

NON-INVASIVE PARAMETERS IN TREATED HYPERTENSIVE PATIENTS HAVE BETTER CORRELATION WITH TARGET ORGAN DAMAGE THAN THE POSSIBILITY OF PREDICTING 5-YEAR TREATMENT OUTCOME

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The objective of the research was to investigate which of routine non-invasive parameters could predict the occurrence of target organ damage and treatment outcome during 5-year follow-up in patients with arterial hypertension. The research included 176 patients (average age 66.9 ± 9.3) with arterial hypertension who were previously treated for 144 ± 90 months. Patient monitoring was continued for 63.6 months on average. Average values of 24-hour ABPM were 121.5 ± 14.6 mmHg for systolic (SBP) and 69.1 ± 9.2 mmHg for diastolic (DBP) pressure. The total of 36 (20.4%) patients had diabetes, while 115 (65.4%) patients had lipid disorder. Furthermore, 116 (63.4%) patients had left ventricular hypertrophy (LVH). Left ventricular mass index was, on average, 135.4 ± 30.7 g/m². During the follow-up period, we registered 21 (11.9%) new events, 3 (1.7%) of which were strokes, 6 (3.4%) were acute coronary events with accompanying revascularization, two stable angina pectoris (2.6%), two pacemaker insertions (2.6%), one acute thrombosis of leg artery (0.6%), one dementia (0.6%) and 6 (3.4%) new atrial fibrillations. Independent predictor for total new events was the size of left atrium (coefficient beta 0.295; $p < 0.01$). Patients with LVH had higher SBP and DBP values obtained from 24-hour ABPM and home measurement ($p < 0.01$). Independent predictor for the presence of LVH was the length of hypertension treatment (coefficient beta 0.180; $p < 0.03$). Predictors of lower values of creatinine clearance (for model $p < 0.01$) were age (beta 0.187; $p < 0.02$) and glycemic value (coefficient beta 0.232; $p < 0.01$). Routine non-invasive parameters in patients with arterial hypertension cannot predict 5-year treatment outcome during the treatment, but have a good correlation with damage of target organs.

Acta Medica Medianae 2020;59(4):68-75.

Key words: arterial hypertension, treatment, target organs damage, cardiovascular events