

Evaluation of Hemodynamic Disorders in Patients with Psoriatic Arthritis with Arterial Hypertension

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Abstract By data contemporary researchers one from most A common comorbid disease in patients with psoriatic arthritis (PsA) is arterial hypertension (AH). The incidence of hypertension in PsA can reach up to 78%. Generally found that in patients with PsA special place takes AG, because the she V real clinical practice is objectively traceable marker of cardiovascular disease (CVD) at PsA.

Keywords Psoriatic arthritis, Arterial hypertension, Hemodynamic disorders

1. Introduction

Many researchers given big attention problem comorbidities at psoriatic arthritis And others pathologies immunoinflammatory nature, in view of the increased incidence of disability in given categories sick, significant decrease their quality life And increase risk premature lethal outcomes. IN connections With this, it is considered appropriate to review and find ways to improve treatment tactics such patients [1,3].

Presence comorbid diseases, especially cardiovascular disease (CVD) requires optimization therapeutic PsA strategies V in general, What V significant degree limits wide application Not only drugs symptomatic row (before Total NSAIDs and GK), But And drugs from groups DMARD And GIBP [2,4,5].

The incidence of hypertension reaches 45 to 78% in patients with PsA [6,7]. Hypothesis O possible availability general connections V the mechanism of development of PsA and hypertension, of course, will play certain role in atherogenesis and structural and functional restructuring of the cardiovascular system (CVS) in in general [8].

Purpose of the study: to study hemodynamic disorders in patients with psoriatic arthritis in dependencies from availability arterial hypertension.

2. Material and Research Methods

We studied 64 patients with a reliable diagnosis of PsA (based on the CASPAR classification criteria proposed by the American Academy of Rheumatology in 2006). All

patients with PsA were divided into 2 groups, taking into account the presence of arterial hypertension. the first group amounted to 28 sick With PsA , at which there was an arterial hypertension, A second group 36 patients With absence such. All patients underwent clinical, laboratory and instrumental methods of examination, such as echocardiography, electrocardiography, duplex scanning of the carotid arteries.

3. Research Results

According to received us results, increase indicators HELL (Vwithin hypertension) in patients with PsA is one of the common signs development cardiovascular pathology. Among observed us sick With PsA arterial hypertension was observed in 43.7% of cases.

Verification of hypertension in the observed patients with PsA when triple confirmation high indicators GARDEN (over 140 mm. rt.st.)and/or DBP (over 90).

The group of patients with PsA in combination with hypertension included 28 patients with which observed high activity diseases (DAS28>4.2 at 82.2% patients), AG was verified later 2.5-5 years With moment debut the main disease and its duration averaged 5.8 ± 1.6 years. At this at sick PsA V combined With AG were identified distinctive features (compared to PsA patients without hypertension). In patients with PsA and AH, the presence of a direct correlation between ESR, CRP and SBP values ($r=0.3$; $p<0.05$).

More often Total V structure major clinicalmanifestations at patients PsA V combined with arterial hypertension were observed: in 24.9% of cases - difficulty in breathing and interruptions in the work of the heart during time physical activity, V 85.2% cases - gain second tone on aorta on auscultation, V 78.5% cases - Availability systolic noise V areas tops hearts, V 67.8% cases more expressed apical push. pain sensations behind the sternum of an angina pectoris

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Received: Jul. 19, 2023; Accepted: Sep. 29, 2023; Published: Oct. 10, 2023

Published online at <http://journal.sapub.org/ajmms>

were quite rare finds And V in general identified at 5 sick (17.8%) from 28 examined persons.

However, despite on sufficient scarcity clinical symptoms STOL at sick PsA V combination with AG, frequency occurrence ECG and Echocardiography of changes at patients given comorbidities was much more And V in general, it was noted in 85%. It is worth noting, What By data EchoK, LVH ($p<0.01$) determined at 18 (64.3%) patients at ECG research LVH was observed in 22 (78.6%).

At evaluation states FAC others important aspect was study of the state of systolic and diastolic function of the left ventricle in patients with PsA And AG. At analysis indicators FV By data echocardiography violation systolic functions LV - systolic dysfunction LV (SDL) had place in 6 (21.4%) patients with PsA in combination with hypertension, in which LV EF was consistently below 45%.

Other important aspect V evaluation structural and functional features of CVS remodeling in patients with PsA in combination with hypertension was grade aortic conditions and sleepy arteries. At this if Availability AU aorta (at radiological and echocardiography studies) was diagnosed at 16 from 28 patients (57.1%) PsA V combination with AG, that at duplex ultrasound examination carotid arteries, many patients (21; 74.9%) of this comorbidity had discovered significant thickening KIM (0.94 ± 0.11 ; $p<0.01$). The fact testifies O high frequency occurrence subclinical symptoms STOL at sick PsA V combined with AG. In patients with PsA, various echocardiographic changes among 64 observed by us patients observed V 44 (68.6%) cases.

At sick with active PsA echocardiography changes, characterizing structural-functional states VOC, wear numerous and varied. The most common EchoCG - changes, reflective peculiarities structural and functional remodeling of the left heart (LOS) in patients of groups I and II were: LVH, LVDD, functional mitral regurgitation (FMR) and adhesive pericarditis (AP). Specified EchoCG - changes among sick first groups observed V 18 (71.4%), 14 (49.9%), 7 (24.9%) And 9 (32.1%) cases, respectively. Among patients second groups data changes were marked V 10 (27.7%), 8 (22.2%), 3 (8.3%) And 3 (8.3%) cases, respectively.

Among patients I group V process comprehensive analysis and evaluation of LV EF and the state of LV systolic function violations systolic functions LV - SDL verified at 6 (9.4%) sick from 64 surveyed. Main diagnostic instrument, which allowed us, Also How And others researchers verify Availability SDLJ, was steady decline in EF $<45\%$. However, despite on enough rare detection availability SDL at 22 (37.4%) patients With PsA at comprehensive analysis and evaluation states transmitral diastolic flow verified presence LVDD, predominantly of type I - a type of delayed relaxation LVDD mild gravity.

In patients with PsA I and II groups regardless from

availability AG And others parameters, characterizing activity And heaviness diseases, It has place statistically reliable ($p<0.05-0.01$) increase linear, bulk systolic-diastolic indicators And thickness walls LV. Should Mark, What most significant pathological shifts specified morphofunctional parameters of VOS were recorded in patients of group I.

IN in general, final results comprehensive analysis and estimates morphofunctional indicators, characterizing the functional state of VOCs in patients with active PsA, especially in combination with hypertension, primarily show a change in shape LOS - transformation of a normal ellipsoid shape into a spherical model ($p<0.001$).

4. Conclusions

So the way at sick With active forms PsA With AG observed row characteristic pathological shifts co sides morphofunctional parameters VOC, which V totality testify O significant structural-functional rebuilding (remodeling) VOC.

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