

DETERMINATION OF THE EFFECTIVENESS OF USING THE DRUG BOSENTAN BASED ON COMPLEX MEDICINE MEASURES IN PATIENTS WITH COPD

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Abstract:

Chronic Obstructive Pulmonary Disease (COPD) is a process characterized by a sharp decrease in the speed of air flow in the lungs and airways, as well as activation of the chronic inflammatory process in response to the effects of harmful particles or gases is one of the urgent problems of medicine [1,3,5]. The death rate caused by this disease and its consequences is observed to increase over the years [2,4]. Currently, approximately 40% of the total deaths among the population of developed countries are caused by this disease. Despite the progress made in the treatment and diagnosis of the disease in medicine in recent years, the disability and death rate among the population due to COPD and its complications is still high.

Key words: To determine the effectiveness of the use of the bosentan drug on the basis of complex treatment measures in patients with COPD.

Research materials and methods. 120 patients with COPD mixed type pulmonary hypertension who were being treated in hospital conditions were taken as a research source in Bukhara regional multidisciplinary hospital. They were subjected to an objective examination, standard laboratory-instrumental tests, including ExoKG, spirometry, blood gas composition, etc. received 2 pills a day in the morning and in the evening, and the second subgroup of patients received only the standard treatment. During the study, their indicators were compared. The reliability of differences between groups was determined using Student's criterion for odd and even differences. Correlation analysis was conducted by applying Pearson's correlation coefficient and determining its significance based on reliability tables.

Research results. Systolic arterial blood pressure decreased reliably after treatment in both subgroups, respectively (130 ± 3.2 mmHg and 118.6 ± 1.89 mmHg. $R < 0.001$ and 132 ± 3.4 mmHg. wire height and 120.25 ± 1.79 mm wire height).

Diastolic and mean blood pressure values were reliably reduced after treatments only in the group receiving bosentan on the basis of combination therapy. This suggests that bosentan has a greater hypotensive effect than sildenafil. In the conducted echocardiographic examinations, it was found that the size of the left ventricle in the first subgroup was 35.2 ± 1.2 mm, and after the procedures it was 33.9 ± 1.2 mm. In the second subgroup, these numbers were 35.5 ± 1.0 mm

and 34.3 ± 1.0 mm, respectively, and no reliable changes were observed in either subgroup after treatment ($R > 0.05$). After the treatments, the indicators in the first subgroup decreased by 3.6%, and in the second subgroup by 3.4%, the difference between them (0.2%) was unreliable ($R > 0.05$).

Right lobe size was 36.45 ± 0.5 mm to 33.45 ± 0.5 mm before and after treatments in the first subgroup, respectively. decreased to , the difference between them was equal to 8.2% and a reliable ($R < 0.001$) change was observed. In the second subgroup, these numbers were equal to 36.05 ± 0.36 and 35.1 ± 0.37 mm, and the values before treatment and after it differed by 2.5% ($R > 0.05$). Post-treatment scores were 5.7% higher in the first subgroup than in the second, and the differences were reliable ($R < 0.001$).

Right ventricular size in the first subgroup was 28.6 ± 0.57 and 26.6 ± 2.5 mm before and after treatments, respectively. was equal to and reliably decreased by 7% ($R < 0.05$). In the second subgroup, these numbers were 29.25 ± 0.56 and 27.4 ± 0.5 mm, decreased by 3.5%, and the differences were not reliable ($R > 0.05$). The difference between the two subgroups was 3.49%, and although the former did not reliably differ from the latter, the scores were significantly higher.

Summary. A comparative analysis showed that the addition of bosentan to standard treatment had a positive effect on the stabilization of end-diastolic and systolic volume indicators to the same extent in subgroups.

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