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Evaluation of myocardial diastolic function in patients with essential hypertension in combination with chronic obstructive pulmonary disease in dynamics of treatment with the usage of Meldoniy phosphate

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Introduction: Due to lack of positive results of new pharmacological treatment of cardiovascular pathology combined with COPD, it remains to be a relevant introduction into clinical practice of drugs, that can positively influence to the transmitral circulation.

Aim: To assess the types of violations of diastolic function in patients with hypertension in combination with COPD in dynamics of treatment using meldoniy phosphate.

Material and Methods: The studied group was randomized into 2 groups: the first group (25 persons) received a baseline bronchodilator and antihypertension therapy and the second group (27 persons) in addition to the indicated treatment received meldoniy phosphate (Meldronat GX) at a dose of 1,0 g / day. The patients were conducted 16 weeks. Monitoring of general clinical and biochemical parameters, ECG, spirometry, echocardiography was conducted at the beginning and end of the study.

Results: By the analysis of the types of diastolic dysfunction before treatment in the first group 10 (40%) patients had a first type of LV's (left ventricle) diastolic filling – slow relaxation, 9 (36%) patients – pseudonormal type, 6 (24%) patients – the type of restrictive transmitral circulation (TMC). At the background of ongoing basic treatment an increase of 8% of the first type of diastolic dysfunction and absence of restrictive and normal types of TMC were found. In the second group before treatment 10 (37%) patients experienced a violation of relaxation, 10 (37%) – pseudonormal type of TMC, 7 (26%) – restrictive type. After treatment 9 (33,33%) patients had normal diastolic function of LV, 13 (48%) patients – the first type of left ventricular diastolic filling, 5 (18,51) patients – pseudonormal type.

Conclusion: Inclusion in the treatment meldoniy phosphate contributed more pronounced hemodynamic improvement in patients with essential hypertension combined with COPD.