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CHRONIC KIDNEY DISEASE IN PATIENTS WITH ARTERIAL HYPERTENSION

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Abstract
The article presents the results of assessing the state of kidney function in patients with arterial hypertension. The study used a method for calculating the glomerular filtration rate according to the expanded formula for determining creatinine in the blood.

Keywords Arterial hypertension, kidney function.

INTRODUCTION

In recent years, the number of patients with end-stage chronic renal failure has increased significantly. This is due to a significant increase in the prevalence of arterial hypertension (hereinafter referred to as hypertension) in the population of different countries [16 ،4 ،2 ،, 9]. Kidney diseases, not only cardiovascular diseases, but also serious cardiovascular diseases (myocardial infarction, stroke, etc.). Etc.) With arterial hypertension, there is a high probability of vascular complications, including the presence of rhinocardial mechanisms that contribute to its development.))), And this is the basis for the early detection of renal dysfunction, timely correction of the condition of patients in this category [3, 5, 7, 8].

The aim of the study was to determine the diagnostic significance of assessing the glomerular filtration rate using the extended formula in patients with basal arterial hypertension, depending on its degree and combination with chronic heart failure (hereinafter referred to as CHD).

The study included 133 patients with arterial hypertension of varying degrees - 3.8% in the first case, 33.8% in the second, 62.4% with arterial hypertension of the third degree. 33.1% of the examined patients had clinical signs of chronic coronary heart disease (II - II VC), coronary heart disease, II VC and III VC were most often associated with arterial hypertension grade 3-75%. respectively.

According to the gender and age characteristics of the patients, 77% of the total number of patients studied were female, and the average age was 53.9 years. The glomerular filtration rate was determined by calculating a delayed formula based on the level of creatinine in the blood by age and sex.

The results of the study showed that regardless of the degree of arterial hypertension and its combination with different functional categories in all groups studied, the level of creatinine in the blood did not exceed the standard values.

At the same time, in contrast to creatinine in the blood, the average glomerular filtration rate

decreased significantly and significantly, depending on the degree of arterial hypertension - from 96.1 degrees 1, 2.31 ml /min to 76.1 degrees 3, 1.3 ml / min, corresponding to the stage of renal failure (moderate weakening) in patients with grade 2 and 3 hypertension.

In patients with a combination of arterial hypertension and CHF II - III VC, the decrease in GFR was more significant: 78.85 for grade 2 arterial hypertension - 1.1 ml/min and CHF II VC, 62.2 for grade 2 arterial hypertension - 1.1 mL/min and 65.5 for CHF III VC - 1.4 ml/min for HSN II VC. 3 arterial hypertension and CHF II VK , 57.3 , 1.1 ml / min

When assessing the frequency of detection of a decrease in the glomerular filtration rate, renal insufficiency was observed in 40% of patients with grade 1 hypertension, 47.2% and 43.7% of patients with grade 2 and 3 hypertension, respectively. Grade 3 SP in 16.7% and 18.8% of patients with arterial hypertension of grade 2 and 3, respectively. Before this stage, a decrease in the functional capacity of the kidneys is observed.

In combination with arterial hypertension and CHF (II-II VK), the incidence of moderate renal insufficiency (GFR = 90-60 ml/min) and stage 3 KD (GFR = 60-30 ml /min) increased directly depending on both the degree of arterial hypertension and the severity of CHF, which is a functional feature. Klasse.So a moderate decrease in renal function is observed in CHF II VK in 75% and 60% of patients with grade 2 and 3 hypertension, respectively, and in stage 3 KD - in 25% and 33.3%, respectively. The detection rate of moderate renal insufficiency (90-60 ml / min) in the third CHF was 66.6% and 43%, respectively.5%, while the detection rate of stage 3 CKD increased by 33.4% and 56.5%, respectively. With arterial hypertension of 2 and 3 degrees.

A comparison of the signs of impaired renal function (GFR) in groups of patients with varying degrees of arterial hypertension and with CHF of different functional categories showed that GFR decreased by 4.8% with CHF II VK and by 24.4% with CHF III VK arterial hypertension grade 2. Compared with hypertension without clinically significant signs of hypertension. Swiss franc. At the same time, this decrease was significant in patients with grade 3 arterial hypertension — by 14.4% at CHF II and by 25% at CHF III.

The frequency of detection of renal insufficiency also increased with the degree of hypertension and the severity of CHF. Signs of impaired renal function (moderate decrease) increased by 37.3% and 28.3% in CHF II, the incidence of stage 3 chronic kidney disease increased by 32% and 40.5% in grade 2 and 3 hypertension, respectively, compared with hypertension without clinically significant signs of CHF. With the introduction of the third Swiss franc, these figures increased even further. That is, the detection of moderate renal insufficiency in stage 2 hypertension increased by 34.5% - neither with grade 3 hypertension, nor with hypertension of the same degree, but without pronounced clinical signs of CHF. The incidence of stage 3 chronic kidney disease increased by 50% and 66.7%, respectively, in patients with stage 2 arterial hypertension and in stage 3, respectively, compared with patients with arterial hypertension.

Conclusion: the assessment of GFR in the Midr makes it possible to identify the first renal dysfunction already with grade 1 hypertension. In addition, on October 2, even in combination with CHF with pronounced clinical manifestations. 3. This allows us to assess the degree of decrease in kidney function in severe arterial hypertension. Acute renal failure-stage 3 KD - 2 with latent stage KD (VK I). 3. It is detected in about 20.0% of patients with first-degree arterial hypertension, almost a third - with a combination of arterial hypertension with KDE II VK, and more than half - with KDE II VK. With arterial hypertension of the 3rd degree.

Therefore, in clinical practice, the determination of the glomerular filtration rate using the extended formula in patients with arterial hypertension should be used repeatedly for early and early detection and correction of renal insufficiency (nephrotherapy) in order to avoid serious cardiovascular complications.

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