COMPARATIVE ASSESSMENT OF CLINICAL AND HEMODYNAMIC PARAMETERS IN PATIENTS WITH ARTERIAL HYPERTENSION AND COPD UNDER DIFFERENT ANTIHYPERTENSIVE TREATMENT REGIMENS

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Introduction. Arterial hypertension (AH) and chronic obstructive pulmonary disease (COPD) frequently coexist and may complicate the clinical management of patients due to the interaction between cardiovascular and respiratory dysfunction. The selection of appropriate antihypertensive therapy in these patients requires consideration of baseline clinical status, hemodynamic parameters, and concomitant pulmonary disease.

Keywords: arterial hypertension, chronic obstructive pulmonary disease, antihypertensive therapy, hemodynamic parameters, systolic blood pressure, diastolic blood pressure, heart rate, comorbidity.

Objective. To compare baseline clinical and hemodynamic parameters in patients with arterial hypertension and chronic obstructive pulmonary disease receiving different combinations of antihypertensive therapy.

Materials and Methods. The study design involved the assessment of patients diagnosed with both arterial hypertension and COPD. Patients were categorized according to the antihypertensive treatment combinations prescribed. Baseline clinical characteristics included age, sex, duration of hypertension, COPD severity, and relevant comorbidities. Hemodynamic parameters included systolic blood pressure (SBP), diastolic blood pressure (DBP), heart rate (HR), and pulse pressure. Additional cardiovascular parameters could be evaluated using

echocardiography, where available. The comparative analysis was intended to identify baseline differences between treatment groups before evaluating therapeutic outcomes.

Results. The baseline comparison should establish whether the treatment groups differ in demographic characteristics, hypertension severity, respiratory status, and hemodynamic parameters. Particular attention should be paid to SBP, DBP, HR, and indicators of cardiovascular function, as these variables may influence treatment selection and subsequent clinical outcomes. Actual between-group differences and their statistical significance should be reported based on the collected clinical data.

Conclusion. Comparative assessment of baseline clinical and hemodynamic parameters is essential for the interpretation of treatment outcomes in patients with concomitant arterial hypertension and COPD. Evaluation of the initial characteristics of patients receiving different antihypertensive combinations may help identify clinically relevant differences between treatment groups and support a more individualized approach to therapy. Conclusions regarding the superiority or safety of specific treatment combinations require confirmation through analysis of the observed clinical results.

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