

( $p = 0.423$ ). Prevalence of smoking was 56.6% in men and 11.1% in women; 18.7% of men and 3.7% of women stopped smoking ( $p = 0.001$ ). On the average the quantity of smoked cigarettes per day was  $15.9 \pm 6.3$  among men and  $9.8 \pm 5.5$  among women ( $p = 0.001$ ). Overweight was revealed in 43.2% men and 35.4% women. Obesity of different degrees was diagnosed in 18.9% men and 36.8% women ( $p = 0.001$ ). Systolic blood pressure (SBP) within 120 mmHg was measured in 40.6% men and 39.7% women. High normal blood pressure according to criteria of SBP was met in 17.6% men and 13% women ( $p = 0.027$ ). The arterial hypertension of different degrees was in 35.1% men and 42% women ( $p = 0.04$ ). A significant correlation between the frequency of overweight and SPB over 140 mmHg (86.9%,  $p = 0.001$ ), hypercholesterolemia and SBP over 140 mmHg (60.3%,  $p = 0.001$ ), obesity and hypercholesterolemia (83.1%,  $p = 0.001$ ) was revealed.

**Conclusion:** During the study considerable prevalence of behavioral RF among population attached to polyclinics was found. Frequent combination of individual components of metabolic syndrome in patients without AH indicates a high need patients for preventive measures at level of outpatient health care and insufficient supply of them.

#### PP.40.331 AGE AND SEX CHARACTERISTICS OF POSTPRANDIAL AND FASTING GLYCAEMIA IN HYPERTENSIVE PATIENTS WITH OBESITY

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The aim was to establish age and sex characteristics of carbohydrate metabolism disorders.

**Materials and Methods:** 102 Hypertensive patients with overweight or obesity were examined. The patients were divided into groups to age: 1 gr. – Men aged 22–60 years and women aged 21–55 years; 2 gr. – Men aged 61–74 years and women aged 56–74 years. According to the WHO (1997) classification a BMI ( $\text{kg}/\text{m}^2$ ) over 30  $\text{kg}/\text{m}^2$  means obesity. We used guidelines IDF (2005) to definition the glucometabolic profiles. Oral glucose tolerant test was used as a standardized breakfast.

**Results:** Average age of 1 gr. was  $49.19 \pm 7.65$  years, and the 2 gr. –  $63.78 \pm 4.42$  years. BMI in men 1 gr. was  $29.07 \pm 6.10 \text{ kg}/\text{m}^2$  and  $27.95 \pm 4.23 \text{ kg}/\text{m}^2$  in men 2 gr., and in women 1 gr. –  $29.54 \pm 6.54 \text{ kg}/\text{m}^2$  and 1 gr. –  $32.44 \pm 6.02 \text{ kg}/\text{m}^2$ . The fasting insulin and glucose increases with age in hypertensive men. The fasting insulinemia and glycemia were higher in men 2 gr. ( $20.95 \pm 7.60 \text{ mIU}/\text{ml}$  and  $5.62 \pm 0.99 \text{ mmol}/\text{l}$ ) than in men 1 gr. ( $17.03 \pm 8.39 \text{ mIU}/\text{ml}$  and  $5.23 \pm 0.99 \text{ mmol}/\text{l}$ ). ( $p < 0.05$ ). Hyperinsulinemia increase with age in hypertensive women. The insulinemia in women of 2 gr. was  $17.01 \pm 10.17 \text{ mIU}/\text{ml}$  at  $16.61 \pm 10.44 \text{ mIU}/\text{ml}$  in 1 gr. ( $p > 0.05$ ). Postprandial glycemia and insulinemia in men of 1 gr. was  $5.99 \pm 0.90 \text{ mmol}/\text{l}$  and  $40.48 \pm 19.21 \text{ mIU}/\text{ml}$  compared with men 2 gr. –  $56.74 \pm 18.31 \text{ mIU}/\text{ml}$  and  $6.07 \pm 0.80 \text{ mmol}/\text{l}$  and women of 1 gr. was insulinemia –  $44.82 \pm 22.40 \text{ mIU}/\text{ml}$  and glycemia –  $5.87 \pm 0.75 \text{ mmol}/\text{l}$  compared with women in 2 gr. –  $49.51 \pm 23.66 \text{ mIU}/\text{ml}$  and  $6.39 \pm 1.12 \text{ mmol}/\text{l}$ ,  $p > 0.05$ , respectively.

**Conclusion:** This investigation revealed that the level of fasting and postprandial glycemia, hyperinsulinemia in hypertensive patients with obesity has age- and sex specific characteristic.

#### PP.40.332 PREVALENCE OF HYPERTENSION IN HOSPITALIZED PATIENTS

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**Objective:** To estimate the prevalence of hypertension (HTN) in inpatients of a public hospital and to describe it according to demographic and other cardiovascular risk factors.

**Methods:** We used the administrative data of the 6,760 hospital admissions in internal medicine ward in the year of 2010 in a public university hospital. We collected data on demographic variables, length of hospitalization, final destiny (alive vs. dead) and principal and secondary discharge diagnosis. Diagnosis were classified according to the ICD-9 revision. The Student t test was used for analyzing continuous variables and the chi-square for categorical variables. A  $p < 0.05$  was considered significant. Statistical analysis was performed using SPSS.

**Results:** The mean age was  $70.6 \pm 15.7$  years and 50.3% patients were females. Mortality rate was 9.8%. The prevalence of HTN was 60.1%. HTN was more frequent in older (mean age;  $74.2 \pm 12.3$  years vs.  $65.2 \pm 18.5$  years,  $p < 0.05$ ), in females comparing to males (64.8% vs. 55.3%,  $p < 0.05$ ), in patients with diabetes (77.5% vs. 50.7%,  $p < 0.05$ ) and with hyperlipidemia (78.1% vs. 50.9%;  $p < 0.05$ ). The mean length of stay was higher in patients with HTN diagnosis ( $12.3 \pm 14.3$  days vs.  $11.6 \pm 11.1$  days,  $p = 0.043$ ), but in-hospital mortality was lower (59.5% vs. 64.9%,  $p = 0.04$ ).

**Conclusion:** Prevalence of inpatient HTN in a public hospital in our country, which has a high HTN prevalence in the community, was 60.1%. HTN diagnosis was more frequent in older, females, diabetic and hyperlipidemic patients. Although patients with HTN diagnosis had higher length of stay, they did not have higher mortality rates, compared with patients without HTN diagnosis.

#### PP.40.333 RELATIONSHIP BETWEEN BLOOD PRESSURE AND CARDIOVASCULAR RISK FACTORS IN MIDDLE-AGED POPULATION

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**Aim:** To evaluate the relationship between the cardiovascular risk factors with BP in middle-aged population.

**Methods:** Epidemiological prospective study in 1,197 editorial staff (men and women aged 25–54 working publishing houses) was carried out. Screening included standard questionnaire, heredity, frequency of alcohol consumption, physical examination, blood pressure measurement in supine position at rest, height and weight measurement, ECG.

**Results:** Was found the highly significant relationship between age and SBP, BMI and SBP in men and women ( $p < 0.001$ ). With increasing age on 1 year SBP rises by 0.5 in women and 0.4 (mmHg) in men. 24% of variability in SBP due to age in women and 9% in men. With an increase in BMI of 1  $\text{kg}/\text{m}^2$  SBP rises by 1.3 in women and 0.7 (mmHg) in men. 19% of variability in SBP due to body weight in women and 27% in men. Not found out the influence of heredity on SBP in both sexes ( $p > 0.05$ ). 12% of the variability in SBP due to the frequency of alcohol consumption in men only. Exactly the same relationship exists between DBP and age and BMI in both sexes ( $p < 0.001$ ). With increasing age on 1 year DBP rises by 0.2 mmHg in (in both sexes). 20% of variability in DBP due to age in women and 13% in men. With an increase in BMI of 1  $\text{kg}/\text{m}^2$  DBP rises by 1.3 in women and 0.7 (mmHg) in men. 17% of variability in DBP due to body weight in women and 11% in men. Not found out the influence of heredity and the frequency of alcohol consumption on DBP in both sexes ( $p > 0.05$ ). Heart rate was significantly correlated with SBP and DBP in both sexes ( $p < 0.05$ ).

**Conclusion:** The various cardiovascular risk factors differently distributed in men and in women. One and same cardiovascular risk factors have different effects on blood pressure in the population, depending on gender.

#### PP.40.334 EVOLUTION OF THE CONTROL OF HIGH BLOOD PRESSURE. ROOM FOR IMPROVEMENT

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It is estimated that around 20% of the population over 18 years old is hypertensive; in our population we have a prevalence of high blood pressure in a population over 13 years old of 15.97%. There are studies which indicate that 42% of the deaths due to coronary diseases and up to 46.4% of the cerebrovascular diseases can be owed to high blood pressure. Hence its importance of the management in Primary Care. Despite the different clinical practice guidelines and their recommendations our attention does not always evolve correctly.

**Objective:** To assess the care to hypertensive patients in a population of the Basque Country (Spain) for the period 2009–2010.

**Methodology:** Descriptive transversal study carried out in September 2009 and October 2010 in Comarca Araba (Vitoria, Spain). The software Osabide is used to assess the degree of fulfillment of criteria of Good Care to hypertensive patients in 2009 and 2010.

**Results:**

	2009	2010
Population	289.923	301.094
Screening of Hta every 4 years in >14 and <40 years old and every 2 years in >40 years old	47.94%	47.65%
Hta prevalence	14.95%	15.97%
Analytical study: diagnosis and every 3 years	76.13%	76.60%
Periodic control every 6 months	49.84%	57.47%
ECG (diagnosis and every 5 years)	78.38%	74.07%
Hta Good Control <140/90 mmHg	42.67%	40.16%