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PHYSICAL THERAPY RESULTS EVALUATION IN HYPERTENSIVE PATIENTS WITH NECK FIBROMYALGIA

The traditional patients' treatment organization effectiveness shortcomings define the need for complex physical therapy programs in hypertensive patients with neck fibromyalgia treatment, in particularly physiotherapy and kinesitherapy programs. Therefore, the aim of the study was to evaluate the physical therapy program effectiveness in hypertensive middle adulthood men with neck fibromyalgia (FM) by ambulatory blood pressure monitoring (ABPM) results.

The study was performed in middle adulthood men (mean age 55.29±1.81 years). The study inclusion/exclusion criteria were: inclusion criteria – male sex, middle adulthood age, stage II hypertension diagnosed according to the Recommendations of ESH (European Society of Hypertension) / ESC (European Society of Cardiology), with an established diagnosis of neck FM; exclusion criteria – diagnosed kidneys pathology, endocrine disorders, head traumas, age outside middle adulthood. The main group patients' treatment included the standard pharmacotherapeutic means supplemented with physical therapy, specifically the preformed physical factors therapy (low frequency electric current stimulation) and kinesitherapy with the help of SanoRoller complex. The patients were divided into three subgroups according to the ABPM results before the treatment: the first group (10 individuals) was the main group I with the highest indices variability level; the second group (9 individuals) was the main group II without significant indices

variability; the third group (10 individuals) was the control group. All patients' anthropometric indices were comparable with the normal age and physiological indices and testified to the selected groups' uniformity.

It is shown that the significant ABPM indices decrease was observed in the active period before and after the treatment on the background of the significant decrease in the variability indices in the main group I. Different ABPM indices dynamics were observed in the main group II: the only significant decrease was identified for BPs max in the active period during before and after treatment ABPM indices comparison. In the control group ABPM indices significant increase was also observed in the active period on the background of the significant decrease in the variability indices. The provided treatment led to a significant decrease in pain syndrome associated with FM in all three groups.

It is determined that physical therapy comprehensive program with the preformed factors (low-frequency current influence) and kinesitherapy (Sano Roller complex) use can significantly accelerate the hypertensive patients with neck FM rehabilitation, reduce pharmacological load and improve life quality. Based on the experience of this study, we can offer some suggestions as perspectives for future research. In order to control and improve hypertensive patients with neck FM condition, besides proper medication, we propose an interdisciplinary intervention mainly focusing on long-term individualized physical therapy that is initially performed under the close supervision of specialized professionals and subsequently continued at home.