

ENGLISH VERSION: FEATURES OF THERAPY OF ELDERLY PATIENTS WITH COMORBID PATHOLOGY – ARTERIAL HYPERTENSION WITH CONCOMITANT CHRONIC OBSTRUCTIVE PULMONARY DISEASE*

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The paper presents the experience of the treatment of patients with hypertension and COPD fixed by combined drug difors that contributes to the probable improving of life quality of patients in compaison with the combined basic therapy and drugs valsartan and amlodipine. This helps to reduce the duration of treatment, improves the life quality of patients.

Keywords: hypertension, chronic obstructive pulmonary disease, valsartan, amlodipine, difors.

Introduction

Population aging has become the leading demographic feature of Ukraine. The population of 60 years old and older is 20.3% [1]. For older patients, high comorbid cardiovascular and bronchopulmonary pathology, in particular, is associated with ischemic heart disease and arterial hypertension [6]. The combination of chronic obstructive pulmonary disease (COPD) with coronary artery disease (IHD) and arterial hypertension (AG) varies from 6.8 to 72.3%, according to various authors, and raises a number of problems regarding the tactics of treatment and treatment of such of patients, both in pulmonology and in cardiology [2,6].

Analysis of literary sources suggests that comorbidity of COPD and AG occurs in 35% of cases, COPD in constellation with concomitant coronary artery disease reaches 62% in the structure of the morbidity of older age groups [6]. Treatment of hypertonic disease (GC) in the elderly with the presence of multiple accompanying pathology of the internal organs, often does not achieve the desired results, reduces the quality of their lives and remains an actual problem [1, 2]. It should be borne in mind that prior to the choice of drugs for the treatment of patients with hypertension and concomitant COPD, careful consideration should be given, since some antihypertensive agents are unwanted in patients suffering from COPD. Treatment of patients with existing risk factors, according to the order of the Ministry of Health of Ukraine dated 24.05.2012 №384 "Arterial hypertension", it is necessary to start immediately not from monotherapy, but from a combination of several drugs [3]. The use of fixed combinations of drugs helps to simplify the treatment regimen and enhance the patient's commitment [5]. In recent years, antagonists of angiotensin II receptor antagonists (APA) and calcium antagonists have been successfully used [3,7]. According to such criteria, in our opinion, the drug is a combination antihypertensive drug difors (valsartan / amlodipine) [5], which simultaneously acts on various parts of the pathogenesis of hypertension (GC).

However, it should be mentioned that in patients of the elderly, one of the risk factors of complications is the psychosocial stressful influence of external factors. In addition, the long course of the disease in the elderly, lack of treatment efficiency, promote the development of high levels of anxiety. Anxiety is characterized by a feeling of anxiety, nervousness, tension, a sense of danger, which is accompanied by activation of the autonomic nervous system. According to researchers, in

patients with arterial hypertension, the incidence of anxiety disorders was 1.5 times higher than in subjects with normal arterial pressure [1]. Therefore, in the complex treatment of such patients, it is advisable to use drugs that have a tranquilizing effect, reduce the sense of anxiety. In clinical practice, the drug mebikar (adaptol), which has moderate tranquilizing (anxiolytic) activity, removes or weakens a sense of anxiety, anxiety, fear, internal emotional stress and irritation, is used to eliminate asthenovegetative syndrome.

The aim of the study. To increase the quality of life of the elderly patients with a combined pathology of hypertension and COPD due to the use of a combination antihypertensive drug difors and a mebikar (adaptol) on the background of basic therapy.

Materials and methods

Under our supervision, there were 60 patients of the elderly in the second stage of hypertension. in combination with COPD II st., gr. B in the stage non-infectious exacerbation of LNI II. The average age of patients was 69.6 ± 2.3 years. Period of observation was 4 weeks. The diagnosis was verified on the basis of physical examination data, general-clinical laboratory-instrumental (X-ray of OGK, spirometry, bronchodilator test, ECG, ECOX). All patients were monitored for systolic (SAP) and diastolic blood pressure (DAP).

The diagnosis of COPD was made in accordance with the order of the Ministry of Health 27.06.2013. N555 [4]. The effect of COPD on quality of life (QOL) was assessed using the SAT - test [2.5]. The psychological state of the elderly with comorbid pathology - in hypertension and COPD was evaluated using the questionnaire - Ch.D. Spielberger - Yu.L. Hanina When interpreting test results, the following ratings are used: less than 30 points - low anxiety; 31-45 points - moderate anxiety; 46 or more points - high anxiety.

The probability of the results obtained was determined using the t-criterion of Student's reliability. Differences were considered probable in the usual in medicalbiological studies of the probability of error $P < 0.05$. For semi-quantitative and qualitative indicators, the frequency tables were constructed and the non-parametric U Mann-Whitney criterion was calculated as a nonparametric analogue of the Student t-criterion. Patients were divided into two groups: the first - control (n = 30) - prescribed antihypertensive therapy - valsartan 160 mg in the morning and amlodipine 5 mg in the evening as well as mucolytics, inhaled bronchodilator and anti-inflammatory therapy, statins, antiplatelet agents. In

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the second group, the main (n = 30) antihypertensive therapy was prescribed a fixed dose of Difors 160 containing one tablet (valsartan 160 mg / amlodipine 5 mg) 1 times a day, as well as in addition to therapy, for the treatment of anxiety disorders - anxiolytic Mycobacterium 300 mg per 1 tablet 2 times a day. Groups of patients were comparable by age and sex, as well as the degree of respiratory failure. The observation period was 1 month.

Results and discussion

The main complaint of elderly patients with comorbid pathology - in hypertension and COPD there was a headache - in 60 patients (100%), periodic cough in the morning with sputum withdrawal in small numbers - in 55 patients (91.6%), dyspnea at walking - 53 (89.2%) patients, restlessness at 7 (10.8)%, dizziness - in 41 (68%) patients, ear crying - 38 (64%), bad sleep -58

(96%). Indicators of the function of external respiration in elderly patients with hypertension in combination with COPD that were included in the study showed an IV degree of ventilation in obstructive type (FEV1 (forced expiratory volume) - $59.5 \pm 2.2\%$, modified Tiffon index - $49.3 \pm 2.45\%$).

After the therapy, positive clinical dynamics was observed in patients of both groups, but significant differences were noted in terms of regression of the main symptoms of the disease. Thus, the average terms for the disappearance of headache in patients with the main group - 4.1 ± 0.61 days, while in patients with control group 5.4 ± 0.48 days ($P < 0.05$); shortness of breath - 4.12 ± 0.44 days and 5.3 ± 0.36 ($P < 0.05$); Sleep normalization is 3.4 ± 0.33 and 5.12 ± 0.41 days ($P < 0.05$). The results obtained are presented in Fig. 1.

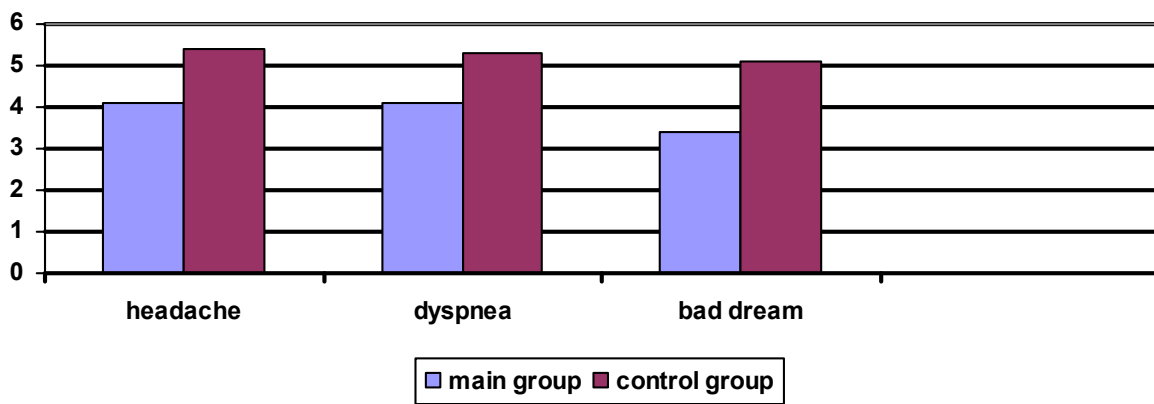


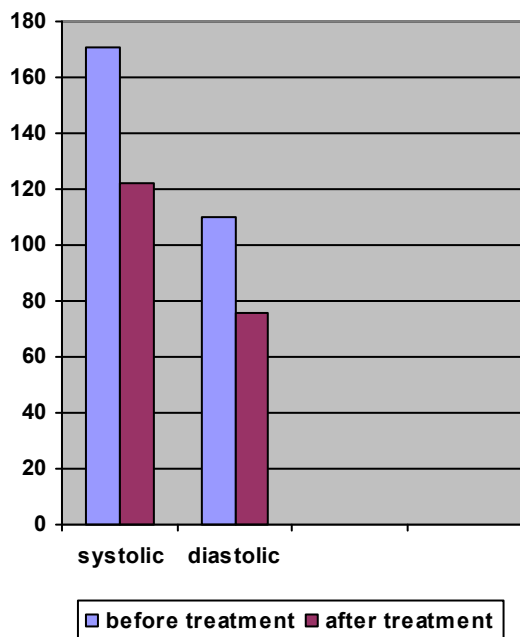
Fig. 1. The terms of the disappearance of the main clinical symptoms in elderly patients with arterial hypertension and COPD

Analysis of indicators of the function of external respiration suggests that after treatment in patients of both groups marked not a significant improvement in bronchial passability Thus, FEV1 before treatment in patients with the main group - 59.2 ± 1.1 , after treatment - 61.4 ± 1.7 $P > 0.05$; in patients in the control group, the respective indices were $59.3 \pm 2.11\%$ and $60.2 \pm 2.14\%$, $P > 0.05$.

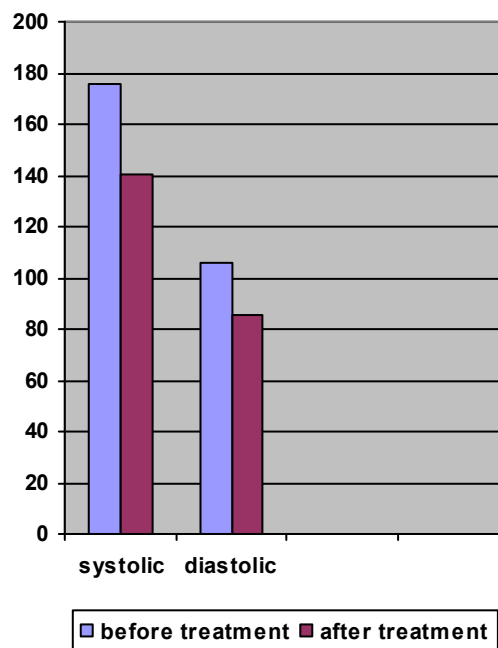
The obtained results indicate that the complex treatment of elderly patients with a comorbid pathology in hypertension and COPD with the appointment of a combined diphtheria drug and tranquilizer of the mebikar promotes a more rapid regression of the main symptoms in this constellation of diseases.

After a comprehensive therapy in elderly patients with COPD with concomitant COPD, a significant decrease in

systolic blood pressure (SAP) and diastolic blood pressure (DAP) was observed. However, a more significant decrease was observed in patients receiving complex therapy. Thus, in patients with the main group under the influence of therapy SAT decreased by 22.8% ($P < 0.05$), DAP - by 19.7% ($P < 0.05$). Then, as in patients in the control group, SAT decreased by 17.8% ($P < 0.05$), DAP - by 12.8% ($P < 0.05$). Thus, complex therapy with the use of a fixed combination diphtheria and tranquilizer of the mebirk in patients of the elderly is more effective as evidenced by a more significant reduction in blood pressure in patients with the main group. The results are shown in Fig. 2.



main group



control group

Thus, the complex therapy of elderly patients with hypertension with concomitant COPD with the use of diaphers and mebacillus drugs is more effective, contributes to increasing the compliance of therapy - the optimal attachment of patients to continuous pharmacological control of blood pressure, In studying the psychological state of elderly patients with comorbid

pathology - on hypertension and COPD with the help of a questionnaire - Ch.D. Spielberger - Yu.L. Hanina, high level of reactive anxiety was noted in 52% of patients, moderate level of RT - at 48%. The average indicators of reactive and personality anxiety in the treatment of patients in the main and control group are presented in Table 1

Table 1.

Dynamics of indicators of reactive and personal anxiety in the process of treatment in patients with the main and control group

Group of patients	Reactive anxiety		Personality anxiety	
	Before treatment	After treatment	Before treatment	After treatment
control (n = 35)	44,7±2,6	37,4±3,1*	36,5±3,12	33,9±2,63
the main thing (n = 35)	45,3±3,4	33,6±2,9*	38,3±3,42	34,5±2,9

* (P<0,05) – the reliability is significant between the indicators before and after the treatment.

From the data obtained, it is evident that under the influence of therapy there was a marked decrease in the level of reactive anxiety in the group of patients receiving complex therapy with the use of diormos preparations in combination with a mebiker. Thus, the average level of RT in patients with the main group before treatment was 44.7 ± 2.6 points, after treatment - 37.4 ± 2.6 (P <0.05). Patients in the control group before treatment received 45.3 ± 3.4 points, after treatment 33.6 ± 2.9 (P <0.05). Significant changes in the level of personal anxiety under the influence of therapy in patients with the main and control groups have not been noted. The obtained data testify that reactive anxiety is a very mobile feature and at normalization of a somatic state of a patient is characterized by a reversal, which coincides with the opinion of the authors [2]. While personal anxiety, as a personality property, is a more permanent category, determined by the type of higher nervous activity, temperament and acquired strategies for responding to external factors, points to the level of possibilities for patient adaptation in the social environment through the manifestation of anxiety [2].

We compared the clinical manifestations of the disease with the level of RT. The correlation between the level of RT and the level of SAT (r = 512, p = 0.006), the level of RT and sleep disturbance (r = 327, p = 0.004), level of RT and shortness of breath (r = 323, p = 0.004) was revealed. Based on the definition of the relationship between the level of RT and the clinical manifestations of comorbidity - AG in combination with COPD in the elderly, we, in our opinion, recommended to include in the complex therapy - a medication, which removes or alleviates anxiety, anxiety, internal emotional stress.

Thus, the use of complex therapy with the use of the combined preparation Difors 160 1 times a day and mebirum 300 mg per 1 tablet 2 times a day in patients with elderly age with a comorbid pathology - on hypertension and COPD, helps to reduce the disturbing manifestations and eliminate clinical symptoms in a shorter time, increases the effectiveness of therapy. The analysis of hemodynamic indices 4 weeks after the treatment showed improvement in myocardial contractility of the left ventricle in all patients. However, in patients of the main group, the growth of PV was noted at 7.9% (from 49.2 ± 0.75% to 53.1 ± 1.1%) (P<0.05), whereas in

patients with control group, who received standard therapy, the EF increased by 5.1% ($50.12 \pm 1.3\%$ to $52.7 \pm 1.22\%$) ($P > 0.05$). It can be assumed that the complex therapy with the appointment of the drug Difors contributes to a more significant reduction in pressure in the pulmonary artery, as evidenced by a possible increase in PV and reduction of shortness of breath compared with patients in the control group [5].

In the determination of UL in elderly patients with comorbid pathology - COPD and AG with the help of SAP - Test, a significant improvement was observed in QOL, but more significant changes were observed in patients with the main group. The results obtained are shown in Fig. 3

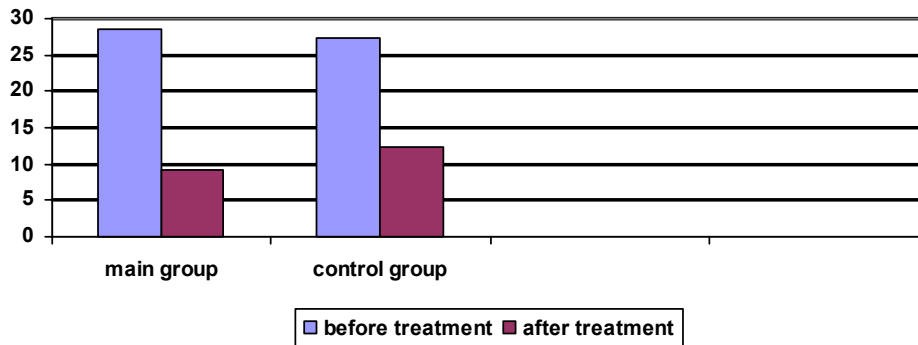


Fig. 3. Indicators of the SAP test (in balls) in patients with primary and control groups under the influence of therapy

According to the results of the data analysis, after the treatment, the total score of the SAT test in patients with the main group improved by 71.5%, while in patients with control - by 49.6% ($P < 0.05$). Thus, the comprehensive treatment of elderly patients with hypertension and COPD with the use of the combined Difors drug and anxiolytics-mebikar contributed to improving the quality of life of patients.

Conclusions Integrated therapy of the elderly on the comorbid pathology - AG and COPD with the fixed combination drug Difors in combination with anxiolytic means - a mebikar against the background of basic treatment, promotes a more rapid elimination of the main clinical manifestations and anxiety disorders in this constellation of diseases, provides optimum patient commitment to permanent medical control of blood pressure, promotes increase of efficiency of antihypertensive therapy, improves quality of life.

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