

CHANGES IN CLINICAL PRESENTATION OF PULMONARY HYPERTENSION IN PATIENTS WITH COPD AND CONCOMITANT CORONARY ARTERY DISEASE, TREATED WITH STATINS

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Abstract

Pulmonary hypertension, induced by hypoxia is a serious and progressive complication in a number of patients with COPD and concomitant coronary artery disease (CAD).

The *aim* of the study was to evaluate the changes of clinical manifestations of pulmonary hypertension in patients with COPD and CAD, treated with statins.

Materials and methods. 42 patients with COPD and CAD, complicated by hypoxia-induced pulmonary hypertension, were examined (27 males and 15 females, mean age — $(62,1 \pm 6,6)$ years). A physical examination, chest radiography, 12-lead ECG, generally accepted spirometry, 6-minute walking test, oxygen saturation (pulseoxymetry before and post walking), EchoCG were done. Besides, in each patient the severity of disease was measured using Borg questionnaire and mMRC scale. The annual number of COPD exacerbations was calculated using medical history reports.

Results. It was proved that long-term (at least 6 months) use of atorvastatin in combination with maintenance therapy in patients with COPD and CAD, significantly decreases the rate of progression of pulmonary hypertension.

The administration of atorvastatin in daily dose 20 mg was more preferred, because it caused significant improvement of clinical indices, such as exercise tolerance, dyspnea and exercise-induced hypoxia.

Key words: chronic obstructive pulmonary disease, coronary artery disease, pulmonary hypertension, atorvastatin.

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