е 387 Journal of Hypertension Volume 33, e-Supplement 1, 2015

Design and method: Ninety six consecutive subjects aged between 18 to 55

years old otherwise normal patients with hypertension were included. Blood pressure measurement, echocardiographic examination were carried out accord­ing to the published guidelines. Aortic stiffness index is calculated by using ASI = ln(SBP/DBP)/[(Asd-Add)/Add] formula, aortic distensibility is obtained by using AD[l/(l03xmmHg)] = 2x [(Asd-Add)/Add]/PP formula where Asd and Add means aortic systolic and diastolic diameters respectively. The relation between PPI and ASI or AD were examined.

Results: There were 26 men and 70 women in the study population with aver­age age of 47 ± 7 year's. Average left ventricle ejection fraction was 65 ± 3%. Mean body mass index value was 29.1 ±4.5kg/m2. Mean heart rate at the time of echocardiographic exainadon was 74 ±8 bpm. Average systolic and diastoiic blood pressures were 131 ± 16 and 81 ±6 mmHg respectively. Average ASI and AD values were 2.90 ± 0.55 and 4.49 ± 2.60 l/( 103xmmHg) respectively. Both ASI (r = 0.605, p < 0.001) and AD (r = -691, p < 0.001) were well correlated with PPT. Age showed a weak but significant correlation with ASI (r = 0.296, p < 0.005) while not with PPI (r = 0.078, p = 0.451).

Conclusions: This study showed that PPI and aortic elasticity were significantly correlated in hypertensive patients.

PP.LB02.19

INCIDENCE AND RISK FACTORS FOR STROKE AFTER CORONARY ARTERY BYPASS SURGERY IN PATIENTS WITH AND WITHOUT HISTORY OF HYPERTENSION

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Objective: To determine incidence and risk factors for stroke during a period of 1 year after coronary artery bypass grafting (CABG) in relation to a history of hypertension.

latients underwent after operation, lot included in

Results: The incidence of one year stroke event was 6,8%. Compared with the patients without history of hypertension, more female patients were in the group with such a history (70,0% vs 57,5%), and the patients in group with history of hypertension were older (78,0 + 8,3 years vs 72,9 + 11,6 years,p<0,01). Patients with hypertension tended to have lower magnesium levels < 0,82 mmol/L and sig­nificantly increased stroke event during the first 30 days after CABG (multivariable relative risk 1.57; 95% confidence interval, 1,09-2,27; p = 0.01). In a multivariate analysis including age, sex, smoking, ejection fraction, presens of three vessel dis­ease, hypertension was independent risk factor for the 1 year stroke event in patients underwent CABG (HR= 1,945, 95% CI 1.007-3,699).

Conclusions: Patients with history of hypertension have a different pattern of risk factors: increased frequency of ischemic stroke during the first 30 days after CABG, higher mean age, include a higher proportion of women and hypertension is the independent risk factor for 1 year stroke event in patients after CABG.

PP.LB02.20

TYPES OF LEFT VENTRICULAR REyGDELING AND FEATURES LIPiD AND CYTOKINE PROFILE IN PATIENTS WITH ESSENTIAL HYPERTENSION

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Objective: The aim of the study was to investigate the influence of cardiovascular risk factors, such as the lipids, activity of Oncostatin M, interleukin-6 in patients with essential hypertension depending on the types of LV myocardial remodeling.

Design and method: The study involved 152 patients with essential hypertension and 10 people in the control group. Oncostatin M, IL-6 were investigated using EL1SA. Lipid metabolism studied by enzymatic method. Ultrasound investigation was provide in M- and B-regimens, according to Recommendations of European and Ukrainian Associations of Echocardiography.

Results: Among patients without left ventricular hypertrophy, left ventricular myocardium normal geometry was observed in 15 patients (9.9%). Concentric LV remodeling was found in 32 patients (21.0%). Among patients with essen­tial hypertension with hypertrophy of LV (69.10%), concentric hypertrophy had 78 (51.30%) patients, and eccentric hypertrophy - 27 (17.80%) patients. Most part of the patients in groups with concentric remodeling and concentric hypertrophy had comorbidity of EH with type 2 diabetes. Dyslipidemia was observed in all groups of patients with EH. Level of Oncostatin M was much higher than (p<0.01) the control group (7,90±0,13pg / ml). Significant increasing of OsM was found in concentric remodeling and concentric hypertrophy groups, comparing to normal geometry group. Correlation (p < 0.05) of OsM and dyslipidemia was found. The

level of D\_-6 in patients with EH almost 10 folds higher than control group. However, analysis of IL-6 showed non-significant differences between groups. In the total group of patients widi EH levels of IL-6 (p<0.05) correlated with DBP (r = 0.25).. Cholesterol levels (r = 0,53), triglycerides (r = 0,45). OsM and IL-6 were signifi­cantly lower in the normal geometry group that may be associated with different affinity of receptors.

Conclusions: LV myocardial remodeling in patients with EH occurred in propor­tion to the duration of the disease and blood pressure. Lipid disturbances were established in 86% of patients with essential hypertension, associated with hyper-cytokinemia. Patients with essential hypertension with LV hypertrophic remodeling types had more severe dyslipidemia and higher values of Oncostatin M compared with patients without hypertrophic LV remodeling.

PP.LB02.21

MEDIATORS OF CARDIOVASCULAR CONTINUUM IN PATIENTS WITH ESSENTIAL HYPERTENSION AND LEFT VENTRICULAR REMODELING

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Objective: Aim: investigation of adipokine apelin, vascular endothelial growth factor, vasoactive nitric oxide pool activity in patients with essential hypertension and left ventricle myocardium hypertrophy.

Design and method: Material and methods: 152 patients with essential hyperten­sion were examined (age 30—80 years). Ultrasound investigation was provide using medical automatic diagnostic complex "Radmir" in M and В regimens, according to Recommendations of European and Ukrainian Associations of Echocardiography. Nitric oxide pool, apelin-12, vascular endothelial growth factor were investigated with biochemical, fluorometric, immune-sorbent methods.

Results: Left ventricular hypertrophy was found in 69.7% of patients with hyper­tension. Significant correlations of systolic and diastoiic blood pressure with parameters of left ventricular remodeling were established (r = 0,42), (r = 0,45), p<0,05. Disbalance in the system of nitric oxide in patients with left ventricular hypertrophy was associated with high levels of nitric oxide deposition and develop­ment of oxidative stress. Negative impact of S- nitrozothiol, inducible nitric oxide synthase structural on the parameters of the left ventricle was estimated, which is confirmed by the correlations with the thickness of the posterior wall, inter-ventricular septum1, left ventricular mass. iNOS - left ventricle myocardial mass (r = 0,69, p < 0,05. The presence of significant positive relationship of apelin, vas­cular endothelial growth factor (r = 0,85, p < 0,05), parameters of LV wall thickness (apelin-relative wall thickness - r = 0,34, p < 0,05). indicates the involvement of these peptides in the remodeling of the heart in patients with essential hypertension.

Conclusions: changes of structure and function of left ventricle in patients with essential hypertension are accompanied by disbalance in vasoactive nitric oxide pool with storing of NO, activation of apelin-12 and vascular endothelial growth factor.

PP.LB02.22

THE HYPERTENSIVE PATIENT IN THE INTERNAL MEDICINE WARD: IS THERE ENOUGH ATTENTION?

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Objective: Characterize the hypertensive patients admitted in the Internal Medicine Ward, and analyze the blood pressure control and therapeutic strategies adopted.

Design and method: Observational/retrospective study of the hypertensive pop­ulation admitted in an Internal Medicine ward during a month, focusing on demographic data, type of Hypertension, cardiovascular risk factors, diagnosis, blood pressure and therapeutic changes at discharge

Results: In a total universe of 89 patients admitted during a month in the analyzed ward, there were 68 with previous diagnosis of hypertension. The average age was 76,7 and 58,8% were woman; most (52,9%) with systolic hypertension. Diabetes and Dyslipidemia were the most frequent risk factors, but there was a significant omission of data regarding other cardiovascular risk factors and particularly about presence of target-organ damage. Stroke was a previous event in 41,1%. In average, patients were treated with 2 antihypertensive drags (maximum 5), mostly diuretics (54,4%) and ACE inhibitors (38,2%); 10 patients had no medication despite the diagnosis. Most patients (51,5%) were admitted for cardiovascular disease - 19 had acute stroke. At admission, 30 patients had normal blood pressure and 4 were hypotensive; 50% hadisolated systolic hypertension. During admission time, 73,5% had controlled blood pressure in more than 50% of evaluations. The therapeutic regime was optimized during the admission in 41 patients (60,3%): increased dose in 24 cases, and association of a new drug class in 28 patients. At the discharge date 31 patients had controlled blood pressure. The ambulatory therapeutic was changed in 32 patients: calcium antagonists prescription rise, as for beta-blocker, and there was a decrease in diuretics and ARABs.