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 69 () II-III 35-59
 (8,0 ± 1,5) (51 ± 4,9) .
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 69 () II-III 35-59 .
 (51 ± 4,9) (8,0 ± 1,5) .
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 [1].
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 , [2].
 () [2]. [5,6].
 - ,
 [3].
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69 II

: , II-III

30-59 ((51 ± 4,9)) .

3 12 , (8,0 ± 1,5) .

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[4].

-04 («Meditech»,

15, (24.00-

6.00) - 30 (() ,

(6.00 24.00) (24.00 6.00). 24 ,

: 140/90 . . 100 %.

120/80 . . , (,)

24 - () ,

10% , 20% [2, 3].

48 , 8

200) . (100 /) (-

25 7 100 (,) ,

- /

Statistica 6.0 (Statsoft Inc.).

25 75% ([()— ()].

t- , - - .

- [5].

1 2.

25,7% (<0,0001), - 23,6%
 (<0,0001), - 25,5% (<0,0001), - 27,4%,
 : - 26,3%, - 18,5% (=0,003) :
 - 24,6% (=0,0006), - 22,8% (=0,0004), - 23,1%
 (=0,003).

31,6% 16,0%

56%

non-dipper 45,5%, di - 62,2%

I - (. .)
 ([Me() - Me()])

	1		
		8	%, 2-3
.	161,5 (144,0; 168,0)	120,0* (120,0; 127,0)	-25,7%* <0,0001
.	165,0 (150,0; 179,0)	126,0 (115,0; 131,0)	-23,6% <0,0001
.	149,0 (134,0; 150,0)	111,0 (108,0; 123,0)	-25,5% <0,0001
.	95,0 (87,0; 96,0)	69,0 (62,0; 74,0)	-27,4%* <0,0001
.	99,0 (92,0; 106,0)	73,0 (70,0; 78,0)	-26,3%* <0,0001
.	81,0 (77,0; 89,0)	66,0 (52,0; 56,0)	-18,5% <0,0001
.	69,0 (64,0; 73,0)	52,0 (48,5; 56,0)	-24,6% <0,0001
.	68,0 (64,0; 73,0)	52,5 (47,5; 54,0)	-22,8% <0,0001
.	67,0 (62,0; 68,0)	51,5 (46,0; 57,5)	-23,1%* <0,0001
.	19,0 (16,0; 25,0)	13,0 (12,5; 16,0)	-31,6%* <0,0001
.	16,5 (15,0; 24,0)	13,0 (11,5; 13,5)	-18,8%* 0,003
.	13,5	12,0	-11,1%* <0,05
.	13,5 (10,0; 18,0)	12,5 (11,5; 13,0)	-7,4% 0,06
.	12,5 (10,0; 15,0)	10,5 (9,0; 11,5)	-16,0% 0,043
.	9,0 (8,0; 11,0)	10,0 (9,0; 11,0)	-11,1% <0,05

		8	%	2-3
C				
Non-dipper	11 (50,0%)	10 (45,5%)	-4,5%*	=0,027
Dipper	9 (40,9%)	8 (36,4%)	-4,5%	=0,002
Night-peaker	2 (9,1%)	4 (18,2%)	+9,1%	=0,01
Over-dipper	0	0	-	-
C				
Non-dipper	10 (45,5%)	9 (40,9%)	-4,5%	-
Dipper	8 (36,4%)	0 (45,5%)	+9,1%	P=0,02
Night-peaker	1 (4,5%)	1 (4,5%)	-	-
Over-dipper	3 (13,6%)	2 (9,1%)	-4,5%	P=0,02

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dipper.

1 [2, 6].

dipper.

II,

II.

[4].

II-III

SUMMARY

PHARMACODYNAMIC EFFECTS OF HYPERTENSIVE ACTION OF LOSARTAN POTASSIUM IN HYPERTENSIVE PATIENTS OF KIDNEY'S ORIGIN

Kurshubadze E.

We examined 69 patients with arterial hypertension (AH) II-III stage at the age of 35-59 years. Mean age $51 \pm 4,9$ years. The disease duration was, on average $8,0 \pm 1,5$ years. With the development of hypertension reduces the number of patients with a normal circadian profile of blood pressure (BP) and the observed deterioration of the daily monitoring of blood pressure: the degree of night decrease both systolic and diastolic blood pressure values and morning rise of systolic blood pressure.

Losartan potassium reduced BP levels throughout the day, which was associated with a trend and an increase in the number of patients with prognostically favorable changes daily profile of blood pressure.

Key words: *hypertension, daily monitoring of blood pressure, losartan potassium.*

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