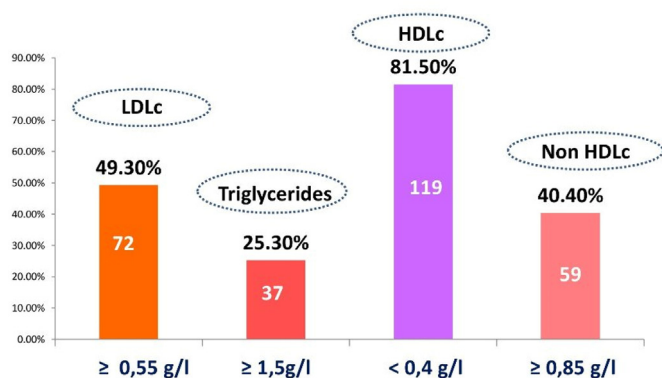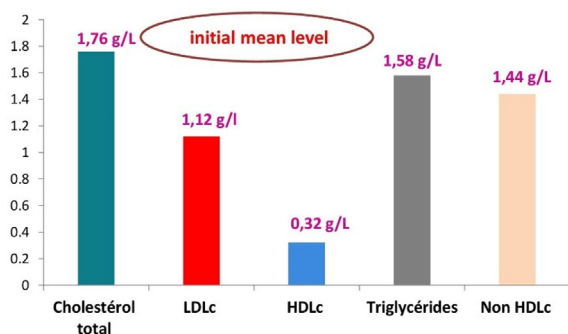## The residual level of lipid parameters according to ESC 2019 after statin treatment

Initial mean total cholesterol, LDLc, triglycerides, HDLc, Non-HDLc levels

Conclusions: - Our population study, had relatively low LDLc levels with high triglyceride levels and very low HDLc levels(atherogenic dyslipidemia) at the admission assessment, contrary to expectations. - More than half of patients remain with low HDLc and high Non-HDLc levels as residual risk after statin treatment, additional therapeutic molecules (fibrates, ezetimibe...) are needed to correct residual lipid abnormalities.

EP542 / #1468, TOPIC: *ASA03 - DYSLIPIDEMIA AND RISK FACTORS / ASA03-16 OTHER*, POSTER VIEWING SESSION.
THE CARDIOVASCULAR RISK FACTORS PROFILE AND STRUCTURAL HEART DISEASE IN PATIENTS WITH LONG-TERM EPISODES OF PERSISTENT ATRIAL FIBRILLATION

Y. Skybchyk [1], K. Mikhaliev [2], O. Zharinov [3]. [1] *Cardiac Arrhythmias Department, Heart Institute of the Ministry of Health of Ukraine, Kyiv, Ukraine;* [2] *Internal Medicine, SIS "RPC PCM" SAD, Kyiv, Ukraine;* [3] *Department Of Functional Diagnostics, Shupyk National Healthcare University of Ukraine, Kyiv, Ukraine*

Background and Aims : To evaluate the cardiovascular risk factors (CVRF) profile and structural heart disease in patients with persistent atrial fibrillation (AF) and the duration of its episode <90 and ≥90 days.

Methods: We consecutively enrolled 118 persistent AF patients, with its episode lasting more than 7 days, who underwent a direct-current cardioversion. We analyzed the CVRF profile and echocardiography data. The enrolled sample was divided into groups according to AF episode duration: AF1 − 8-89 days (n = 58), and AF2 − equal or more than 90 days (n = 60).
Results: AF1 and AF2 were comparable by the major CVRF, namely the frequency of obesity, active smoking, arterial hypertension (and its degree), diabetes mellitus, as well as total serum cholesterol level and the value of estimated glomerular filtration rate by CKD-EPI equation (eGFR).

About one-third of patients in both studied groups presented with eGFR decline <60 ml/min/1,73 m^2: 27,6% and 30,0% cases in AF1 and AF2, respectively. The frequency of left ventricular (LV) systolic dysfunction cases was higher in AF2, as opposed to AF1: 20,3% vs. 3,5% patients, respectively (p=0,008). The transesophageal echocardiography revealed the lower average left atrial appendage (LAA) flow velocity in AF2 (vs. AF1: 37,0 cm/s and 43,5 cm/s, respectively; p=0,020).
Conclusions: The profile of major CVRF, including the severity of kidney filtration function decline, was comparable between AF1 and AF2. Besides, AF2 was characterized by more prevalent LV systolic dysfunction cases and the worse LAA shortening function.

EP543 / #1147, TOPIC: *ASA03 - DYSLIPIDEMIA AND RISK FACTORS / ASA03-16 OTHER*, POSTER VIEWING SESSION.
MARKERS OF CHRONIC INFLAMMATION AND ATHEROSCLEROSIS IN WOMEN AT MENOPAUSAL TRANSITION AND HISTORY OF CONFIRMED ENDOMETRIOSIS

V. Alieksieieva [1], I. Muryzina [2], M. Shcherbina M [2], V. Gargin [3]. [1] *Department Of Otorhinolaryngology, Kharkiv National Medical Universuty, Kharkiv, Ukraine;* [2] *Department Of Obstetrics & Gynecology N 1, Kharkiv National Medical Universuty, Kharkiv, Ukraine;* [3] *Department Pathological Anatomy, Kharkiv National Medical Universuty, Kharkiv, Ukraine*

Background and Aims : Recognition of high-risk population that should be screened in the first turn provides the opportunity to intervene at the reversible stage. Endometriosis is notoriously associated with chronic inflammation, which might outweigh protective influence on endothelium of almost unopposed estrogens. **Objectives.** The objectives were to test patients with confirmed endometriosis for biomarkers of inflammation and early marker of atherosclerosis during menopausal transition (MT), then to identify variables with the best predictive value with regard to subclinical atherosclerosis.

Methods: The study included 67 patients aged 45-55, with endometriosis and without a history of evident cardiovascular disease who had already experienced perimenopause-associated menstrual disorders with episode of amenorrhea 2-11 month, and 32 women matching by age and history except no records about endometriosis. They were tested for C-reactive protein (CRP), interleukine-6 (IL6), tumor necrosis factor-α (TNFα), apolipoprotein B (ApoB), fibrinogen, brachial artery dilation and cross-sectional associations were examined.
Results: It turned out that women with endometriosis showed elevated level of IL6 (1.89±0.09 pg/ml, >1.7pg/ml), CPR (5.7±0.93 mg/L, >3mg/L), slightly raised ApoB(78±2.2 mg/dL, >60 mg/dL) and TNFα (79±1.3), lower vasodilation response (7.95±0.23, <8%). Women without endometriosis showed all these variables within physiological range.
Conclusions: Chronic subclinical inflammation related to endometriosis might affect adversely endothelium and cause ED, which predisposes to alterations associated with atherosclerotic impairment of vascular network at the time of MT.

EP544 / #1089, TOPIC: *ASA03 - DYSLIPIDEMIA AND RISK FACTORS / ASA03-16 OTHER*, POSTER VIEWING SESSION.
STATIN INTOLERANCE: WHAT ARE WE OVERLOOKING?

S. Paredes [1], L. Fonseca [2], M. Saraiva [2], H. Ramos [2], I. Palma [2]. [1] *Endocrinology, Centro Hospitalar do Tâmega e Sousa, Penafiel, Portugal;* [2] *Endocrinology, Centro Hospitalar Universitário do Porto - Hospital de Santo António, Universidade do Porto, Portugal*

Background and Aims : Statin intolerance is defined as any adverse event and/or laboratory abnormality attributed to statin and leading to its discontinuation. Although statins are generally extremely well tolerated, intolerance may occur and requires careful consideration. The authors describe a clinical case where statin intolerance has revealed a more complex diagnosis.

Methods: Description of clinical case