THE ROLE OF ALDOSTERONE IN THE DEVELOPMENT OF CHRONIC HEART FAILURE AND THE EFFECTIVENESS OF MINERALOCORTICOID RECEPTOR ANTAGONISTS IN ITS TREATMENT

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Materials And Methods: 320 patients diagnosed with Chronic heart failure were observed in the study. 148 (46.25%) of them were men and 173 (53.57%) were women. There are a number of data that the observation of albuminuria in patients with SUE is one of the leading risk factors that lead to death with a sharp negative impact on the course of the disease. This process is more evident when SUE occurs in comorbid conditions. Some scientific observations confirm that micro albuminuria (proteinuria) is an early and sensitive marker of kidney damage in Chronic heart failure, even compared to blood creatinine. In addition, it is confirmed that renal dysfunction increases with age among patients with SUE. Primary examination of patients began on the day of admission to the hospital. Re-examination was carried out in the last 6 months after they were sent home. All patients received β-blockers as a standard treatment of Chronic heart failure, azilsartan as an angiotensin II receptor antagonist, and eplerenone 25-50 mg of the last generation of MKRA as an antifibrotic agent. Based on the instructions, cardiac glycosides, diuretics, and antiarrhythmics were prescribed in individual cases. Blood potassium and glomerular filtration per 1.73 m2 body surface area (>60 mL min) were monitored in all patients under follow-up. Eplerenone was discontinued in cases of hyperkalemia.

Summary:

As the number of SUE comorbid diseases increases, the level of overnight albuminuria also increases. When he had one, two, three and more diseases, proteinuria values were 335.6 ± 15.3, 449.9 ± 18.9, and 614.4 ± 23.3 mg/l, respectively. There is a direct relationship between fibrosis markers, Chronic heart failure, with indicators of albuminuria and the number of comorbidities. Aldosterone and TGF-β1 increased in sync with albuminuria and comorbidity in the blood of patients.
Combined treatment with alzisartan and eplerenone in patients with Chronic heart failure leads to a reliable reduction of albuminuria and fibrosis markers, which confirms that eplerenone has an antifibrosis effect.

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