

Treatment of neurological complications of arterial hypertension.

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Introduction. According to WHO (2021), it is estimated that 1.28 billion adults worldwide have hypertension and its frequency increases with age, with a prevalence of >60% in people with age >60 year. Hypertension provoke acute and chronic injuries of the brain, accelerates its atrophy and induces neuroinflammatory processes, each from these contributing to the impairment cognition and in major neurocognitive syndromes. The purpose of the study is to highlight the drugs or groups of drugs used in different specific neurological complications of hypertension.

Materials and methods. A retrospective study, were taken 82 patient reports admitted to the NNI *Diodim Gherman* in period 2019-2022, with various neurological pathologies. An important inclusion criteria was arterial hypertension. The data from the patient reports were statistically processed with SPSS and Microsoft Excel in depending on: gender, age, neurological complications, comorbidities, level of the blood pressure.

Results. The batch of studied patients had an average age of 67.92 years (56-81 years). Female patients from rural areas predominate. All patients were diagnosed with hypertension, the value varies between 180 mmHg and 250 mmHg, and diastolic 100–120 mmHg. Incidence of neurological complications of hypertension that was present along with others comorbidities was: stroke 78 cases, hypertensive encephalopathy 76, atherosclerosis 32, dementia 3 cases. Of the 78 stroke patients, 48 were determined to be ischemic, and only 2 received Alteplase, because they were transported immediatly, within the first hour after the accident. In 46 patients with acute ischemic stroke were administered Acetylsalicylic acid 150 mg or Clopidogrel 75 mg and Urapidil 10 mg in bolus. In 37 cases were administered metoprolol i/v 2.5 mg with Enalaprilat. Its use is argued by pre-existing cardiac comorbidities. In 34 cases used Enalapril 1.25 mg, repeated after 6 hours. For hypertensive encephalopathy, in 3 cases, was administered Nifedipine 10 mg sublingual.

Conclusions. Hypertension was not decreased suddenly in no patient, but gradually up to 24 hours; Alteplase recanalizes the blocked vessel, but has major risks, such as brain hemorrhages; Antiplatelet agents are administered from the first hours if a cerebral hemorrhage is excluded.

Keywords: stroke, arterial hypertension, neurological complications.