

восстановлению количественного состава лейкоцитов в периферической крови, поглотительной активности и кислород-зависимого метаболизма фагоцитов в крови, показателей Т-хелпер-1 и Т-хелпер-2-зависимого иммунного ответа.

ERYTHROPOIETIN INFLUENCE ON IMMUNOLOGICAL STATUS INDICIES IN EXPERIMENTAL CHRONIC RENAL FAILURE

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Discovery of EPO receptors on nonerythroid tissues cells at the beginning of XXI century enabled to investigate EPO non-hematopoietic functions. In 2010 EPO receptors were revealed on T and B-lymphocytes, monocytes, suggesting glycoprotein immunotropic effects. Hypothesis testing is convenient to perform in experimental chronic renal failure (CRF), when endogenous EPO production is significantly reduced. Aim of investigation: EPO influence on innate and adaptive immunity in experimental CRF. Of 115 white nonlinear rats: group I comprised controls, sham-operated animals; group II animals with CRF; group III animals with CRF with EPO administration. CRF was modeled by two-stage operative resection of 5/6 renal tissue. EPO in preparation "Epokrin" (epoetinalfa, St. Petersburg) was used at 100 IU/kg dose during 9 days. Investigation was performed on day 30. Immune status was evaluated by leukocytes amount, leucocyte formula, leukocytes absorbability using monodisperse polystyrene latex particles, phagocytes oxygen-dependent metabolism in spontaneous and induced nitrobluetetrazolium test. T-helper-1 or T-helper-2-dependent immune response was evaluated by antibody producing cells number in the rats' spleen, which were immunized with allogeneic erythrocytes. In experimental CRF absolute amount of phagocytic cells (segmented neutrophils, monocytes) increases in peripheral blood, lymphocytes amount reduces. Innate immunity activation is manifested by increased absorbency and oxygen-dependent metabolism of phagocytic cells. In assessing adaptive immunity, inhibition of cellular (T-helper-1-dependent) and humoral (T-helper-2-dependent) immune responses was noted. EPO in a total dose of 900 IU/kg results in CRF experimental quantitative restoration of leukocytes, phagocytic activity and oxygen-dependent metabolism of phagocytes, indicators of T-helper-1 or T-helper-2-dependent immune response.

ЭФФЕКТИВНОСТЬ И ПЕРЕНОСИМОСТЬ ФИКСИРОВАННОЙ И СВОБОДНОЙ КОМБИНАЦИЙ ИНГИБИТОРА АПФ И АНТАГОНИСТА КАЛЬЦИЯ В ЛЕЧЕНИИ ПАЦИЕНТОВ С АРТЕРИАЛЬНОЙ ГИПЕРТОНИЕЙ

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В статье рассматривается возможность применения фиксированной и свободной комбинаций иАПФ и АК в лечении пациентов с АГ. Целью исследования была оценка эффективности антигипертензивной терапии и частоты нежелательных явлений при применении свободной и фиксированной комбинации иАПФ и АК. В исследовании приняло участие 66 пациентов с АГ II-III степени, средний возраст $60 \pm 9,2$ лет. Средние цифры систолического АД – $165,2 \pm 10,1$ мм рт. ст., диастолического АД – $97,2 \pm 9,7$ мм рт. ст. Всем пациентам исходно и на фоне терапии проводили общеклиническое и лабораторное обследования, оценку офисного и суточного АД. Оценивалась частота и особенность нежелательных явлений. Продемонстрирована эффективность свободной и фиксированной комбинаций иАПФ и АК в лечении АГ, частота и особенность нежелательных явлений. Отмечено преимущество использования фиксированной комбинации.

EFFICACY AND TOLERABILITY OF THE FIXED AND FREE COMBINATION OF ACE INHIBITOR AND CALCIUM ANTAGONISTS IN TREATMENT OF PATIENT WITH ARTERIAL HYPERTENSION

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This article discusses the possibility of using the fixed and free combinations of ACE inhibitors and AK in patients with hypertension. Aim of this study was to evaluate the effectiveness of antihypertensive therapy and the incidence of adverse events in the application of the free and the fixed combination of an ACE inhibitor and AK. The study involved 66 patients with arterial hypertension II-III, mean age $60 \pm 9,2$ years. Average numbers of systolic BP - $165,2 \pm 10,1$ mm Hg., diastolic BP - $97,2 \pm 9,7$ mm Hg. All patients at baseline and during therapy underwent clinical and laboratory examination, evaluation office and diurnal blood pressure. Evaluated the frequency of adverse events and feature. The efficiency of free and fixed combinations of ACE inhibitors and AK in the treatment of hypertension, the incidence of adverse events and feature. The advantages of using a fixed combination.