P122: THE ARTERIAL STIFFNESS DYNAMICS UNDER THE EFFECT OF ROSUVASTATIN ADDED TO DIFFERENT COMBINATIONS OF ANTIHYPERTENSIVE DRUGS

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Abstracts

P120
DETERMINANTS OF BRACHIAL-ANKLE PULSE WAVE VELOCITY

Conclusions: LDL-C was an independent explanatory factor for aortic systolic and diastolic BP, aortic pulse pressure, augmentation index, pulse wave velocity (PWV), and systemic vascular resistance in-dex (p = 0.013 for all). When central BP was included in the model for PWV, LDL-C was no more an explanatory factor for PWV.

Conclusions: LDL-C is independently associated with BP via systemic vascular resistance and wave reflection. These results suggest that LDL-C may play a role in the pathogenesis of primary hypertension.

P121
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Conclusions: baPWV was a suitable complimentary method for assessing arterial stiffness which can provide useful information regarding not only arterial stiffness but the peripheral arteries.

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Conclusions: baPWV was significantly correlated with age but this correlation was not as strong as it could be observed with aortic PWV (R = 0.172). Linear backward regression analysis confirmed that age and brachial systolic blood pressure proved to be the main determinants of baPWV.

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respectively). Carotid-radial PWV reliably declined only in the 1st group (from 9.5 ± 1.8 to 8.8 ± 1.1 m/s; p = 0.034).

Conclusion: Addition of rosvastatin to a fixed lisinopril/amldipine combina-

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UNATTENDED AND ATTENDED BP VALUES AND VASCULAR AND CARDIAC ORGAN DAMAGE

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It has been suggested that measurement of “unattended” blood pressure values may provide advantages over conventional BP measurement; some hypertension guidelines now suggest this approach as the preferred one for measuring office BP. Data on the relationship between “attended” and “unattended” BP and cardiovascular events are less solid as compared to those obtained with attended BP; only few studies suggested that unattended BP might be more strictly correlated with hypertensive target organ damage than “attended” BP. Aim: to evaluate the relationship between “attended” or “unattended” BP values and target organ damage in 261 subjects attending the outpatient clinic of an ESH-Excellence-Centre. BP values were measured by the physi-
cian with an automated oscillometric device (OmronHEM9000Ai, mean of 3 measurements), after 5 minutes of rest; thereafter, the patient was left alone and unattended BP was measured automatically after 5 minutes (3 measurements at 1 minute interval).

Results: mean age was 61 ± 16 yrs, BMI 26.1 ± 4.2, 60% female, 88% hyperten-
sives (64% treated). Systolic unattended BP was lower as compared to attended SBP (130.1 ± 15.7 vs 138.6 ± 17.2 mmHg). Left ventricular mass index (LVMI) was similarly correlated with unattended and attended SBP (r = 0.132 and r = 0.133, p < 0.05, respectively). LVMI was similarly correlated with unat-
tended and attended pulse pressure (PP) (r = 0.277 and r = 0.299, p < 0.05, respectively). Carotid IMT was significantly and similarly correlated with both attended and unattended BP values (BMXIMI: r = 0.172 and r = 0.153 for attended and unattended SBP, p < 0.05 and; r = 0.459 and r = 0.436 for attended and unattended PP, p < 0.001). The differences between correlations were not statistically significant.

Conclusion: Measurement of BP “unattended” or “unattended” provides different values, being unattended BP lower as compared to attended BP. Our results suggest that attended and unattended BP values are similarly related with cardiac and vascular hypertensive target organ damage.

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CENTRAL BLOOD PRESSURE MEASUREMENT: PARADIGM SHIFT

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Introduction: It is estimated that currently 17 million deaths annually in the world occur due to cardiovascular disease (CV), about one third of all deaths. 9.4 million are related to arterial hypertension (HA). The use of methods that allow the early identification of structural and functional cardiovascular alter-

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