

ПРИМЕНЕНИЕ АНТИГИПЕРТЕНЗИВНЫХ СРЕДСТВ ПРИ БЕРЕМЕННОСТИ

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Аннотация: гипертонические расстройства беременности охватывают целый спектр состояний, включая преэклампсию/эклампсию, гестационную гипертензию, хроническую гипертензию и преэклампсию, наложенную на хроническую гипертензию [2, 3]. Хотя во многих частях мира материнская смертность снижается, смертность беременных от экстрагенитальных заболеваний высока [3]. Мы изучили вопросы рационального применения лекарственных средств для лечения артериальной гипертензии у беременных. С этой целью мы изучили выбор лекарственных средств, применяемых при гестационной гипертензии и оценили безопасности лечения гестационной гипертензии по классификации FDA. Была заполнена специально разработанная анкета из историй болезни 216 женщин, находящихся под гинекологическим наблюдением. Большинство беременных с артериальной гипертензией применяли антигипертензивные препараты, преимущественно блокаторы кальциевых каналов или дигидропиридины и β -адреноблокаторы. Они широко применяли антигипертензивные препараты группы С. При беременности следует применять в основном препараты группы А [1, 3]. По нашим исследованиям, препараты группы В и С использовались чаще.

Ключевые слова: беременность, гестационная гипертензия, антигипертензивные средства.

USE OF ANTIHYPERTENSIVE DRUGS IN PREGNANCY

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Abstract: Hypertensive disorders of pregnancy encompass a spectrum of conditions, including preeclampsia/eclampsia, gestational hypertension, chronic hypertension, and preeclampsia superimposed on chronic hypertension [2, 3]. Although maternal mortality is declining in many parts of the world, mortality in pregnant women from extragenital diseases remains high [3]. We examined the rational use of medications for the treatment of arterial hypertension in pregnant women. To this end, we examined the choice of drugs used for gestational hypertension and assessed the safety of gestational hypertension treatment according to FDA classifications. A specially developed questionnaire was completed from the medical records of 216 women under gynecological observation. Most pregnant women with arterial hypertension used antihypertensive drugs, primarily calcium channel blockers or dihydropyridines and β -blockers. They widely used antihypertensive drugs of group C. During pregnancy, drugs of group A should be used primarily [1, 3]. According to our studies, drugs of groups B and C were used more often.

Keywords: pregnancy, gestational hypertension, antihypertensive drugs.

Background. Hypertensive pregnancy disorders cover a spectrum of conditions, including preeclampsia/eclampsia, gestational hypertension, chronic hypertension and preeclampsia superimposed on chronic hypertension [2, 3]. Although maternal mortality is declining in many parts of the world, mortality from extragenital diseases of pregnant women is high [3]. The main reason for this is arterial hypertension. Over the past 11 years 16,000 pregnant women have suffered from hypertension, premature placental abruption, surgical delivery and neonatal hypotrophy. 25% of mothers with hypertension have preeclampsia [1, 3]. So the rational choice of drugs is a great importance for the treatment of hypertension in pregnancy.

Purpose of the study. To study the rational use of drugs for the treatment of arterial hypertension in pregnancy.

Objectives:

1. To study the composition and choice of drugs used in gestational hypertension.
2. To evaluate the safety of the treatment of gestational hypertension according to the American FDA classification.
3. Develop recommendations on the principles of pharmacotherapy for hypertension in pregnancy.

Research materials and methods. This study was conducted by random sampling using interview methods, fact-finding methods and questionnaires. A specially designed questionnaire was filled out from medical history books of 216 women under observation of the gynecological counseling office at the General hospital and family health centers of Darkhan-Uul aimag.

Table 1. Key indicators of pregnancy.

Results	N	Minimum	Maximum	Mean	Std. Deviation
Age	216	20.00	53.00	35.37	8.85
Gestational age /week/	216	20.0	36.00	29.25	7.25
Number of pregnancies	216	1.00	10.00	3.5854	2.09
Birth	216	1.00	5.00	2.2317	1.10

As shown in the table, the youngest is 20 years old and the oldest is 53 years old. In terms of the number of births, the least number of births is 1, and the most number is 5. The number of pregnancies varies from 1 to 10.

Table 2. Correlation between risk factors and hypertension.

Risk factors and correlation		Hypertensive disorders
Age	Pearson Correlation	0.454**
	Sig. (2-tailed)	0
Body mass index	Pearson Correlation	0.275*
	Sig. (2-tailed)	0.013
Number of pregnancies	Pearson Correlation	0.446**
	Sig. (2-tailed)	0
Number of births	Pearson Correlation	0.408**
	Sig. (2-tailed)	0
The interval between last births	Pearson Correlation	0.338**

	Sig. (2-tailed)	0.002
**. Correlation is significant at the 0.01 level (2-tailed).		
*. Correlation is significant at the 0.05 level (2-tailed).		

The development of arterial hypertension during pregnancy is strongly correlated with age, number of pregnancies, number of births and intervals between births ($p < 0.05$).

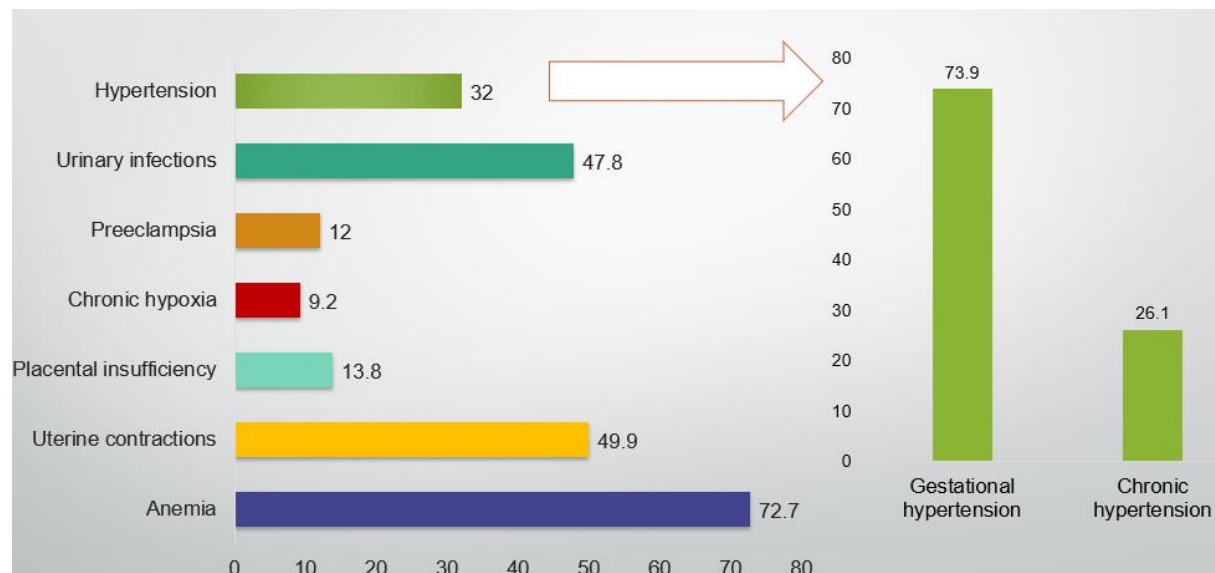


Fig. 1. Disorders of pregnant women.

32% (69) of pregnant women have hypertension, of them 73.9% (51) have gestational hypertension and 26.1% (18) have chronic hypertension.

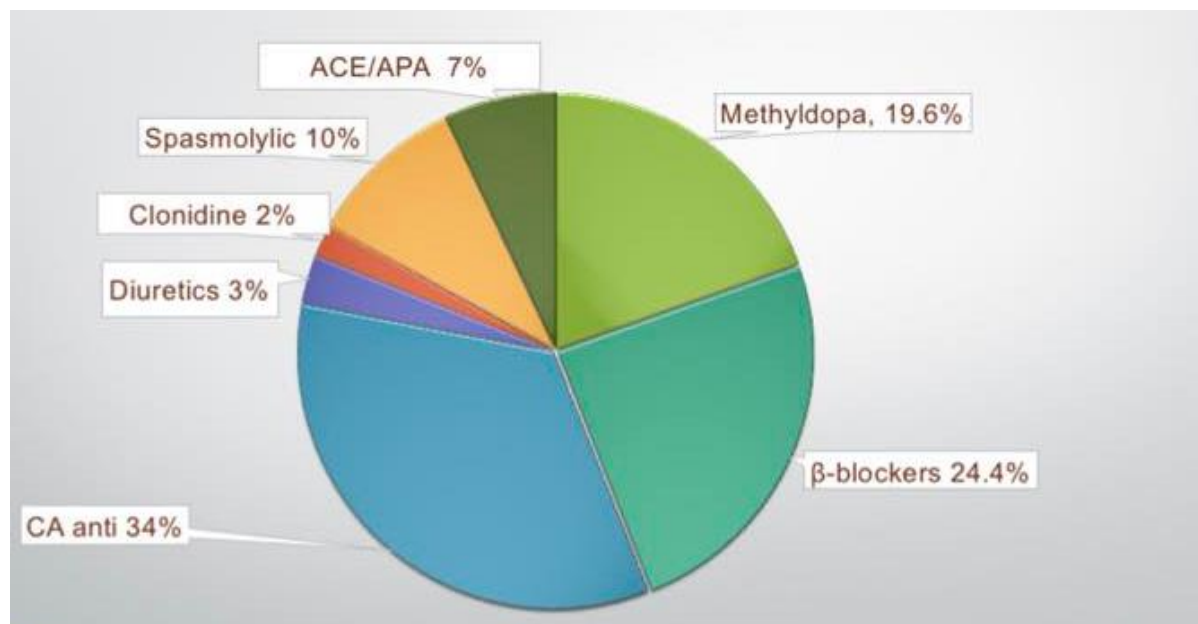


Fig. 2. Usage of antihypertensive drugs.

In a study of the use of antihypertensive drugs 34% used calcium channel blockers, 24.4% used β-blockers, and 19.6% used methyldopa.

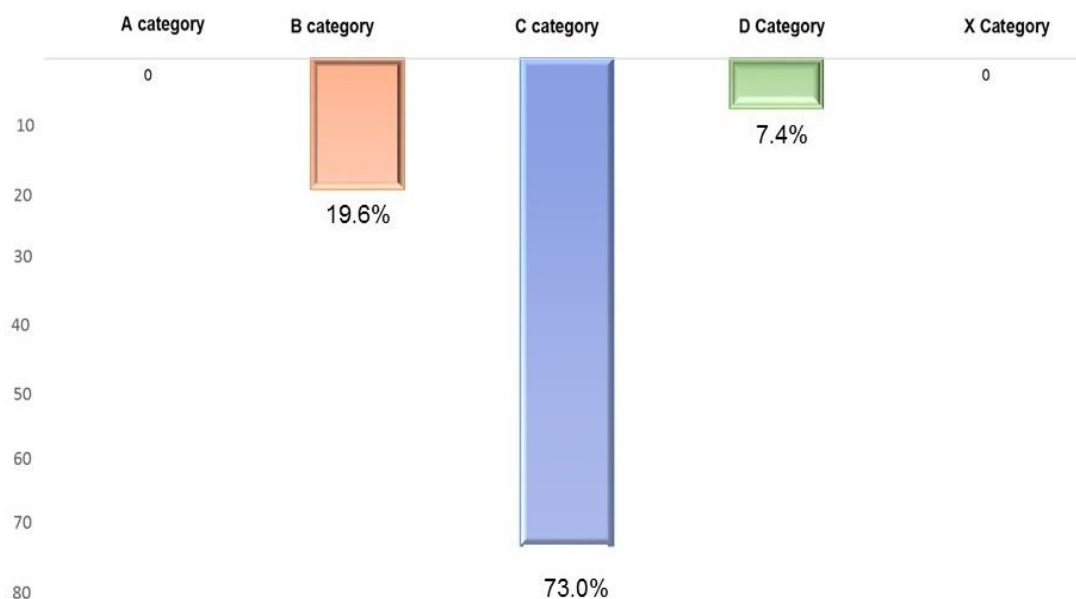


Fig. 3. FDA Pregnancy Categories.

Most pregnant women with hypertension widely used B and C groups of antihypertensive drugs according to the FDA classification. A small percentage of pregnant women were used D group of drugs.

Conclusion

1. Most pregnant women with arterial hypertension used antihypertensive drugs, mainly calcium channel blockers or dihydropyridines and β -blockers.
2. During pregnancy, A group of drugs should be used mainly. According to our research, group B and C drugs were used more often.
3. Recommendations for the rational use of drugs for hypertension in pregnancy have been developed.

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