



شبكة المعلومات الجامعية

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ





شبكة المعلومات الجامعية



شبكة المعلومات الجامعية

التوثيق الالكتروني والميكرو فيلم

جامعة عين شمس

التوثيق الالكتروني والميكرو فيلم

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بالرسالة صفحات
لم ترد بالأصل

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**CORRELATIVE STUDY BETWEEN PLASMA RENIN
ACTIVITY, SERUM LEPTIN AND SERUM INSULIN IN
PATIENTS WITH CONTROLLED AND
UNCONTROLLED ESSENTIAL HYPERTENSION**

Thesis

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By

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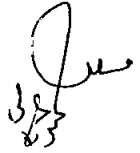
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LIST OF ABBREVIATIONS

<i>Abb.</i>	<i>Meaning</i>
%B/T	Percent of bound over total
μCi	Micro-Curie
μg	Microgram
μL	Microliter
^{125}I	Radioactive iodine with molecular weight 125
ACTH	Adrenocorticotrophic hormone
ANOVA	Analysis of variance test
AT	Angiotensin receptor
BAT	Brown adipose tissue
BMI	Body mass index
cAMP	Cyclic adenine monophosphate
cGMP	Cyclic guanosine monophosphate
CHD	Coronary heart disease
CPM	Count per minute
DBP	Diastolic blood pressure
dL	Deciliter
DNA	Deoxyribonucleic acid
EC	Enzyme classification
EDTA	Ethylene diamine tetra-acetic acid
ELISA	Enzyme linked immunosorbant assay
FI	Fasting insulin
HDL	High density lipoprotein
hr	Hour
IGF-1	Insulin-like growth factor-1
IgG	Immunoglobulin G
IGT	Impaired glucose tolerance
IRMA	Immunoradiometric assay
ISH	International society of hypertension
JAK	Janus kinase
JNC VI	Sixth Joint National committee on Hypertension
kb	Kilobase
kBq	Kilo-Bequerell
kg	Kilogram
L	Liter
LDL	Low density lipoprotein
m	Meter
ml	Milliliter
mRNA	Messenger ribonucleic acid
MW	Molecular weight
ng	Nanogram
ng	Nanogram
nmol	Nanomol

<i>Abb.</i>	<i>Meaning</i>
Ob-Ra	Truncated isoform of leptin receptor
Ob-Rb	Full-length leptin receptor
pmmol	Picomol
PMSF	Phenylmethlysulfonylfluride
PPI	Post-prandial insulin
PRA	Plasma renin activity
RAAS	Renin angiotensin aldosterone system
RAS	Renin angiotensin system
RIA	Radioimmunoassay
RNA	Ribonucleic acid
SBP	Systolic blood pressure
SD	Standard deviation
WHO	World health organisation

INTRODUCTION

INTRODUCTION

SYSTEMIC HYPERTENSION

The second half of the twentieth century has seen a progressive decrease in cardiovascular mortality in North America, Western Europe, Japan and Australasia.⁽¹⁾ At the same time, the control of hypertension in these regions has improved considerably.

The Health Examination Surveys in the USA have demonstrated that whereas 10% of hypertensive subjects had their blood pressure lowered to below 140/90 mmHg in 1976-80, the proportion had risen to 27% by 1988-91.⁽²⁾ On the other hand it is important to note that this leaves over 70% of hypertensive subjects with imperfect control (or no treatment at all), as has been reported in many other countries.^(3,4)

More worrying is the rapid development of the "second wave" epidemic of cardiovascular disease that is now flowing through developing countries and the former socialist republics. It is evident that death and disability from coronary heart disease (CHD) and cerebrovascular disease are increasing so rapidly in these parts of the world that they will rank No. 1 and No. 4 respectively as causes of the global burden of disease by the year 2020.⁽⁵⁾

Given the central role of elevated blood pressure in the pathogenesis of both CHD and stroke, it is clear that one of the biggest challenges facing