

для определения частоты АВГП и воспроизводимости результатов от одного дня к другому. Также проанализированы записи СМАД (18—33 ч) 360 пациентов кардиологической клиники Алматы (Казахстан). Во всех данных из г. Тоса как минимум одна АВГП обнаружена хотя бы в один из дней. У 12 человек без отклонений в суммарных показателях в 1—3 суточных записях обнаружены АВГП. Из оставшихся 14 человек только у одной женщины не было отклонений на регистрограмме в целом, но наблюдались не менее одной АВГП в течение 6 из 7 суток. У 78% пациентов в г. Алматы найдены 1 или более АВГП, причем у 50% отмечен более чем 1 вид АВГП. У 22% кардиологических больных СМАД не выявило АВГП. Значительная межсуточная изменчивость характеристик АД и ЧСС в недельных записях, с наличием АВГП в отдельные дни, показывает, что мониторинг АД должен длиться более 24 ч и должен быть повторен при обнаружении АВГП.

BLOOD PRESSURE VARIABILITY AND RISK OF CARDIOVASCULAR COMPLICATIONS

**S.M. Chibisov¹, R.S. Singh², R.K. Agarval¹,
S.A. Shastun¹, J.P. Sharma²**

¹Peoples Friendship University of Russia, Moscow, RF

²Halberg Hospital and Research Institute, Moradabad, India

E-mail: ser33871957@yandex.ru

Background. Most experts have learned the role of variability in blood glucose causing increased risk of target organ damage. However, variability in blood pressures according to time structure particularly on a 7-days scale, is ignored by most of us. Glocal (global and local) guidelines for the management of hypertension emphasize that the necessity, choice and intensity of blood pressure (BP)-lowering treatment should be determined by the individual's probability of an event within a given period causing absolute cardiovascular disease (CVD) risk. This review examines the available evidence. **Methods.** Internet search and discussion with friends. **Results.** Most studies emphasize on assessment of the cardiovascular risk based on secondary risk factors such as age, sex, family history, waist circumference and/or body mass index (BMI), blood glucose, blood lipids and the presence of associated clinical conditions and/or end-organ damage. Primary risk factors; sedentary behavior, excess of salt and alcohol consumption, tobacco intake, Western diet, mental load, geomagnetic forces, and circadian periodicity in BPs have been poorly considered. There is a complete ignorance about signatures of space weather in the ageing human blood circulation, time structures (chronomes) of the blood circulation, population health and human affairs. Extended consensus on need and means to detect vascular variability disorders (VVDs),

and vascular variability syndromes (VVSs) and the role of brain-body interactions are unknown to most experts. Definition of ambulatory BP targets for diagnosis and treatment of hypertension in relation to clinic BP is based on 24—48 hours records which ignores the presence of circa-septan variability in blood pressures. Prognostic superiority of daytime ambulatory over conventional BP in four populations among 7030 individuals gave no consideration to night time non-dippers. These studies, although prospective, appear to be only speculations in absence of data on circa-septan increase in blood pressure variability and resultant target organ damage. Given that conventional health care practice is concerned mainly with high BP and given the fact that other VVDs; circadian over-swinging, excessive pulse pressure, deficient heart rate variability, odd circadian blood pressure timing and MESOR hypertension are not diagnosed but contribute several fold greater risk of CVDs and deaths. A recent experimental study suggest that a comprehensive re-examination of circadian behaviour and its molecular readouts under simulated natural conditions will provide a more authentic interpretation compared to that observed in the laboratory which is similar to clinic or home BP measurements. **Conclusions.** If we want to understand exactly how the clock works and how BP fluctuates, we are of the firm opinion that it is going to be very useful to have approaches, to observe BP of populations living in natural living environment, that is possible only by 7-days ambulatory BP recording when people live their life. We cannot simply transfer what we know in the clinic or office into natural conditions. Unfortunately, current management of hypertension strongly relies on clinic BP measurement, although potential evidence indicate that measurement of BP outside the clinic by ambulatory BP and/or home BP devices better represents patients actual BP. Most experts feel that there is only limited information of how to include ambulatory BP monitoring, as a stronger predictor of clinical outcomes, into the diagnosis and management of hypertension.

ФЛУКТУАЦИИ АРТЕРИАЛЬНОГО ДАВЛЕНИЯ И РИСК СЕРДЕЧНО-СОСУДИСТЫХ ОСЛОЖНЕНИЙ

**С.М. Чибисов¹, Р.С. Сингх², Р.К. Агарвал¹,
С.А. Шастун¹, Ж.Р. Шарма²**

¹ФГБОУ ВПО «Российский университет дружбы народов», г. Москва

²Больница им. Ф. Халберга,

Исследовательский институт г. Морадабада, Индия

E-mail: ser33871957@yandex.ru

Обосновывается целесообразность многосуточного измерения артериального давления и частоты сердечных сокращений в амбулаторных условиях.