



## **THE IMPORTANCE OF DAILY MONITORING OF ARTERIAL PRESSURE IN DIAGNOSIS**

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Relevance: ischemic heart disease and stroke, which are part of cardiovascular diseases, currently remain the main cause of death of the entire world population. At the same time, one of the leading risk factors for cardiovascular diseases is arterial hypertension. Therefore, given the fact that early detection and targeted treatment of arterial hypertension can prolong the life of patients, in subsequent years, the method of daily monitoring of arterial pressure in patients with arterial hypertension is widely used. Daily monitoring of Arterial pressure (DMAP) provides accurate information about changes in arterial pressure in a patient with arterial hypertension that is, the isolation of "white robe" hypertension in case of damage to target organs, determines the dangerous course of arterial hypertension, orthostatic, psycho-emotional and physical activity affecting the body, identifying signs of hypotension during treatment, assessing the refractoriness of arterial hypertension during, it provides an opportunity to assess the hypotensive effectiveness of antihypertensive drugs, which are recommended once a day.

Purpose. Making sure arterial pressure increases during the day or night periods of the day.

Material and styles. The medical history of patients with different levels of Arterial hypertension was recorded and the results of examination methods were studied. The number of patients is 65, of which - 46 are men, 19 are women. The average age is 57.6 years. All patients underwent laboratory tests (general clinical and biochemical-blood glucose, lipid spectrum, creatinine) and instrumental (electrocardiography: symptoms of left ventricular hypertrophy), echocardiography:(left ventricular mass index, left ventricular back wall, Inter-ventricular barrier dimensions). Arterial pressure > 135/85 as indicators of daytime arterial pressure mm.sim.ust.ni, as night indicators >120/75 was used.

Results. During the daily monitoring of Arterial pressure, it is taken into account that arterial pressure is higher than daytime and nighttime indicators, the pressure voltage index is expressed in percent of the Daily coefficient (DC) -



night arterial pressure ratio, the rate of increase in morning arterial pressure indicators is taken into account. According to the indicators of the Daily coefficient, patients with arterial hypertension were divided into 4 groups:

- "Dipper" - DC varies by 10-20% - was detected in 68.6% of patients.
- "Bread Dipper" - DC changes < 10% - detected in 21.9% of patients.
- "Night-peak" - DC changes < 0% - detected in 5.2% of patients.
- "Over-Dipper" - DC > changes by 20% - suffered in 3% of patients.

In 57.8% of patients, the decrease in arterial pressure at night has changed around 10-20%. In 61.3% of patients with Arterial hypertension, an increase in arterial pressure was observed in the morning (from 4 to 10 o'clock) and in the evening (from 18 to 21 O'clock). The Daily coefficient of arterial pressure with "Non-Dipper" and "Knight-piker" was determined in sclerotic isolated everyday arterial hypertension (45%), when arterial hypertension was dangerous and complicated (57%), in patients with concomitant diabetes mellitus (48%), which is observed in the elderly.

Conclusion. There is a greater incidence of morning hours, such as myocardial infarction, strokes, sudden death, and this corresponds to periods between 4 and 10 o'clock. This condition is explained by an increase in platelet aggregation as a result of the physiological activation of the sympatho-adrenal and renin-angiotensin systems in the morning hours, a decrease in fibrinolytic activity of the blood, an increase in the tone of coronary and cerebral vessels. The risk of complications with cardiovascular disease also increases when the Daily coefficient increases or decreases in patients.

In general, daily monitoring of arterial pressure expands the capabilities of the attending physician both from the point of view of diagnosing arterial hypertension and from the point of view of its effective treatment in order to achieve targeted results. This method is a diagnostic basis for the formation of an individual program for the Prevention of cardiovascular diseases, including acute myocardial infarction and acute disorders of cerebral circulation.

