CHANGES OF LIFE QUALITY SCORE DEPENDING ON THE ARTERIAL HYPERTENSION DEGREE IN THE GENDER ASPECT

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Relevance. Hypertension is one of the most common chronic diseases, for which currently the goal of therapy is not so much recovery as improving circulatory function with a satisfactory quality of life.

Objective: to determine the impact of different degrees of hypertension on quality of life in female and male patients.

Materials and methods. 126 patients with arterial hypertension underwent examination, including 86 women (68%), 40 men (32%) aged 40 to 81 years (mean age 61.9 ± 0.3 years). Arterial hypertension of I degree had 19 people (15.1%), II degree - 65 patients (51.6%), III degree - 42 people (33.3%). The control group consisted of 43 healthy individuals who did not differ from the main group in terms of demographics. Surveys of patients to assess quality of life conducted with the questionnaire SF-36 (Short Form-36) at each follow-up. Quality of life indicators have value in points.

Results. The analysis of quality of life indicators in the group of healthy people found that the level of quality of life in men is much higher than in healthy women: «physical pain», «role functioning» - $P1-P2 > 0.5$; «Physical functioning» - $P1-P2 < 0.001$; «Physical health» - $P1-P2 > 0.5$, except for the scale «general health» - $P1-P2 < 0.05$ (77.2 ± 3.02 vs. 63.75 ± 2.81).

The comparison of the quality of life of patients with hypertension of I degree and patients with arterial hypertension of III degree found reliable differences on the scales «Vitality» ($P1-P3 < 0.001$), and «Social functioning» ($P1-P3 < 0.5$). In patients with II and III degrees of arterial hypertension indicators of quality of life were low in themselves and differed on a scale «role functioning» of the questionnaire: «Vital force» ($P2-P3 > 0.5$); «Role functioning» ($P2-P3 < 0.5$); «Mental health» ($P2-P3 > 0.5$).

Patients with hypertension of the I degree in comparison with arterial hypertension of the II degree had reliably higher indicators of quality of life on scales «vital force» (80.0 ± 3.93 points) and «role functioning» (77.1 ± 4.04 points), but reduced indicators of «social functioning» and «mental health» (48.7 ± 7.35 and 47.41 ± 2.39 points, respectively).

Patients with hypertension of I degree and III degree showed reliable differences on the scales «vital force» ($P1-P3 < 0.001$) and «social functioning» ($P1-P3 < 0.5$); and patients with hypertension of II and III degrees showed significant decrease in all indicators of quality of life, especially on the scales «social functioning» and «mental health» (up to 31.5 ± 5.19 and up to 40.31 ± 2.23 points, respectively).

Patients with hypertension of I degree had decrease in general health (87.1 ± 3.16), physical function (82.6 ± 2.86), and physical pain (87.1 ± 3.16). Patients with II degree of hypertension had a significant reduction in role functioning (32.4 ± 5.19), physical pain, and general health (36.0 ± 6.12 and 42.26 ± 2.68 points, respectively).

Conclusions. Hypertension significantly affects the quality of life. State of health of patients with hypertension significantly limited their physical activity.

Key words: arterial hypertension, quality of life, gender aspect, SF-36 questionnaire.

Relevance. Hypertension (AH) is one of the most significant health problems in the world, associated with complications such as stroke, myocardial infarction, heart and kidney failure, which cause high disability and significant economic costs [19, 25].

According to research, more than 30% of the adult population of Ukraine have high blood pressure (BP) [1, 2]. Regarding the official statistics of the Ministry of Health of Ukraine, as of January 1, 2016, 12,122,512 patients with hypertension registered in the country [3]. The prevalence of hypertension increases with age in both women and men [9]. Current guidelines recommend the same approaches to the treatment of hypertension, regardless of the patient's sex [5, 21, 22]. However, some studies show the existence of differences between men and women in the control of blood pressure and emphasize the need to form a different approach to the

management of patients with hypertension in females and males [8, 15-18, 20, 25]. In some cases, it is claimed that women have worse blood pressure control, in others, on the contrary, better [4, 6].

Studies on this problem suggest that postmenopausal women have a significant increase in blood pressure due to a sharp deterioration in the elastic properties of the arteries [7, 8, 10]. Increased vascular stiffness causes difficulties with blood pressure control [12, 23, 24].

Therefore, perhaps the reason for different blood pressure control may be the behavior and lifestyle of the patient, his ability to take advice and learn educational programs for the treatment of hypertension, different social status [11, 13, 14].

Objective of the study was to determine the effect of different degrees of hypertension on quality of life (QOL) in female and male patients with hypertension.

MATERIALS AND METHODS

126 patients with hypertension underwent examination, including 86 women (68%), 40 men (32%) aged 40 to 81 years. The mean age of the subjects was 61.9 ± 0.3 years. Patients divided into groups, depending on the degree of hypertension. Degree I hypertension (1 group) had 19 patients (15.1%), degree II hypertension (group 2) - 65 patients (51.6%), degree III hypertension (group 3) - 42 people (33.3%) .

The control group consisted of 43 healthy individuals who did not differ from the main group in terms of demographics.

Patients included in the study examined 4 times. The duration of patient participation in the study was 14 weeks and included a selection visit followed by a 12-week treatment period.

The anamnesis collection was according to patient testimonies and medical records. Office blood pressure was measured in a sitting position in the morning, between eight and ten o'clock. Registration of systolic (SBP) and diastolic (DBP) BP was performed on the same arm three times with an interval of two minutes, if the BP values did not differ by more than 5 mm Hg. When detecting a larger difference between the obtained values, a fourth measurement was performed and the average value of three consecutive measurements was calculated. Heart rate (HR) was determined after the second measurement. Electrocardiogram (ECG) recording performed at the beginning of treatment and at the end.

At each visit, side effects recorded, the need to change antihypertensive therapy was determined.

Surveys of patients on quality of life assessment were conducted using the Medical Outcomes Study Short Form 36 questionnaire (SF-36, Russian version, with adapted Ukrainian translation, recommended by the International Center for Quality of Life Research) at each visit by patients themselves.

The questionnaire included 36 items, which were grouped into 8 scales: physical functioning (PF), role functioning (RF), physical pain (PP), general health (GH), vital force (VF), social functioning (SF), emotional state and mental health (MH). The patient chose the answer to the proposed question. Each answer had value in points. When forming one or another scale, these points added and mathematically processed by standard formulas. The scores on each scale range from 0 to 100, where 100 means complete health. The patient could choose several answers at once.

RESULTS AND DISCUSSION

The main clinical and demographic characteristics of the patients included in the study presented in table 1.

As shows Table 1, the majority of patients included in the study were women with a mean age of 63.1 ± 0.6 . The duration of hypertension in women and men did not differ significantly: it was in female 9.4 ± 0.4 , in male 8.6 ± 0.4 . Many patients with hypertension had comorbidities at the time of examination or in the anamnesis.

Table 1

The main clinical and demographic characteristics of the patients included in the study

Indicator, units of measurement	The indicator's value (M $\pm$ m)		P
	Male	Female	
Age, years	60,1 $\pm$ 0,3	63,1 $\pm$ 0,6	<0,01
Number of patients, n (%)	40 (31,7)	86 (68,3)	<0,005
The average level of SBP, mm Hg	158,80 $\pm$ 0,46	162,78 $\pm$ 0,32	>0,05
The average level of DBP, mm Hg	81,2 $\pm$ 0,3	82,60 $\pm$ 0,32	>0,05
Average heart rate, min-l	68,3 $\pm$ 0,3	74,2 $\pm$ 0,3	<0,05
Duration of hypertension, years	8,6 $\pm$ 0,4	9,4 $\pm$ 0,4	>0,05
Concomitant diseases, n (%)	42 (33,3)	84 (66,7)	<0,01
Regular alcohol consumption, n (%)	3 (7,5)	—	<0,0001
Salt abuse, n (%)	24 (60,0)	42 (48,8)	<0,0001
Regular physical activity, n (%)	6 (15,0)	8 (9,3)	<0,0001
Taking medication for hypertension, n (%)	22 (55,0)	54 (62,8)	<0,001
— of them regularly, n (%)	12 (54,5)	38 (70,4)	<0,05
Clinical signs of heart failure, n (%)	6 (15,0)	15 (17,4)	<0,0001
The presence of dyslipidemia, n (%)	34 (85,0)	78 (90,7)	<0,0001
Smoking:	15 (38,0)	11 (12,8)	>0,05
— duration of smoking, years	14,1 $\pm$ 0,26	12,4 $\pm$ 0,29	<0,01
— number of cigarettes, pcs/day	9,8 $\pm$ 0,19	6,2 $\pm$ 0,6	<0,01
Presence of close relatives with cardiovascular diseases at a young age, n (%)	8 (20,0)	14 (16,2)	<0,0005
Degree of AH, n (%)*:			
— I	7 (28,0)	10 (20,0)	<0,005
— II	10 (40,0)	23 (46,0)	<0,005
— III	8 (32,0)	17 (34,0)	<0,005

Note: * - without taking into account the elderly

The level of SBP was significantly higher in female patients: 162.78 ± 0.32 , compared with men, their SBP was 158.80 ± 0.46 mm Hg. At the beginning of the study, the level of DBP and heart rate groups did not differ significantly. Note, that before inclusion in the study, only 12 men out of 22 (or 54.5%) and 38 women out of 54 (or 70.4%) regularly took antihypertensive drugs. This indicates that few people are aware of their hypertension, and even fewer are people who take antihypertensive treatment regularly.

In the general analysis of the surveyed groups it was found that among men with hypertension, compared with women, the frequency of smoking was higher - 1.75 times ($P < 0.05$). The frequency of physical activity in men was 15% ($P < 0.05$) against 9.3% ($P > 0.05$) in women. Burdened heredity in the presence of cardiovascular disease in men was 8 (20%) against 14 in women (16.2%) ($P < 0.0005$). Men were more likely to abuse salt - 60% vs. 48.8% ($P < 0.0001$). Dyslipidemia was reported more often in women than in men - 90.7% vs. 85% ($P < 0.0001$).

The results of the assessment of quality of life in patients using the SF-36 questionnaire shown in table 2.

Analysis of QOL in patients with hypertension (Table 2) found that patients with hypertension of I degree in comparison with hypertension of II degree had reliably ($P < 0.001$) higher values of QOL on such scales as «vital force»: 80.0 ± 3.93 points, and «role functioning»: 77.1 ± 4.04 points. There are also slightly lower indicators

of social functioning and mental health - 48.7 ± 7.35 and 47.41 ± 2.39 points, respectively. In patients with hypertension of II and III degrees there is a significant decrease in all indicators of QOL, but especially - on the scales of SF and PH: up to 31.5 ± 5.19 and up to 40.31 ± 2.23 points, respectively. This indicates a significant impact of the disease on the patient's QOL.

When comparing the indicators of QOL in patients with hypertension of I degree and patients with hypertension of III degree, significant differences were found on the scales «vital force» (VS) ($P1-P3 < 0.001$) and «social functioning» (SF) ($P1-P3 < 0.5$). At patients of the II and III degrees of hypertension indicators of QOL were low in themselves and differed on the scale of RF of the questionnaire: VF ($P2-P3 > 0.5$); SF ($P2-P3 > 0.5$); RF ($P2-P3 < 0.5$); PH ($P2-P3 > 0.5$).

Thus, an increase in blood pressure above the first degree is associated with a decrease in QOL parameters in almost all components of the life of patients, which further indicates the need for appropriate correction of blood pressure.

Among the indicators that characterize the physical condition (Table 3), patients with hypertension of the I degree, first of all, increased the perception of GH (87.1 ± 3.16 points), PF (82.6 ± 2.86 points) and PP (87.1 ± 3.16 points).

At the same time, in the group of patients with hypertension of II degree there was a significant

Table 2
Quality of life indicators for the component «psychological health» in patients with varying degrees of hypertension (according to the questionnaire SF-36)

AH degree	Quality of life indicators, points, $M \pm m$			
	VF	SF	RF	PH
Control group, n=43	97.6 ± 0.92	96.7 ± 2.68	84.6 ± 1.26	98.8 ± 2.46
I, n=19	80.0 ± 3.93	48.7 ± 7.35	77.1 ± 4.04	47.41 ± 2.39
II, n=65	56.6 ± 3.54	31.5 ± 5.19	56.0 ± 3.29	40.31 ± 2.23
III, n=42	53.9 ± 4.7	34.5 ± 6.08	57.56 ± 3.86	36.9 ± 2.79
Reliability of differences (P) between groups 1, 2, 3				
P_1-P_2	<0.001	>0.1	<0.1	<0.05
P_1-P_3	<0.001	>0.5	<0.05	<0.01
P_2-P_3	>0.5	>0.5	<0.5	>0.5
P_k	>0.5	>0.5	<0.1	<0.5

Table 3
Quality of life indicators for the «physical health» component in patients with varying degrees of hypertension (according to the SF-36 questionnaire)

AH degree	Quality of life indicators, points, $M \pm m$			
	PF	RF	PP	GH
Control group, n=43	96.4 ± 0.86	94.6 ± 2.18	92.6 ± 1.42	98.8 ± 0.54
I, n=19	82.6 ± 2.86	68.7 ± 4.02	87.1 ± 3.16	88.2 ± 2.78
II, n=65	54.2 ± 4.68	32.4 ± 5.19	36.0 ± 6.12	42.26 ± 2.68
III, n=42	49.8 ± 3.4	28.6 ± 4.12	47.1 ± 3.92	28.8 ± 4.16
Reliability of differences (P) between groups 1, 2, 3				
P_1-P_2	<0.001	>0.5	<0.1	<0.05
P_1-P_3	>0.5	<0.5	<0.05	<0.01
P_2-P_3	>0.5	>0.5	<0.5	>0.5
P_k	>0.5	>0.5	<0.1	<0.5

Table 4

Quality of life indicators for the component «physical health» of patients with hypertension depending on gender (according to the questionnaire SF-36)

Gender	Quality of life indicators, points, M ± m				
	PF	RF	PP	GH	PH
Healthy men, n = 9	97,78±0,88	97,22±2,78	94,17±3,91	77,2±3,02	52,78±6,51
Healthy women, n = 24	91,88±1,37	86,11±4,31	79,9±4,27	63,75±2,81	55,21±3,36
Sick men, n = 40	72,63±5,12	41,5±9,19	63,13±4,87	41,37±4,24	36,25±3,94
Sick women, n = 86	55,64±2,03	34,19±4,15	56,83±2,68	40,55±1,89	42,15±2,82
Reliability of differences (P) between groups					
P ₁ -P ₂	<0,001	<0,05	<0,05	<0,01	>0,5
P ₃ -P ₄	<0,001	<0,5	>0,5	>0,5	<0,5

decrease in such indicators as RF, PP and GH (32.4 ± 5.19; 36.0 ± 6.12 and 42.26 ± 2.68 points, respectively), which indicates that the physical activity of patients is significantly limited by the state of their health.

The analysis of QOL indicators in the group of healthy people found (Table 4) that the level of QOL in men is much higher than in healthy women: TB, RF (P₁-P₂ > 0.5); PF (P₁-P₂ < 0.001); physical health (PH) (P₁-P₂ > 0.5), except for the scale GH, where P₁-P₂ < 0.05, which indicates that the assessment of their health in healthy women is significantly lower than with men (77.2 ± 3.02 vs. 63.75 ± 2.81 points).

However, the QOL of men with hypertension is not significantly different from the QOL of women with hypertension, except for the PF index, which in men was 24% higher than in women (72.63 ± 5.12 vs. 55.64 ± 2.03 points). This may be due to the better physical development of men in general. Such dynamics of differences in the QOL rates of patients with hypertension of different sexes, compared with the control group, may indicate a greater degree of maladaptation of men in everyday life and a more pronounced weakening of their social contacts due to the disease.

The decrease in RF, which is due to physical condition, in men with hypertension to 63.13 ± 4.87, and in women to 56.83 ± 2.68 indicates that the daily activities of patients with hypertension of both sexes are significantly limited. There were no statistically significant differences in the study of PP indicators by gender and social status (P₁-P₂ < 0.05 and P₃-P₄ < 0.5, respectively).

CONCLUSIONS

1. The level of quality of life in men in general is much higher (P < 0.05) than in women, except for the scale of general health.

2. In the component of psychological health in patients with hypertension I degree, compared with hypertension II degree, significantly higher indicators on the scale of vital force (80.0 ± 3.93 points) and role functioning (77.1 ± 4.04 points), but reduced indicators of social functioning and mental health (48.7 ± 7.35 and 47.41 ± 2.39 points, respectively).

3. In patients with hypertension I and III degrees, significant differences were found on the scales of vital force (P₁-P₃ < 0.001) and social functioning (P₁-P₃ < 0.5).

4. In patients with hypertension of II and III degrees there is a significant decrease in all indicators of quality of life, especially on the scales of social functioning and mental health (up to 31.5 ± 5.19 and up to 40.31 ± 2.23 points, respectively). This indicates a significant impact of hypertension on quality of life.

5. Patients with grade I hypertension had decreased general health (87.1 ± 3.16), physical function (82.6 ± 2.86), and physical pain (87.1 ± 3.16). Patients with grade II hypertension had a significant reduction in role functioning (32.4 ± 5.19), physical pain, and general health (36.0 ± 6.12 and 42.26 ± 2.68 points, respectively). This indicates a significant limitation of physical activity.

Конфлікт інтересів: відсутній

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ЗМІНИ ПОКАЗНИКІВ ЯКОСТІ ЖИТТЯ ЗАЛЕЖНО ВІД СТУПЕНЯ АРТЕРІАЛЬНОЇ ГІПЕРТЕНЗІЇ В ГЕНДЕРНОМУ АСПЕКТІ

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Актуальність. Артеріальна гіпертензія є одним з найпоширеніших хронічних захворювань, для яких в даний час метою терапії є не тільки одужання, скільки поліпшення функції кровообігу при задовільній якості життя.

Мета: визначення впливу різних ступенів артеріальної гіпертензії на показники якості життя у пацієнтів жіночої та чоловічої статі.

Матеріали та методи. Обстежено 126 пацієнтів на артеріальну гіпертензію, серед яких було 86 жінок (68 %), 40 чоловіків (32 %) у віці від 40 до 81 років (середній вік $61,9 \pm 0,3$ років). Артеріальну гіпертензію I ступеня мали 19 осіб (15,1 %), II ступеня – 65 пацієнтів (51,6 %), III ступеня – 42 особи (33,3 %). Контрольну групу склали 43 практично здорових особи, які за демографічними показниками не відрізнялися від основної групи. Анкетування хворих щодо оцінки якості життя проводилось за допомогою опитувальника SF-36 (Short Form-36) при кожному візиті. Показники якості життя оцінювалися в балах.

Результати. При аналізі показників якості життя в групі здорових виявлено, що у чоловіків рівень якості життя значно вище, ніж у здорових жінок: «тілесний біль», «рольове функціонування» – $P1-P2 > 0,5$; «фізичне функціонування» – $P1-P2 < 0,001$; «фізичне здоров'я» – $P1-P2 > 0,5$, за винятком шкали «загальне здоров'я» – $P1-P2 < 0,05$ ($77,2 \pm 3,02$ проти $63,75 \pm 2,81$).

При порівнянні показників якості життя хворих з артеріальною гіпертензією I ступеня і хворих з артеріальною гіпертензією III ступеня достовірні відмінності виявлені за шкалами «життєва сила» ($P1-P3 < 0,001$), та «соціальне функціонування» ($P1-P3 < 0,5$). У хворих же II і III ступенів артеріальної гіпертензії показники якості життя були невисокими самі по собі і розрізнялися за шкалою «рольове функціонування» опитувальника: «життєва сила» ($P2-P3 > 0,5$); УФ ($P2-P3 > 0,5$); «рольове функціонування» ($P2-P3 < 0,5$); «психічне здоров'я» ($P2-P3 > 0,5$).

У пацієнтів з артеріальною гіпертензією I ступеня в порівнянні з артеріальною гіпертензією II ступеня достовірно більш високі показники якості життя по шкалах «життєва сила» ($80,0 \pm 3,93$ балів) та «рольове функціонування» ($77,1 \pm 4,04$ балів), але знижені показники «соціальне функціонування» та «психічне здоров'я» ($48,7 \pm 7,35$ та $47,41 \pm 2,39$ балів, відповідно).

У хворих з артеріальною гіпертензією I ступеня і III ступеня достовірні відмінності виявлені по шкалах «життєва сила» ($P1-P3 < 0,001$) та «соціальне функціонування» ($P1-P3 < 0,5$); а у пацієнтів з артеріальною гіпертензією II та III ступенів спостерігається суттєве зниження усіх показників якості життя, особливо по шкалах «соціальне функціонування» та «психічне здоров'я» (до $31,5 \pm 5,19$ та до $40,31 \pm 2,23$ балів, відповідно).

У пацієнтів з артеріальною гіпертензією I ступеня знижувалися загальне здоров'я ($87,1 \pm 3,16$), фізичне функціонування ($82,6 \pm 2,86$) та тілесний біль ($87,1 \pm 3,16$) балів. У пацієнтів з артеріальною гіпертензією II ступеня спостерігалось суттєве зниження рольового функціонування ($32,4 \pm 5,19$), тілесного болю та загального здоров'я ($36,0 \pm 6,12$ та $42,26 \pm 2,68$ балів, відповідно).

Висновки. Артеріальна гіпертензія суттєво впливає на якість життя. Фізична активність хворих на артеріальну гіпертензію значно обмежена станом їх здоров'я.

Ключові слова: артеріальна гіпертензія, якість життя, гендерний аспект, опитувальник SF-36.

ИЗМЕНЕНИЯ ПОКАЗАТЕЛЕЙ КАЧЕСТВА ЖИЗНИ В ЗАВИСИМОСТИ ОТ СТЕПЕНИ АРТЕРИАЛЬНОЙ ГИПЕРТЕНЗИИ В ГЕНДЕРНОМ АСПЕКТЕ

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Актуальность. Артериальная гипертензия является одним из самых распространенных хронических заболеваний, для которых в настоящее время целью терапии является не столько выздоровления, сколько улучшение функции кровообращения при удовлетворительном качестве жизни.

Цель: определение влияния различных степеней артериальной гипертензии на показатели качества жизни у пациентов женского и мужского пола.

Материалы и методы. Обследовано 126 пациентов с артериальной гипертензией, среди которых было 86 женщин (68%), 40 мужчин (32%) в возрасте от 40 до 81 лет (средний возраст $61,9 \pm 0,3$ лет). Артериальная гипертензия I степени имели 19 человек (15,1%), II степени – 65 (51,6%), III степени – 42 (33,3%). Контрольную группу составили 43 практически здоровых человека, по демографическим показателям не отличались от основной группы. Анкетирование больных по оценке качества жизни проводилось с помощью опросника SF-36 (Short Form-36) при каждом визите. Показатели качества жизни оценивались в балах.

Результаты. При анализе показателей качества жизни в группе здоровых обнаружено, что у мужчин уровень качества жизни значительно выше, чем у здоровых женщин: «телесная боль», «ролевое функционирование» – $P1-P2 > 0,5$; «физическое функционирование» – $P1-P2 < 0,001$; «физическое здоровье» – $P1-P2 > 0,5$, за исключением шкалы «общее здоровье» – $P1-P2 < 0,05$ ($77,2 \pm 3,02$ против $63,75 \pm 2,81$).

При сравнении показателей качества жизни больных с артериальной гипертензией I степени и больных с артериальной гипертензией III степени достоверные различия выявлены по шкалам «жизненная сила» ($P1-P3 < 0,001$), и «социальное функционирование» ($P1-P3 < 0,5$). У больных же II и III степеней артериальной гипертензии показатели качества жизни были невысокими сами по себе и различались по шкале «ролевое функционирование» опросника: «жизненная сила» ($P2-P3 > 0,5$); УФ ($P2-P3 > 0,5$); «ролевое функционирование» ($P2-P3 < 0,5$); «психическое здоровье» ($P2-P3 > 0,5$).

У пациентов с артериальной гипертензией I степени по сравнению с артериальной гипертензией II степени достоверно более высокие показатели качества жизни по шкалам «жизненная сила» ($80,0 \pm 3,93$ баллов) и «ролевое функционирование» ($77,1 \pm 4,04$ баллов), но снижены показатели «социальное функционирование» и «психическое здоровье» ($48,7 \pm 7,35$ и $47,41 \pm 2,39$ баллов, соответственно).

У больных с артериальной гипертензией I степени и III степени достоверные различия выявлены по шкалам «жизненная сила» ($P1-P3 < 0,001$) и «социальное функционирование» ($P1-P3 < 0,5$); а у пациентов с артериальной гипертензией II и III степеней наблюдается существенное снижение всех показателей качества жизни, особенно по шкалам «социальное функционирование» и «психическое здоровье» (до $31,5 \pm 5,19$ и до $40,31 \pm 2,23$ баллов, соответственно).

У пациентов с артериальной гипертензией I степени снижались общее здоровье ($87,1 \pm 3,16$), физическое функционирование ($82,6 \pm 2,86$) и телесную боль ($87,1 \pm 3,16$) баллов. У пациентов с артериальной гипертензией II степени наблюдалось существенное снижение ролевого функционирования ($32,4 \pm 5,19$), телесной боли и общего здоровья ($36,0 \pm 6,12$ и $42,26 \pm 2,68$ баллов, соответственно).

Выводы. Артериальная гипертензия существенно влияет на качество жизни. Физическая активность больных артериальной гипертензией значительно ограничена состоянием их здоровья.

Ключевые слова: артериальная гипертензия, качество жизни, гендерный аспект, опросник SF-36.