



CLINICAL CHARACTERISTICS OF ARTERIAL HYPERTENSION IN COMORBID PATIENTS

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Background. Arterial hypertension (AH) remains one of the major causes of cardiovascular morbidity and mortality worldwide. The coexistence of comorbid conditions significantly complicates the clinical course of AH, promotes early development of target organ damage, and reduces the effectiveness of conventional therapeutic strategies.

Objective. To evaluate the clinical, laboratory, and instrumental characteristics of arterial hypertension in patients with various comorbid conditions and to identify key determinants influencing disease severity and the extent of target organ involvement.

Materials and Methods. A comprehensive clinical examination was performed in 30 patients with arterial hypertension aged 45–65 years (mean age 54.2 ± 6.1 years). The assessment included analysis of clinical findings, laboratory parameters, and instrumental diagnostic methods, such as electrocardiography, echocardiography, 24-hour ambulatory blood pressure monitoring, and evaluation of renal function. Patients were stratified into groups according to the presence and type of comorbid pathology.

Results. The analysis revealed that patients with arterial hypertension in the presence of comorbid conditions exhibited a significantly higher prevalence of severe disease compared with patients with isolated AH (68.4% vs. 34.7%, respectively). Target organ damage was detected in 72.1% of patients with comorbid AH, whereas this indicator was considerably lower in patients without concomitant diseases.

Among structural and functional target organ changes, left ventricular hypertrophy was most frequently observed (59.3%), followed by microalbuminuria as an early marker of renal impairment (41.8%) and vascular changes reflecting arterial wall remodeling (46.2%). Uncontrolled arterial hypertension was documented in 61.5% of patients with comorbid pathology, which was more than twice as high as in patients with isolated AH (29.6%).

Factor analysis demonstrated that increased severity of arterial hypertension and the extent of target organ damage were significantly associated with longer disease duration, the presence of metabolic disorders (overweight and dyslipidemia), and combined cardiovascular pathology, highlighting the pivotal role of comorbidity in the progression of AH.

Conclusions. Comorbid conditions substantially aggravate the course of arterial hypertension, as evidenced by an increase in the prevalence of severe disease forms from 34.7% to 68.4%, a rise in target organ damage to 72.1%, and a higher rate of uncontrolled hypertension (61.5% vs. 29.6%) compared with isolated AH. The most common manifestations in patients with comorbid pathology included left ventricular hypertrophy (59.3%), microalbuminuria (41.8%), and vascular alterations (46.2%).



These findings support the necessity of a comprehensive and individualized approach to diagnosis, risk stratification, and management of patients with arterial hypertension in the context of comorbidity.