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ABSTRACTS
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PO49-789 CAROTID INTIMA MEDIA THICKNESS AS MARKER OF ATHEROSCLEROSIS: RESULTIS OF THE IMPROVE STUDY

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The intima-media thickness (IMT) of carotid arteries, measured by high-resolution B-mode ultrasound has been proposed as an useful surrogate marker of atherosclerosis in carotid arteries and in other vascular regions. IMT is a good predictor of new myocardial infarction and it has been shown to be influenced by drugs known to reduce cardiovascular events. In a longitudinal - observational study, we have shown that the integrated use of VRFs included into the Framingham risk score and ultrasonic measurements of carotid IMT significantly increase their capacity to predict cardiovascular events in patients at low/intermediate risk. The integration of carotid IMT with non conventional VRFs (gene polymorphisms, oxidative burden, psyco or socioeconomic aspects etc.) may further optimize the stratification of patient risk. Another important carotid ultrasonic variable that may have predictive capacity, alone or when integrated with conventional or non conventional risk factors, is the progression of carotid IMT. A prospective, multicenter, longitudinal, long-term, observational study (The IMPROVE study) is currently ongoing. It aims to investigate the capacity of both cross sectional carotid IMT and overall IMT-progression to predict alone, or after integration with both conventional and non conventional VRF, the rate of new vascular events in an European population classified at high risk of cardiovascular disease for the presence of at least 3 VRFs. The patients' enrolment ended in April 2005 and a total of 3711 patients were recruited in 6 European countries (1095 in Italy, 504 in France and 2140 in northern Europe).

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PO49-790 NATIONWIDE SURVEY OF PREVALENCE AND RISK FACTORS OF PREHYPERTENSION AND HYPERTENSION IN IRANIAN ADULTS

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Background and Aims: The aim of this study was to estimate the prevalence and risk factors of prehypertension (Pre-HTN) and hypertension (HTN) among the adult population of Iran.

Methods: A nationwide cross-sectional survey was conducted from December 2004 to February 2005. The selection was conducted by stratified probability cluster sampling through household family members in Iran. Blood pressure (BP) and associated risk factors of 35,048 men and 34,674 women aged 25-65 (mean 44.1) were measured.

Results: The prevalence of Pre-HTN was 59.6% in men and 44.5% in women; and 19.8% of men and 26.9% of women were hypertensive, according to Joint National Committee 7 criteria. Pre-HTN was more common among men whereas HTN was more common among women. Multivariate analysis revealed that age, overweight, obesity, abdominal obesity and high cholesterol were strongly associated with Pre-HTN in both genders. In women, low educational attainment, residence in urban area, and high blood glucose were also associated with Pre-HTN. Age, low educational attainment, overweight, obesity, abdominal obesity and high cholesterol and blood glucose were strongly associated with HTN in both genders.

Conclusions: Pre-HTN and HTN appear to be quiet common in Iran and it was associated with obesity. More men than women present with Pre-HTN, whereas more women than men present with HTN. Prevention and treatment strategies are urgently needed to address the health burden of Pre-HTN and HTN and to prevent prehypertensive people from HTN and cardiovascular disease.

PO49-791 ACHIEVEMENT OF LDL-C GOAL < 70MG/DL WITH COMBINED HYPOLIPIDEMIC THERAPY IN GREEK PATIENTS WITH CORONARY ARTERY DISEASE

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Background and aims: Rosuvastatin is a potent HMG-CoA inhibitor used in the management of hyperlipidemia. Ezetimibe is a potent inhibitor of cholesterol absorption used also in management of hyperlipidemia usually combined with a statin. We tried to determine whether possible the achievement of LDL-C goal<70mg/dl in Greek patients with coronary artery disease by administering combined hypolipidemic therapy including rosuvastatin 10 mg/day and ezetimibe 10 mg/day.

Methods: 30 patients (12 men and 18 women) aged 49.5±10.13 years, with untreated primary hyperlipidemia (total cholesterol: 295.95±16.79 mg/dl, LDL-cholesterol: 203.95±9.88 mg/dl) and coronary artery disease, were followed. All patients were treated with rosuvastatin 10 mg/day and ezetimibe 10 mg/day for 3 months. Before and after treatment lipid profile, liver enzymes, and fibrinogen levels were determined by the standard methods. Paired t-test was used to compare means at baseline and after treatment. Data are presented as mean±standard deviation.

Results: Combined treatment with rosuvastatin 10 mg and ezetimibe 10 mg daily for three months statistically improved lipid profile: total cholesterol decreased by 48.6%, triglycerides by 34.6%, LDL-cholesterol by 65.3% (final value:70.75±6.61 mg/dl) $p<0.0001$. HDL-cholesterol increased by 10% and fibrinogen levels decreased by 36.7% with $p<0.0001$. Combined therapy did not influence liver enzymes and CPK levels.

Conclusions: Administration of rosuvastatin 10mg, combined with ezetimibe 10mg, found to be very effective in the achievement of LDL-cholesterol goal (final value: 70.75±6.61 mg/dl) whereas also decreased significantly fibrinogen levels. No adverse event was reported by any patient during the three month therapy.

PO49-792 BASELINE DATA OF JPPP (THE LARGE RANDOMIZED CONTROLLED TRIAL OF PRIMARY PREVENTION BY ENTERIC COATED LOW-DOSE ASPIRIN IN JAPAN)

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Background and aims: It is important to establish a preventative treatment for atherosclerotic diseases from the point of public health. Though major guidelines in the world including Japan recommend use of aspirin for primary prevention of high-risk patients, these guidelines are founded mainly by the data from secondary prevention. The benefits of aspirin for primary prevention are still controversial. To investigate the risk/benefit balance of primary prevention by enteric-coated low-dose aspirin, we have conducted this study.

Methods: JPPP is a multicenter, open-label, centrally-randomized, controlled trial. In total, 15,000 elderly patients with one or more cardio/cerebrovascular (CV) risk factors (aged 60-85 years combined with hypertension, dyslipidemia and/or diabetes mellitus) will be assigned to enteric-coated aspirin (100mg/day) or control, and will be followed for at least 4 years. The primary end point is composite event of CV death, nonfatal stroke and nonfatal MI. Assessment of endpoints will be blinded.

Results: The FPFV of JPPP was on March 2005. The enrollment of 14,660 patients was completed on the end of June 2007. We report baseline data of the enrolled patients. Hypertension (HT): 85%, dyslipidemia (DL): 72%, diabetes (DM): 34%. HT & DL w/o DM: 39%, HT & DM w/o DL: