

Use of moxonidine and its combination with hormonal replacement therapy in women with postmenopausal hypertensive disease

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Objective: to evaluate the efficacy and tolerability of moxonidine and its co-administration with hormonal replacement therapy (HRT)- Femoston in women with postmenopausal hypertensive disease.

Materials and methods: 68 women at the age of 40-60 (mean age $49,8 \pm 1,4$) with grade 1-2 essential hypertension and postmenopausal syndrome were examined. The patients were randomized to receive antihypertensive therapy with moxonidine (Group 1) in a single daily dose 0,2-0,4 mg, or its combination with hormonal replacement therapy (Group 2). Blood pressure (BP) measurements by the Korotkoff method, echoCG, lipid spectrum, hemostasis parameters, assessment of life quality with the modified menopausal index (Kupperman) were performed before and after 6 month treatment.

Results. Moxonidine significantly reduced systolic and diastolic BP by months 1 and 3; 24 weeks of treatment led to a decrease in left ventricular myocardium mass (by 12,7%, on the average), however, with combined treatment it reduced more clearly (by 13,1%). The manifestations of the menopausal syndrome attenuated by month 6-from $29,7 \pm 9,5$ to $12,0 \pm 2,9$ ($? < 0,05$) in Group 1 and from $29,9 \pm 5,0$ to $4,0 \pm 0,9$ in Group 2. In I group patients (pts) determined reliable lowering of levels of total cholesterol by 13,6%, cholesterol of low density lipoproteid by 20,8%, in II group pts therapy with moxonidin and HRT was accompanied by reducing total cholesterol by 20%, cholesterol of low density lipoproteid by 30,1 %. The level of fibrinogen was reduced more in Group 2.

Conclusion. Moxonidine is an effective antihypertensive drug in treating postmenopausal women with hypertensive disease. Hormonal replacement therapy contributes to the higher antihypertensive effect of moxonidine and improves its metabolic activities.