69. THE ASPECTS OF LIPID AND GLUCOSE METABOLISM FOLLOWING HYPERTENSION TREATMENT IN PATIENTS WITH METABOLIC SYNDROME

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Introduction: The metabolic syndrome is a global public health issue. Using medication that reduces the sympathetic over activity as one of the manifestations of MS, such as cardioselective β–adrenoblockers of the III generation (Nebivolol) and the selective agonist of the imidazoline receptors subtype 1 (I_1) III generation (Moxonidine) is one of the main directions of pharmacotherapy in hypertensive patients with MS.

Purpose and objectives: Highlighting the lipid and glycemic profile modification in hypertensive patients with or without metabolic syndrome after treatment with Nebivolol and Moxonidine.

Materials and Methods: The study included 294 hypertensive patients (Hypertension grade I-II as recommended by the European Society of Cardiology, 2007), of which: MS (group I) - 201 patients and without MS (group II) - 93 patients (control group). The diagnosis of MS was based on the WHO recommendations (1998), IDF (2005). In the treatment phase of the study there were included 191 patients: 93 patients administered for 2 months - Nebivolol and 98 patients used Moxonidine. The gathered material was analyzed statistically by the methods of variational and correlational analysis.

Results: The group of MS patients had an average age of 49.57 ± 0.81 years ($p>0.05$) and the group of patients with MS had an average age of 48.86 ± 1.03 ($p>0.05$). Long-term administration of Nebivolol in the current study significantly reduced total cholesterol, LDL - cholesterol and triglyceride levels in MS patients, while blood glucose levels were not changed. In the patients treated with Moxonidine 0.2 mg × 2 twice/day for two months, the glucose profile was statistically insignificantly changed: 5,18 ± 0 16 mmol/l (initial stage) vs. 5.08 ± 0.12 mmol/l (final stage) ($p>0.05$), but the basal insulinemia at the initial stage of treatment vs. the final stage (2 months): 9.19 ± 0.51 μUI/ml vs. 8.01 ± 0.52 μUI/ml had a significant statistical difference ($p<0.05$) and the average value of $HOMA_{IR}$ at the initial vs. the final stage, with a decrease in the insulin resistance index: 1.98 ± 0.11 vs. 1.62 ± 0.11, had also a significant statistical difference ($p<0.05$).The analysis of lipid indexes in the whole group and groups of patients with and without MS showed a downward trend for TC, LDL-C, TG, but no changes in HDL-C.

Conclusions: In patients with metabolic syndrome Nebivolol did not influence significantly the glucose metabolism and it improved the state of the lipid, while Moxonidine did not significantly affect lipid metabolism, but improved the indexes of the glucose metabolism.

Keywords: Metabolic syndrome, lipid metabolism, Nebivolol, Moxonidine

70. WOLF-PARKINSON-WHITE SYNDROME, CLINICAL CASE

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Introduction: Wolf-Parkinson-White syndrome (WPW) is a type of ventricular pre-excitation realized through an abnormal connection between the atria and the ventricles, known as Kent bundle, prior to nodo-hisian depolarization. The disease has a genetic substrate, it develops mainly in men, involving a high risk of ventricular arrhythmias and sudden death. The incidence of WPW syndrome is 4 cases per 100,000 persons, while the prevalence is 1-3 cases per 1000 pers. Male/female ratio is 1.5-2/1. About 50 % of patients with WPW develop tachyarrhythmias; the frequency of supraventricular tachycardia paroxysms increases from 10% at the age of 20-39 to 36% over 60 years. The management of the disease depends on the paroxysms frequency and the