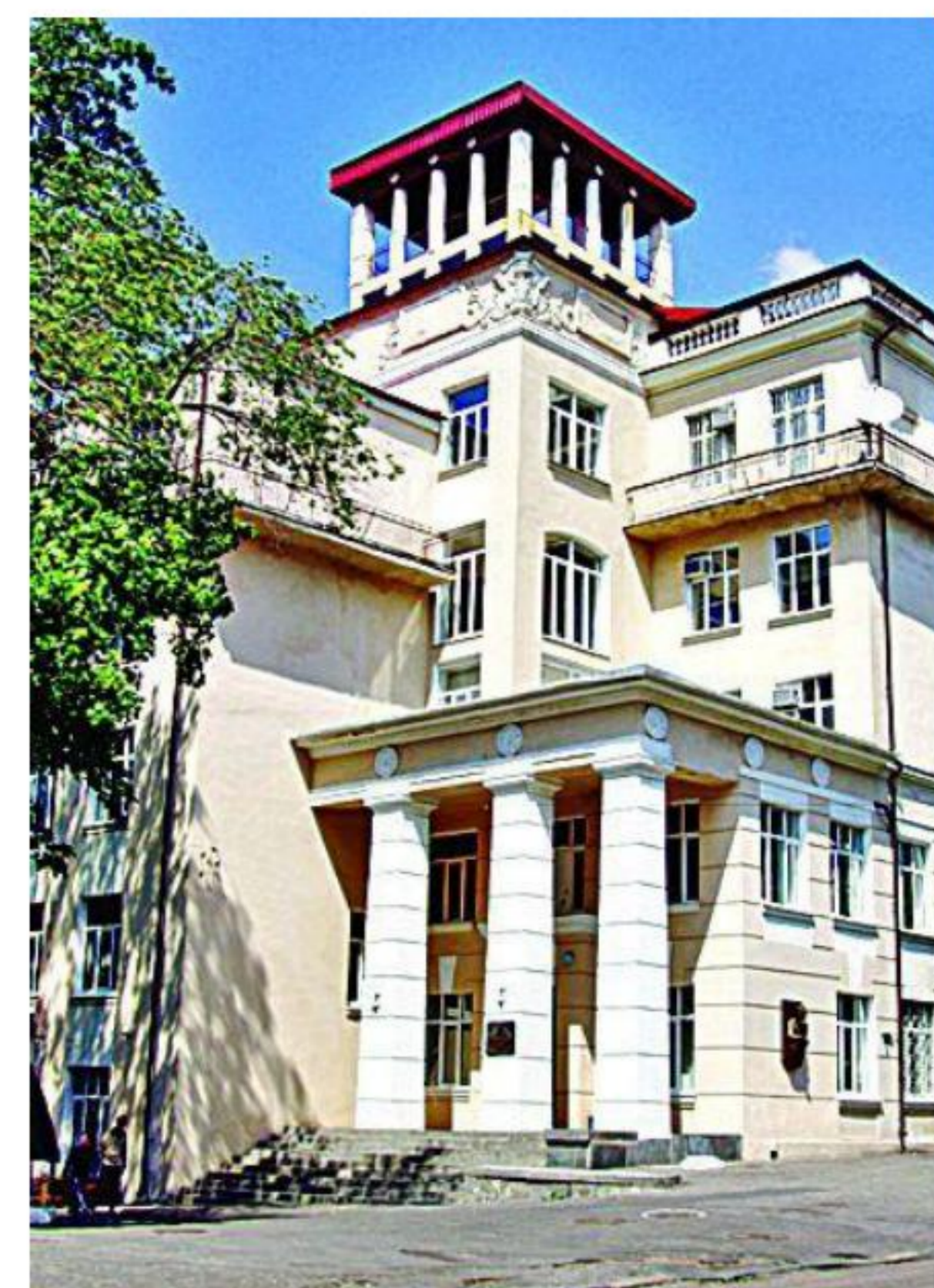




# THE IMPACT OF ORAL L-ARGININE ON BLOOD PRESSURE CONTROL AND ENDOTHELIAL FUNCTION IN HYPERTENSIVE PATIENTS COMBINED WITH RHEUMATOID ARTHRITIS AND RENAL DYSFUNCTION

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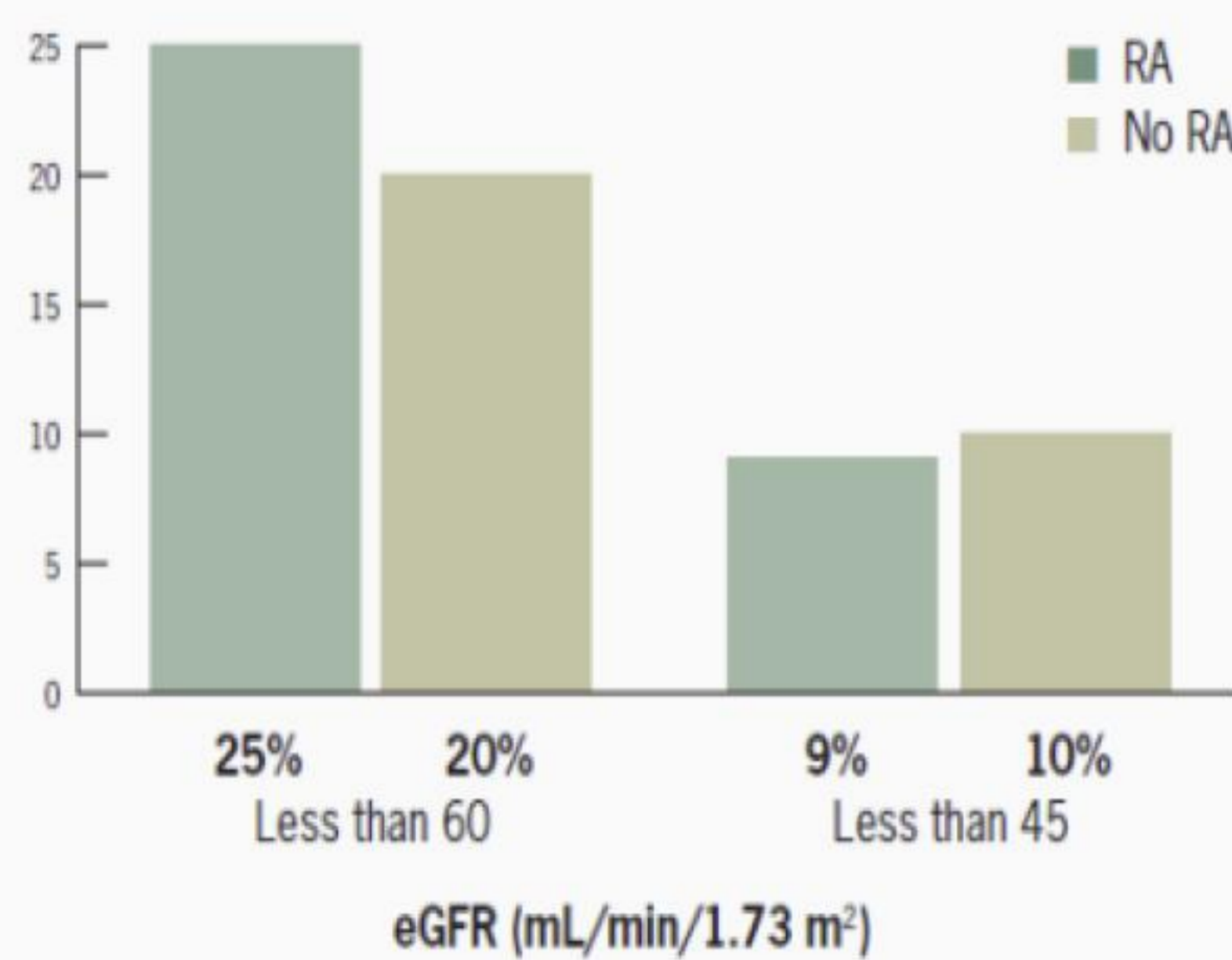


## INTRODUCTION

Rheumatoid arthritis (RA) is associated with renal dysfunction and increased cardiovascular risk. Hypertension and endothelial dysfunction are considered as independent risk factors for the progression of CKD and CVD in pts with RA. The role of L-arginine in pts with RA remains uncertain and requires more study.

### Impaired Renal Function in Rheumatoid Arthritis

In a study, patients with rheumatoid arthritis (RA) had a significantly higher 20-year cumulative incidence of an estimated glomerular filtration rate below 60 mL/min/1.73 m<sup>2</sup> than patients without RA, but the 20-year cumulative incidence of an eGFR below 45 did not differ by significantly RA status.



Source: Hickson RJ et al. Development of reduced kidney function in rheumatoid arthritis. *Am J Kidney Dis* 2014;63:206-213.

## OBJECTIVES

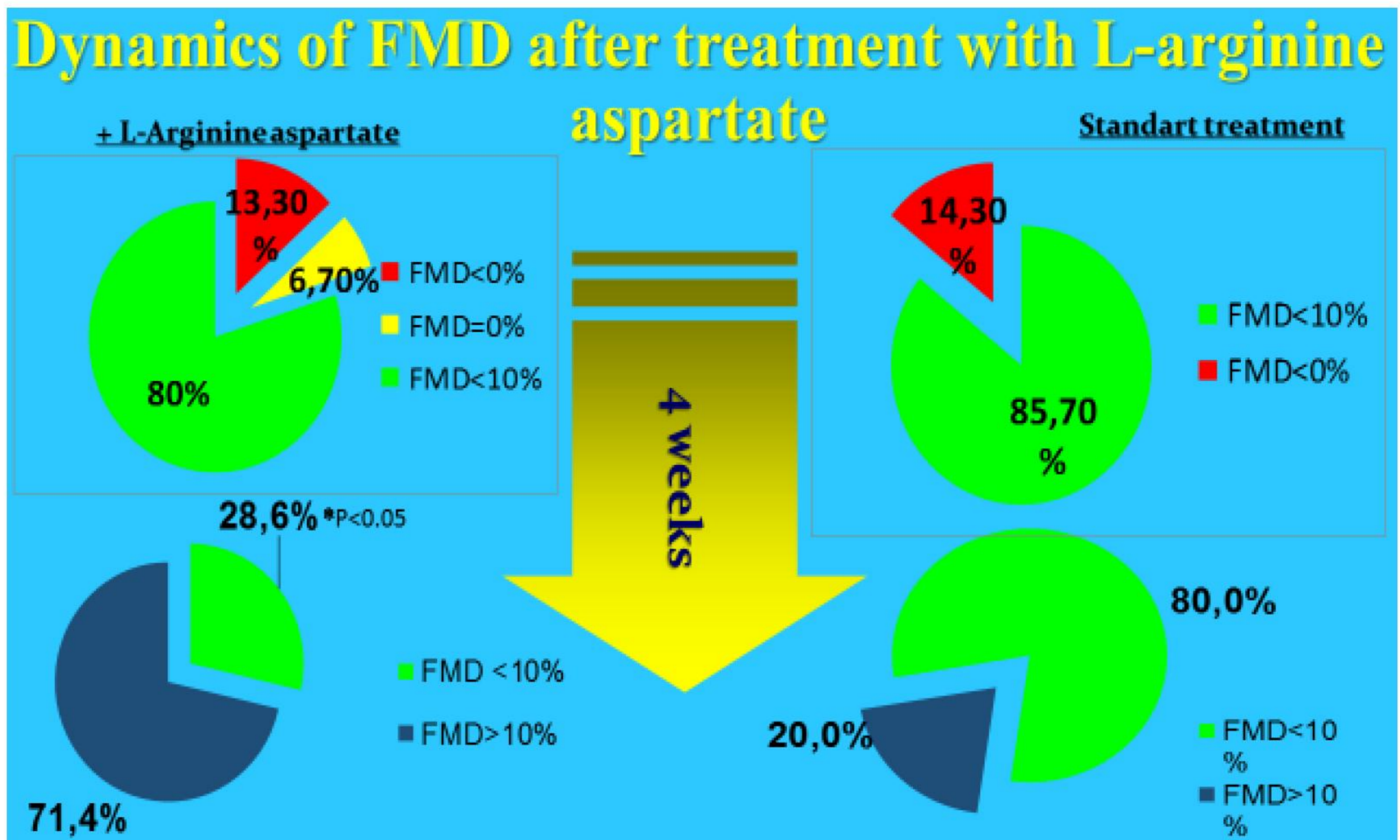
We aimed to evaluate the effect of L-arginine on blood pressure control and endothelial function in hypertensive pts with RA and renal dysfunction.

## MATERIALS AND METHODS

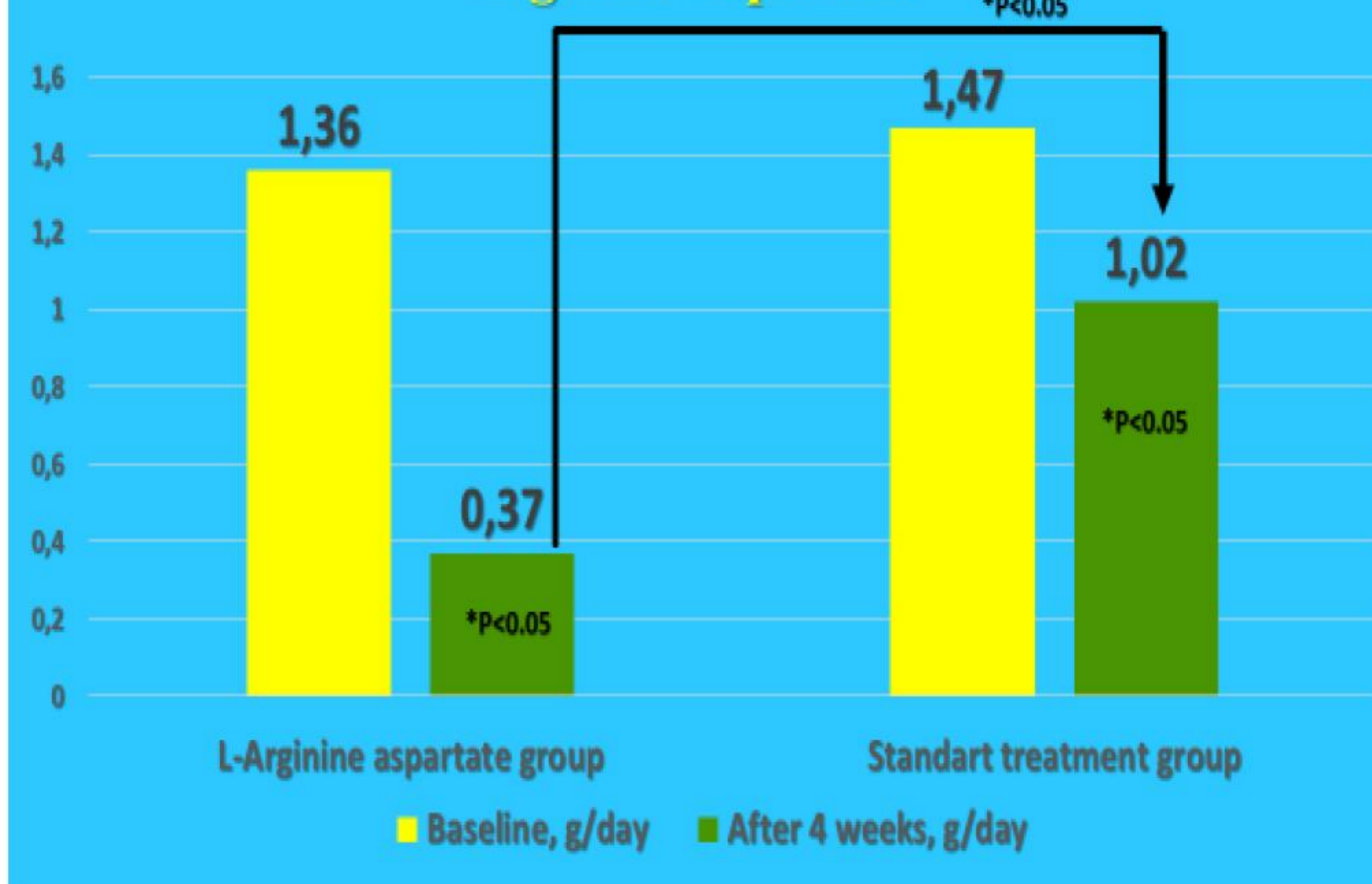
- 27 pts (mean age – 56,76 ± 5,64 years, 24 females, 3 males, GFR – 77,74 ± 3,19 l/min/1.73m<sup>2</sup>) with CKD stage 1-2 are enrolled. Diabetic and CVD patients were excluded.
- 14 (51,85 %) patients received the standard treatment and L-Arginine aspartate 30 ml/day during 4-6 weeks (study group), while 13 (48,15 %) (control group) – received only the standard treatment.
- All pts had established endothelial dysfunction determined at baseline and after treatment using the Echo – Doppler to measure the flow-mediated dilation (FMD < 10%) in the brachial artery during reactive hyperemia, daily proteinuria was performed at baseline and after treatment.

## RESULTS

After 4-6 weeks of treatment with L-Arginine endothelial-dependent FMD had been normalized in 8 pts (57.14%), compared with standard therapy - in 3 pts (23.08%, p <0.05). In general, the first group observed endothelial function improvement was to 58.8% (p <0.05) compared to the second group - 24.1% (p <0.05). The levels of mean arterial pressure at the end of the study has decreased by 35.8% among patients of study group and 28.7% among patients in control group (p <0.05), reducing the daily proteinuria – on 72.8% (p < 0.05) and 31.7% (p <0.05) respectively.



## Dynamics of daily proteinuria after treatment with L-arginine aspartate



## CONCLUSIONS

- L-Arginine is effective and safe for hypertensive patients with rheumatoid arthritis and renal dysfunction. Its administration may show positive effects on endothelial function, daily proteinuria and blood pressure control that provides benefits for this pts.

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