

FEATURES OF THE COURSE OF DIABETES MELLITUS TYPE 2 WITH ARTERIAL HYPERTENSION

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Annotation. Currently, there is a steady increase in patients with diabetes mellitus (DM), while 80% of patients have an increase in blood pressure, which worsens the prognosis and increases the mortality of patients.

Key words: Diabetes mellitus, arterial hypertension, nephropathy, hyperglycemia.

Purpose of the study: To study the course of type 2 diabetes against the background of increased blood pressure and the possibility of rehabilitation. Material and methods of research: Patients with type 2 diabetes were 30 of them men (16), women (14), average age (50-55). The first group - as a control and comparison, patients with grade 1-2 hypertension were examined, their glycemic level was normal (4,8); the second group - as a control and comparison, patients with diabetes mellitus in combination with hypertension 1-2 severity. The severity of patients in group 1 was determined by the level of fasting glucose (3.9) and the level of glycated hemoglobin (5.0). Blood pressure was monitored on an hourly basis. In patients of the 2nd group, with an increase in blood pressure, an increase in glomerular filtration was detected and a correlation dependence of blood pressure of 140/100 was revealed, the level of glomerular filtration increased to 140-150, which indicated nephropathy against the background of hyperglycemia. The indicators of the general analysis of urine showed microalbuminuria in the group of patients with diabetes. The evaluation of the prognostic value of EchoCG, stress-echography, perfusion scintigraphy, carotid ultrasound, ankle-brachial index, and pulse wave velocity for evaluating the thickness of the intima-media complex is discussed. The authors separately focus on the methods of assessing blood pressure, highlighting the role of 24-hour blood pressure monitoring for determining the BP variability, the magnitude of sleep-time decline and morning BP surge, and also consider the effect of various types of disturbance of the 24-hour BP profile on the risk of cardiovascular complications in DM2 patients. Thus, hyperglycemia during treatment with hypoglycemic drugs complicated the course of nephropathy and hypertension. When patients were transferred to insulin therapy, the blood sugar level was restored and blood pressure normalized, consider the role of arterial hypertension in the development of vascular complications in patients with type 2 diabetes mellitus and the features of its manifestations in this category of patients. The description of methods for assessing cardiovascular risk in arterial hypertension in DM2 patients is presented. The methods for detecting asymptomatic lesion of target organs in arterial hypertension against the background of DM2 are described in detail. Separately, methods for assessing the state of the myocardium, coronary and peripheral blood flow, and renal function are considered.

Conclusions:

Thus, in patients with diabetes, it is necessary to assess the severity of hypertension and promptly include a study of glomerular filtration. Hypertension and nephropathy are caused by hyperglycemia against the background of hypoglycemic drugs and the formation of insulin requirements. Prescribing insulin therapy led to the normalization of blood pressure. The study results showed that active blood pressure lowering is a more important factor in reducing the incidence of cardiovascular complications and slowing the progression of kidney damage than intensive glucose control, and in combination with effective glucose control, treatment results are much better. of our study, we can conclude that it is necessary to more carefully and dynamically control lipid and carbohydrate metabolism, indicators of the body's filtration activity, blood pressure levels in order to prevent the occurrence of catastrophic consequences from the heart and kidney in patients with diabetes. On the other hand, it is important to warn patients with high blood pressure against possible disorders of carbohydrate metabolism by constantly monitoring and adjusting the relevant factors.

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