P4.10: EFFECT OF SHORT-TERM PERINDOPRIL THERAPY ON ARTERIAL STIFFNESS AND ENDOTHELIAL FUNCTION IN DIASTOLIC HEART FAILURE PATIENTS

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group. Large arterial stiffness was assessed by automatic noninvasive measurement of the brachial-ankle pulse wave velocity (baPWV). Endothelial function was calculated based on flow-mediated dilatation (FMD) parameters. RESULTS. The 3 months treatment of ACE inhibitor produced a significant reduction in systolic (-26.6 mmHg) and diastolic BP (-10.2 mmHg), baPWV (-1.1 m/s) and increase of FMD (+1.5%). Administration with ISMN of 20 pts, without reaching BP target level on treatment of ACE inhibitor, did not lead to significant decreasing of SBP(1.3 mmHg), DBP(-2.1 mmHg) and baPWV (+0.3 m/s). There was no difference in BP and baPWV in ISMN + ACEI treatment group compared with control group (ACEI only). CONCLUSION. Addition of ISMN to ACE inhibitor has no beneficial impact on BP and improvement of arterial stiffness in patient with essential hypertension.

P4.08
ARTERIAL HYPERTENSION AND CORONARY REvascularization SURGERY: A CLINICAL CHARACTERIZATION OF 90 PATIENTS
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Objectives: evolution of hypertensive patients during their stay in the CCU after myocardial revascularization surgery (MRS).

Methods: retrospective study with 90 patients.

Results: prevalence of AHT before surgery was 86.7%; 61% were treated with BB, 39% received ACEI, 11% calcium antagonists and 14.4% diuretics. From hypertensive patients, 56% presented AHT during the stay in the CCU (65% of men and 41.3% of women) (p < 0.05). In the CCU the patients with AHT were treated with nitroglycerin in the 95.6% of the cases. BB were used in 48% of the patients, and only 13% needed sodium nitroprusside. The most frequent early postoperative complications were tachyarrhythmias and major bleedings but we did not find a relation between these complications and AHT in the early postoperative. Bleeding was found in 21% of the patients that developed AHT postoperative vs. 10% of the patients that did not (NS). 21% of the patients that developed AHT presented tachyarrhythmias vs. 16% of the patients that did not (NS). Almost all patients were sent home with BB, 60% of patients with ACEI and 3.3% with calcium antagonists.

Conclusions: 1. AHT was more frequent in previously hypertensive men than in women in the early postoperative of MRS. 2. AHT was not significantly associated with bleeding or tachyarrhythmias. Most of the cases of HTA responded to the treatment with nitroglycerin and BB. 4. BB and ACEI were the drugs more prescribed to patients after acute phase of MRS.

P4.09
EFFECT OF VARDENAFIL ON ARTERIAL STIFFNESS AND WAVE REFLECTION
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Introduction: While vardenafil is widely prescribed for erectile dysfunction, its effect on arterial function is not established. Arterial stiffness and wave reflections are markers of cardiovascular disease and predictors of cardiovascular risk. We assessed the acute effect of vardenafil on arterial stiffness and wave reflections on patients with erectile dysfunction.

Methods: Ten patients (mean age 58 ± 10 years) with erectile dysfunction received vardenafil 20 mg in a randomized, placebo-controlled, double-blind, 2-way cross-over design. Aortic elastic properties were evaluated with carotid-femoral pulse wave velocity (cPWV); wave reflection was evaluated with augmentation index (AIX) of the aortic pressure waveform.