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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].  
 - :

69

II

II-III

30-59 (51 ± 4,9)

3 12 (8,0 ± 1,5)

6

[4].

-04 («Meditech», 15, (24.00- ( ), 24

6.00) - 30 (6.00-24.00) (24.00 6.00).

120/80 : 140/90 100 %.

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.

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[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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