 months).

EFFECT OF KIDNEY TRANSPLANTATION ON LEFT VENTRICULAR REMODELING AND RISK FACTORS FOR POSTTRANSPLANT LEFT VENTRICULAR HYPERTROPHY

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Methods. Among 157 kidney transplant recipients in a multicenter cohort from 2017 to 2022, a total of 157 patients who conducted echocardiography before and one year after transplantation were enrolled in this study. Echocardiographic findings and clinical parameters were evaluated. **Results.** Kidney transplantation significantly reduced mean left ventricular mass index (LVMI) from 128.8±47.2g/m. The ejection fraction was improved (59.4±8.0% vs. 62.1±6.7%, $p<0.001$). The prevalence of LVH by echocardiography significantly decreased (62.6% vs. 46.1%, $p=0.001$). The prevalence of diastolic dysfunction, mitral and tricuspid regurgitation, and pulmonary hypertension also decreased. Pre-

transplant lower hemoglobin level (OR 0.74, 95% CI 0.56–0.96, $p=0.026$) and pre-transplant higher LVMI (OR 1.02, 95% CI 1.01–1.02, $p<0.001$) were independently associated with persistent LVH after kidney transplantation. On the other hand, ejection fraction, diastolic dysfunction, underlying renal disease, albumin or cholesterol level, blood pressure, rejection, and allograft function were not correlated with post-transplant LVH.

Conclusions. Cardiac morphology and function were significantly improved by kidney transplantation. Treatment of anemia might be crucial in regression and prevention of persistent LVH in kidney transplant recipients.

QUALITY OF LIFE IN PATIENTS WITH CHRONIC HEART FAILURE AND METABOLIC SYNDROME

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Aim. Poor health-related quality of life (HRQL) is common in patients with chronic heart failure (CHF) and metabolic syndrome (MS), but there are few data on HRQL in CHF and MS, and the association between HRQL and mortality in our patients.

Material and methods. We used the Kansas City Cardiomyopathy Questionnaire–12 (KCCQ–12)

to record HRQL in 112 patients with CHF from 2020 to 2023 in the clinic of Tashkent Pediatric Medical Institute. We compared standardized KCCQ–12 summary scores (adjusted for age, sex, and markers of CHF severity, MS components). We used multivariable Cox regression with adjustment for 15 variables to assess the association between KCCQ–