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FEATURES OF THE COURSE OF HYPERTENSION IN PATIENTS WITH RHEUMATIC ARTHRITIS

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Abstract
Currently, there is a large growth of comorbid diseases that weigh down the process how twat diseases. Long -term therapy of rheumatoid arthritis adversely affects the course of hypertension.

Keywords: hypertension, rheumatoid arthritis, comorbidity.

Actuality: Rheumatoid arthritis (RA) is an inflammatory rheumatic disease of unknown ethnology, characterized by symmetrical chronic erosive arthritis (onnovitis) of peripheral joints and damage to internal organs [1,61.]

A meta-analysis reported a 60% increase in cardiovascular mortality in RA compared with the general population (21).

Among patients with RA rheumatoid arthritis, the number of patients with the presence of a sick number of comorbid diseases (CD) is increasing. The presence of comorbid pathology is a significant factor affecting direct medical costs in the treatment of patients with RA. along with medical expenses, health insurance, patient age and therapy costs [2].

Currently, essential hypertension (AH) and arterial hypertension (AH) is the most important modifiable risk factor (RF) for cardiovascular disease (CV3) in the general population [7]. The presence of hypertension in RA patients is mainly associated with an increase in subclinical manifestations of carotid atherosclerosis and is one of the main independent predictors of CVE; the relative risk (RR) ranges from 1.49 to 4.3 [4,5,7]. However, at present, the relationship between RA activity and blood pressure levels is not well understood.

Purpose of the Study

To evaluate the features of the course of hypertension (EH) in patients with rheumatoid arthritis (RA).

Materials and Methods

40 patients with EH diagnosis in combination with RA group of patients and 40 patients with

EH without RA - group 2 patients were examined. who underwent outpatient observation and management at the family polyclinic No. 16 of the Almazar district of Tashkent. The average age of the patients was within 38.5 ‡ 5.7 years.

The groups were matched for age and gender. The main basic anti-inflammatory drug (DMARD) was methotrexate (MT), it was received by 27 (67.5%) patients of group 1. The duration of EH disease in all patients was 8.2-5.1 years, for which they received antihypertensive therapy.

The examination included an assessment of the activity of the disease using the DAS 28 index, radiography of the affected joints, general and biochemical blood tests, blood pressure monitoring, ECG, echocardiography (according to indications).

Research Results

The results of our study showed: Among patients of group 1, women predominated in 82.5% (33) of cases with a long course of the disease, seropositive for [gM RF (83.0%) and ACCP (81.6%), with moderate and high clinical activity disease (DAS28>3.3), 16.5% of patients had various extra-articular manifestations of RA. At the time of the start of observation, arthritis was non-erosive in 10 of 40 (25.0%) patients, and destructive changes in the joints of the hands or feet were detected radiographically varying degrees of severity.

Patients of the 1st group in 77.5% had II FC. In group 1, 9 (22.5%) had stage I EH, 31 (77.5%) were diagnosed with stage II-III EH. Of these, 10 (32.3%) people had a combination of EH and coronary heart disease (CHD). In the remaining 20 patients with a combination of EH and RA, there were no indications of a diagnosis of CAD, but in 15 (75.0%) patients there was a moderate decrease (up to 45-55%) in left ventricular ejection RF (LVEF). Among patients suffering from EH with ciRFs of systolic (SBP) and diastolic blood pressure (DBP) 140-149/80-89 mm Hg. in combination with RA, the average severity of the course. RA was noted in 6 (15.0%) patients, severe course with EH with BP equal to 150-160 / 90-100 in 23 (57.5%) patients, extremely severe - in 11 (27.5%) with ciRF BP 160- 170\110-120 mm Hg

The higher the ciRFs of systolic and diastolic blood pressure were, the more severe the condition of patients with RA was, with an exacerbation of the process, an increase in hypertensive crises was noted. There was also a correlation between the duration of the combined course of EH with RA, the higher was the duration of RA disease, the more often severe EH mRRs were encountered. In the group of EH patients with RA, compared with the 2nd group of HB patients without RA, a severe course of the disease was observed 2 times more often, hypertensive crises were more often recorded ($p = 0.01$) with a maximum blood pressure of 200/110 mm Hg.

We found confirmation of our research in the works of many Russian and foreign scientists, so according to the research of V.F. Panoulas et al., found no significant differences in the activity and severity of RA in patients with and without AH [9]. In the works of N.M. Nikitina and A.P. Rebrov showed that with high RA activity, AH is observed significantly more often (61.8%) than in individuals with low activity (18%; $p <0.01$) (3]. The development of ISAH is associated with the presence of high disease activity and systemic manifestations [2] The incidence of AH also increases with an increase in the duration of RA.With a duration of RA of up to 5 years, AH affects 33% of patients, more than 10 years - 48% of patients under the age of 60 years ($p<0.05$) [3]. data that the main method of preventing destabilization of EH should be considered to be adequate control of blood pressure in patients taking NSAIDs, and the timely administration or withdrawal of

antihypertensive therapy (AHT). (in particular, amlodipine).In our study, patients of group 1 received amlodipine 5-10 mg per day, in severe degrees of EH, combined antihypertensive therapy was prescribed. preference for drugs that have the least effect on blood pressure, such as naproxen and coxibs [1].

Conclusions

Thus, the presence of EH in patients passes with a more severe course of RA, in addition, a crisis course of EH is often detected in patients of this group. The high frequency of concomitant occurrence of EH with RA requires constant monitoring and careful control of blood pressure with a lower prescription for antihypertensive therapy. At the same time, prospective studies are needed to more accurately determine the characteristics of AH treatment and the benefits of various classes of antihypertensive drugs for preventing the development of an EH crisis in RA patients.

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