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Arterial hypertension as a risk factor for arrhythmia progression in patients with recurrent atrial fibrillation

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Objective: To assess the effect of uncontrolled Arterial Hypertension (AH) on the progression of arrhythmia for 1 year in patients with recurrent forms of Atrial Fibrillation (AF).

Material & Methods: 131 patients with restored sinus rhythm were retrospectively studied. AH was regarded as uncontrolled, in patients who did not achieve the target blood pressure.

Results: Depending on the control of the level of hypertension, patients were divided into two groups to determine the effect of hypertension on AF progression within 1 year. The first group consisted of 50 patients with uncontrolled hypertension, the second group-81 patients with controlled hypertension. In 32 (24.42%) patients progression of AF was observed. A comparative analysis revealed that a group of patients with uncontrolled AH are more prone to AF progression. So, in the 1st group the percentage of patients with AF progression was 46% and in the second group this index was 11.1% ($p<0.0001$). We identified correlations between uncontrolled hypertension and other risk factors for AF progression. Thus, a direct correlation was found between uncontrolled hypertension and the presence of HF ($r=-0.359$, $p <0.0001$), the history of stroke or TIA ($r=-0.221$, $p<0.05$), the history of a persistent AF ($r=-0.205$, $p<0.05$) and obesity ($r=-0.175$, $p<0.05$).

Conclusion: The presence of uncontrolled hypertension in patients with recurrent forms of AF 4-fold increases the risk of AF progression. In addition, uncontrolled hypertension is more often associated with the presence of other factors of AF progression.

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