P.061: RELATIONSHIP BETWEEN FIBRINOGEN AND ARTERIAL STIFFNESS IN PATIENTS WITH ESSENTIAL HYPERTENSION


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arterial stiffness in patients with essential or white coat hypertension (WCH) and the effect of previous antihypertensive medication.

Methods: We studied 850 patients, untreated or after a 15 days wash-out period, in our outpatient clinic. All patients underwent 24h ambulatory blood pressure monitoring (ABPM) and full biochemical assay. Large-artery stiffness and arterial wave reflections were evaluated by measuring carotid-femoral pulse wave velocity (PWVc-f) and augmentation index (Alx) respectively.

Results: Patients were classified in four groups, according to the ABPM results: 294 never treated patients with essential hypertension (group 1), 322 patients with essential hypertension after the wash-out period (group 2), 112 never-treated patients with WCH (group 3) and 322 patients with WCH after the wash-out period (group 4). Univariate analysis showed a significant correlation of age with PWVc-f in groups 1, 2 and 3 (r = 0.43, 0.4 and 0.38 respectively, p < 0.001) but not in group 4 (r = 0.17, p = NS). Furthermore, age was positively correlated with Alx in all groups (r = 0.53, 0.38, 0.47 and 0.67 respectively, p < 0.0001). Finally, significant correlation of age with systolic blood pressure was found in groups 1 and 4 (r = 0.20 and 0.30 respectively, p < 0.001) and with diastolic blood pressure in group 2 (r = 0.37, p < 0.0001).

Conclusion: Age affects arterial stiffness differentiating in PWV or Alx. In patients with essential hypertension as well as in patients with WCH, the age effect is of similar magnitude whereas the effect of previous medication use is minimal.

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Introduction: Increased levels of prothrombotic markers such as fibrinogen and plasminogen activator-inhibitor-1 (PAI-1) have been related to target organ damage and cardiovascular outcomes in hypertensive population. Arterial stiffness is an important determinant of cardiovascular performance and a predictor of the corresponding risk. The association of fibrinogen and PAI-1 with arterial stiffness in hypertensive patients has not been defined.

Methods: With 225 consecutive, untreated essential hypertensive patients (mean age 50 years, with newly diagnosed, uncomplicated essential hypertension. The patients were divided in two groups according to the presence of MS (38 patients with MS, 50 patients without MS), as defined by the criteria of the Adult Treatment Panel III. Fasting insulin levels and Hba1c were measured and HOMA index was calculated. ABI was assessed in all patients.

Results: The min ABI values were higher in hypertensives with MS (1.20 ± 1.15, p = 0.04) as well as insulin (12.4 ± 9.1 IU/L, p = 0.02), HOMA index (57.5 ± 37.8, p = 0.007) and Hba1c (5.80 ± 5.43%, p = 0.0003) values. In univariate analysis, insulin levels were associated with ABI in hypertensive patients with MS (r = 0.59, p = 0.001) but such an association was not found in hypertensives without MS (p = NS). After adjustment for several confounders, insulin remained significantly associated with ABI in patients with metabolic syndrome (r = 0.58, p = 0.001).

Conclusion: Fasting insulin independently predicts ABI in patients with hypertension and metabolic syndrome. This finding provides further information for the pathophysiology of the relationship between metabolic syndrome and the risk for peripheral artery disease.

P.064 SERUM BILIRUBIN LEVELS ARE IRREVERSIBLY RELATED TO ARTERIAL STIFFNESS IN PATIENTS WITH ESSENTIAL HYPERTENSION

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Background: Arterial stiffness and wave reflections are independent markers and predictors for cardiovascular events in patients with hypertension. White blood cell (WBC) count has been associated with high incidence of cardiovascular events. The aim of the present study was to assess the relationship between WBC count and augmentation index (Alx), a composite measure of arterial stiffness and wave reflections, in patients with essential hypertension.

Methods: We studied 235 consecutive patients with uncomplicated, never treated essential hypertension (mean age 51 years, 63% males). Alx was evaluated with a validated system (Sphygmocor) using application tonometry of the radial artery and pulse wave analysis. Alx was then adjusted for a steady heart rate of 75 beats/min (Alx75). WBC, high sensitivity C-reactive protein (hsCRP) and serum amyloid A (SAA) were measured in all subjects.

Results: In univariate analysis, Alx75 was correlated with both log-hsCRP (r = 0.13, p = 0.04) and log-SAA (r = 0.19, p = 0.002). In stepwise regression analysis, Alx75 was independently associated with log-hsCRP (β = 12.41, p = 0.02, 95% CI: 1.48-23.34) but not with log-hsCRP (P>NS) and log-SAA (P = 0.07).

Conclusions: WBC count, but not hsCRP, predicts wave reflections in patients with essential hypertension. Considering that WBC count is an inexpensive, readily available laboratory assay, it might be used as a first line inflammatory marker for arterial function and cardiovascular risk assessment.