



Objective of the study was to examine blood pressure characteristics by means of its daily monitoring in patients with rheumatoid arthritis.

There were 39 patients with the rheumatoid arthritis involved in the study. The diagnosis was verified according to ARA criteria (1987). The average age of the patients was 35 ± 9 years old. The control group ($n=10$) was represented by age and gender. In addition to routine methods the examination of patients included daily blood pressure monitoring. The examinations were carried out by means of the combined cardiomonitor "Cardiotechnique-4000AP", produced by "Inkart" (Russia).

The survey showed that only 20,5% of patients complained of blood pressure increase. But the method of daily monitoring of blood pressure proved that the daytime systolic blood pressure of patients with rheumatoid arthritis was almost the same as in the control group. The daytime systolic blood pressure of patients with rheumatoid arthritis was $111,5 \pm 13,99$ mmHg and the same type of blood pressure in the control group was found $110,5 \pm 4,95$ mmHg. When we tried to compare the daytime diastolic blood pressure and the daytime mean blood pressure, we saw that they were 1,2 and 1,1 times higher in patients with rheumatoid arthritis than in the control group of patients. Prevalence of "non-dipper" was revealed during structure analysis process. Arterial hypertension transformed in paradoxical night hypertension: "dipper" – 23,1%, "non-dipper" – 20,5%, "night-peaker" – 20,5% "over-dipper" – 5,1%.

It is recommended to carry out daily blood pressure monitoring for patients with rheumatoid arthritis because the results obtained are different from casual blood pressure measurement. In addition, a variability disorder between SAP and DAP and lack of normal blood pressure decrease at night are typical for patients with rheumatoid arthritis, therefore that it explains pain syndrome.

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RISK FACTORS AND SPREAD OF ARTERIAL HYPERTENSION IN PATIENTS WITH RHEUMATOID ARTHRITIS

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In the population of patients with rheumatoid arthritis (RA) arterial hypertension (AH) is one of the most spread risk factors associated with unfavorable prognosis concerning the development of cardio-vascular diseases. The mechanisms of development of AH in patients with RA are the combination of several factors both traditional risk factors of AH and characteristics of the underlying disease. Medical therapy of RA can be an additional factor provoking the development of AH in case of RA. Although, a relative contribution of these factors into the development of AH in patients with RA has not been detected exactly.

The objective of our study was to examine the spread and risk factors in patients with rheumatoid arthritis.

114 patients with RA hospitalized at the Rheumatological Department of the Municipal Clinical Hospital № 3 without accompanying cardiovascular diseases during 2014-2016 have been examined. The study was performed according to the main regulations of GCP ICH and Helsinki Declaration on biomedical investigations. The diagnosis of RA was verified according to the criteria suggested by ARA (1987), the Order of the Ministry of Public Health of Ukraine № 676, dated 12.10.2006. The average age of the patients was $43,3 \pm 9,3$. Duration of the disease ranged from 6 months to 12 years. Women dominated among the examined patients – 90 (79,0%), the majority of the individuals were serum positive by rheumatoid factor – 72 (63,2%). Practically all the patients had a polyarthritis form of the disease – 108 (94,7%). Exclusive criteria were: diabetes mellitus, clinical conditions associated with atherosclerosis, severe comorbid pathology of the internal organs. The mean value of the examined patients by DAS28 was $4,37 \pm 0,8$, HAQ – $1,32 \pm 0,5$. The patients with RA received basic therapy (methotrexate in the dose of 7,5-15 mg/week, non-steroidal anti-inflammatory drugs (NSAIDs)). During clinical examination of the patients the availability of the following factors was found: smoking, obesity, family history of cardiovascular diseases. In addition to generally expected measurements, all the patients underwent measurement of their height, body weight, waist circumference, body mass index (BMI), DAS28, and HAQ were calculated.

AH was found in 61 (53,5%) patients with RA. In the group of patients afflicted with RA and with AH the value of the systolic blood pressure (SBP) was in an average $146,7 \pm 16,4$ mm Mercury, diastolic blood pressure (DBP) was $93,4 \pm 9,8$ mm Mercury. In the group of patients afflicted with RA without AH these values were $115,4 \pm 12,3$ mm Mercury and $77,5 \pm 6,7$ mm Mercury respectively. The duration of AH in the general group of patients was in an average $4,37 \pm 3,14$ years. In 39 (34,2%) patients elevated BP was first found before RA onset, and in 75 (65,8%) patients – after it. Comparing the groups of patients afflicted with RA with AH and without it we have found the following: the patients with RA and AH were older ($p < 0,05$), and seropositive RA prevailed ($p < 0,05$). Analysis of the spread of cardiovascular risk factors among patients with RA revealed that in the group of patients with RA and AH BMI was higher ($26,3 \pm 2,7$) than that of the patients with RA and without AH ($23,3 \pm 1,7$). Their waist circumference was $86,3 \pm 10,7$ cm and $78,9 \pm 7,8$ cm respectively. Reliable differences concerning such risk factors as smoking, compromised family anamnesis, lipidogram values were not found.

In patients with rheumatoid arthritis, especially in case of its early form, a wide spread of AH was detected. In the majority of patients the disease developed against the ground of RA and was associated with traditional risk factors, rheumatoid factor (RF) available, duration of intake of NSAIDs and glucocorticoids. The evidence obtained is indicative of the necessity of early diagnostics and effective therapy of AH with RA.