

SUMMARY

Shevchuk M. I. Value of the duration of the QRS complex of ECG in treatment of arterial hypertension with angiotensin converting enzyme inhibitors, beta-blockers and their combination. – The manuscript.

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Arterial hypertension holds among cardiovascular disease one of the main positions and is characterized by steadily increasing prevalence.

Thesis is devoted to the study of clinical and functional characteristics of arterial hypertension (AH) in connection with antihypertensive therapy conducted in different classes of duration of the ECG QRS complex in order to increase the efficiency of monitoring the treatment of patients with AH on the basis of new scientific data on the of duration of the ECG QRS complex in the treatment of AH angiotensin converting enzyme (ACE) inhibitors, beta-blockers (BB) and a combination thereof. Found that in patients with AH occurring 2 classes ECG QRS duration as without AH, class duration <100 ms prevailed over class ≥ 100 ms.

Revealed that in the control of AH is more favorable to reduce the severity of clinical symptoms is ECG QRS duration class <100 ms, less favorable – ≥ 100 ms. It is recommended for patients in class duration of the ECG QRS complex ≤ 100 ms BP control exercise lisinopril, bisoprolol and / or a combination thereof of the lack of efficacy of monotherapy. Patients in class of duration of the ECG QRS complex > 100 ms for better AH control combination therapy of ACE inhibitors lisinopril and BB bisoprolol as the most safe and effective in controlling blood pressure.

Annual therapy by ACE inhibitor lisinopril did not significantly impact on the duration of the QRS complex in patients in classes duration of QRS ≤ 100 ms and > 100 ms, but significantly reduced SBP by 17%, diastolic blood pressure by 11%, improved HRV (TP increased by 13%, normalized LF / HF) ($p < 0,05$) in both classes the duration of complex QRS. After a year of therapy BAB bisoprolol was revealed a significant decrease in SBP of 15%, 9% DBP, HR 7% ($p > 0,05$) in both classes, more pronounced in the class duration of complex QRS > 100 ms, improvement in HRV (growth TR 10% normalization LF / HF), and shortening the duration of the QRS complex with the transition from Class > 100 ms to 100 ms \leq class.

Combination therapy with an ACE inhibitor lisinopril and BAB bisoprolol was accompanied by a significant reduction in SBP of 21%, 12% DBP and heart rate at 5% ($p < 0.05$) in both classes of complex QRS, more significant in the class ECG QRS complex > 100 ms, with the improvement of HRV (TP growth by 11%, normalization of LF / HF) and some reduction in the duration of the QRS complex of ECG predominantly in the classroom QRS > 100 ms, which remained in the normal range without changing the number of patients in classes.

Key words: arterial hypertension, class duration of the QRS complex of ECG, blood pressure.