P5.14: THIGH-CUFF BASED MEASUREMENT OF AORTIC PULSE WAVE VELOCITY: INITIAL TESTING OF A NOVEL VASERA PROTOTYPE DEVICE

Francisco Londoño*, Daime Campos, Shigeo Horinaka, Julio Chirinos, Patrick Segers


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characteristic impedance, pulse wave velocity, and steady afterload were kept constant. In one set of experiments, the magnitude of C(p) was decreased while retaining its pressure-dependence, thus preserving compli-
ance. The ratio between the ankle wave velocity in the VaSera device and both data magnitude and pressure-dependence were progressively decreased, such that compli-
ance became increasingly constant; mean compliance and reflection magni-
tude were pairwise matched to each case of the first set of experiments.

Results: When stiffening was accompanied by retained pressure-dependen-
tence, there was marked delaying of wave reflections compared to more constant compliance cases. Pressures and myocardial wall stress at end-sys-
tole were elevated, while stroke volume and ejection period were decreased.

Conclusion: The dynamic loading effects of pressure-dependent compliance can have complex effects on LV-AS coupling. Characterization of the com-
plex changes of C(P) with age and disease deserves further investigation.

P5.13 ESTIMATION OF CENTRAL SYSTOLIC PRESSURE: ARE PERIPHERAL WAVEFORMS AND TRANSFER FUNCTION NECESSARY?
Denis Chemla 1,*, Sandrine Millasseau 2, Edmund Lau 3, P. Attal 4, Alain Nittenberg 1
1APHP, Kremlin-Bicetre, France
2Pulse Wave Consulting, St Leu Foret, France
3Sydney Medical School, Camperdown, NSW, Australia
4Sheba-Zedek Medical Center and Hebrew University Medical School, Jerusalem, Israel

Background and aim: The degree of systolic pressure amplification (SPamp) from aorta to brachial artery depends on a number of variables including age, gender, heart rate and arterial stiffness. It is admitted that central sys-
tolic blood pressure (cSBP) cannot be predicted with sufficient accuracy from brachial blood pressure and thus needs to be estimated using peripheral waveform analysis and transfer functions. We have developed a propri-
etary method for direct central blood pressure (DCBP) estimation, which challenges this paradigm. In the present preliminary study, our DCBP method was applied to a meta-analysis of published studies with invasive, high-fidelity pressure tracings of both aortic and brachial arterial pressures. Further studies are needed to document the precision of the DCBP method in health-
ier and younger subjects as well as its sensitivity to peripheral BP measuring method.

Methods and results: Five studies were found fulfilling our criteria. There were 282 subjects (77.3% male), with known or suspected coronary artery diseases. Mean age was 63.3±13.2 years and heart rate was 67.1±1.3 bpm. Invasive brachial systolic, diastolic and mean BP were 137.9±19.9 mmHg, 70.9±10.2 mmHg and 97.1±11.7 mmHg, respectively.

The expected invasive cSBP was 131.1±19.9 mmHg and the mean SPamp was 6.8 mmHg. The cSBP estimated with DCBP method was 132.9 mmHg and the mean difference with invasive measures was 1.8 mmHg.

Conclusion: The meta-analysis of studies documenting invasive high-fidelity pressure at aortic and brachial artery level indicates that our DCBP method can predict cSBP from brachial blood pressures with good accuracy in rela-
tively old subjects with established or suspected coronary diseases. Further studies are needed to document the prediction of the DCBP method in health-
ier and younger subjects as well as its sensitivity to peripheral BP measuring method.

P5.14 TMIGH-CUFF BASED MEASUREMENT OF AORTIC PULSE WAVE VELOCITY: INITIAL TESTING OF A NOVEL VASERA PROTOTYPE DEVICE
Francisco Londoño 1,*, Daima Campos 1, Shigeo Horinaka 1, Julio Chirinos 2, Patrick Segers 1
1Ghent University, Gent, Belgium
2University of Philadelphia, PA, USA

Introduction: Fully automated cuff-based devices have been developed for the assessment of arterial stiffness via pulse wave velocity (PWV) measure-
ment, such as the VaSera device (Fukuda Denshi). To date, measurements were confined to the heart-to-ankle segment, yielding PWV and stiffness indices that are not easily linked to carotid-femoral PWV (cf-PWV), the pre-
sumed reference for measurement of aortic PWV.

Methods: We performed initial tests (N=14, 9 males, mean age 27.4±3.3, BMI 23.8±3.4) using a novel thigh-cuff prototype that can be used as a sub-
stitute for the ankle cuffs in the VaSera device. Extracted data included heart-
thigh (ht-PWV) and heart-ankle (ha-PWV). cf-PWV was obtained using ultrasound (GE Vivid 7) on the right side.

Results: Measurements were successfully obtained for all subjects. cf-PWV was 5.32±0.43 m/s. ha-PWV was 6.35±0.49 m/s, and was significantly higher than cf-PWV (paired t-test; P<0.001). ht-PWV, on the other hand, was 5.51±0.50 m/s and was not significantly different from cf-PWV. Bland-
Altman analysis demonstrated a non-significant bias of 0.19±0.54 m/s of ht-PWV with respect to cf-PWV.

Conclusion: We conclude that, in this small-sized young and healthy popu-
lation, fully automated measurement of heart-thigh PWV is straightforward and easy. Measured values were not different from carotid-femoral PWV. Further research is warranted to confirm these findings in a larger population spanning a large age range and cardiovascular risk profiles.

P5.15 EVALUATION OF AORTIC 18F-NaF TRACER UPTAKE DETECTED USING PET/CT IN PREDICTING AORTIC CALCIFICATION OVER A 4-YEAR FOLLOW-UP PERIOD
Marina Cecelija 1, Amelia Moore, Ignac Fogelman, Michelle Frost, Phillip Chowienczyk
King’s College London, London, UK

Background: Uptake of 18F-sodium fluoride (18F-NaF) in the aortic wall may reflect metabolic activity and calcification score, an important predictor of cardiovascular morbidity and mortality when detected by computed tomog-
raphy (CT). The aim of this project was to determine if 18F-NaF uptake in the aorta can predict development of calcification as detected by CT.

Method and results: Twenty one postmenopausal women (mean age 62±6 years, range 52-74), underwent assessment of aortic 18F-NaF uptake using posi-
tion emission tomography/computer tomography (PET/CT) at baseline and after a mean follow-up of 3.7±1.3 years. Tracer uptake was quantified by calculating the target-to-background ratios (TBR). At baseline, there was a trend to a positive correlation between CT calcium volume score and tracer uptake (r=0.33, P=0.15). Over the follow-up period aortic CT cal-
cium volume increased from 0.45±0.62 to 0.71±0.93 cm³ (P<0.04). Howev-
er, the change in calcium volume did not significantly correlate with baseline TBR values (r=0.18, P=0.52). TBR at baseline did not differ between partic-
ipants with (n=16) compared to those without (n=5) progression in calcium volume progression (2.43±0.46 vs. 2.31±0.38, P=0.58). In aortic segments identified to have highest tracer uptake at baseline, calcium volume did not significantly change over the follow-up period (from 0.08±0.15 to 0.12±0.26 cm³, P=0.42). In multivariate regression analysis baseline TBR did not associate with progression in calcium volume.

Conclusion: In a cohort of postmenopausal women 18F-NaF uptake as measured by TBR was not a predictor of progression of aortic calcification as detected by CT over a 4-year follow-up period.

P5.17 CAROTID PULSE PRESSURE ASSESSMENT BY MEANS OF AN ACCELEROMETRIC SENSOR
Nicole Di Lascio 1,2,*, Vincenzo Gemignani 2, Rosa Maria Bruno 2, Elisabetta Bianchini 2, Francesco Stea 3, Lorenzo Ghiadoni 3, Franceso Faita 2
1Institute of Life Science, Scuola Superiore Sant’Anna, Pisa, Italy
2Institute of Clinical Physiology, National Research Council, Pisa, Italy
3Department of Internal Medicine, University of Pisa, Pisa, Italy

Central pulse pressure (cPP) is increasingly investigated as possible inde-
pendent predictor of cardiovascular risk and carotid pulse pressure (caPP) can be used as a surrogate marker of cPP. Despite its importance, caPP measurement remains challenging in clinical practice. The aim of this study was to introduce a new easier-to-use method for non-invasive caPP evaluation based on an accelerometric sensor. Accelerometric signals were recorded in 22 subjects (males: 45.5%, 47.4±17 years, hypertension: 50%; smoking: 18%; diabetes: 23%; hypercholesterole-
mia: 27%). Under the hypothesis that these signals represent the acceleration linked to the displacement of the carotid near wall, carPP values were achieved double integrating the accelerometer waveforms and calibrating the obtained diameter curves with brachial pressure measurements. carPP measurements were compared to tonometric assessments (carPPton). Moreover, accelerometer carotid pulse pressure waveforms (PCar) were contrasted in terms of shape to those obtained by tonometry (Pton), calculating the root mean square error (RMSEton) and the regression coefficients (rton).

carPP values (46±10.55 mmHg) were significantly correlated with carPPton (47.5±11.2 mmHg) assessments (R=0.93, P<0.001). The Bland-Altman anal-
ysis provided a non-significant bias of -1.54 mmHg. The validity of the accel-
erometric approach was confirmed by morphological parameters (RMSEton=5.1±1.95 mmHg; rton=0.94±0.04).