P1.41: COULD MEASUREMENT OF ARTERIAL STIFFNESS PROVIDE BETTER APPROACH IN RISK ASSESSMENT THAN THE CONVENTIONAL RISK FACTOR-BASED STRATIFICATION?

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P1.42
PRECLINICAL ATHEROSCLEROTIC DISEASE: IS IT A MARKER OF RISK OF CARDIOVASCULAR EVENTS?

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Aim: We compared the severity of vascular disease (VD) by ultrasonography in patients (p.) with and without cardiovascular events (CVE), to detect high risk asymptomatic individuals.

Methods: We did in the same procedure 1) CIMT 2) Plaques characterization, 3) PWV and 4) FMD with a strict quality control. We set a score (VS) from 0 to 5 according to the severity of the VD. The CV Risk using Framingham score (FS) was also obtained from medical records.

Results: We performed a cross sectional, observational study on 581 p. (75 with CVE, 13 y.o., 63% males and 125 normotensive NT (n=20%) for 216p. (30,8%), moderate (10-20%) for 245p. (39,2%) and severe (>20%) for 282p. (40,2%).

Conclusions: 1- The severity of the VD is higher in patients with CVE even when the cut off points of normality may need to be adjusted. 2- The presence of a combination of vascular structural and functional disorders in asymptomatic subjects may suggest an increased risk of CVE. 3- A score of severity of VD above 2 is a good surrogate of preclinical atherosclerosis.

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P1.44
EARLY DETECTION OF ATHEROSCLEROTIC DISEASE IN MILD HYPERTENSIVE PATIENTS: A STRONG REASON TO REEVALUATE CARDIOVASCULAR RISK

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Aim: To analyze the incidence and severity of subclinical vascular disease (VD) using ultrasonography in patients (p.) with essential hypertension (HT).

Methods: We did in the same procedure 1) CIMT 2) Plaques characterization, 3) PWV and 4) FMD with a strict quality control. We set a score (VS) from 0 to 5 according to the severity of the VD. The CV Risk using Framingham score (FS) was also obtained from medical records.

Results: We did a cross sectional, observational study on 604 p. (479 with stage I-II HT (ESH/ESC 07) 53,2 ± 13 y.o., 63% males and 125 normotensive NT controls 51,7 ± 14 y.o. p.001, 64% males p NS), FS was high (≥20%) for 216p. (30,8%), moderate (10-20%) for 245p. (39,2%) and severe (≥20%) for 282p. (40,2%).

Conclusions: 1- The higher the FS, the more the severity of the VD increases. 2- Although, we have found 54,2% with a low FS with moderate to severe VD and 18% of pts. with severe VD classified as low to moderate clinical risk.

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