(BMI), high density lipoprotein (HDL), low density lipoprotein (LDL), HbA1c, triglycerides, and smoking. Univariate analysis together with multiple logistic regression and binary recursive partitioning techniques were employed to examine risk association for these conditions.

Results. For the 2911 available cases, there were 199 coronary heart disease (CHD) events, 53 pulmonary vascular disease (PVD) events and 48 cerebrovascular disease (CVD) events. The three techniques employed to ascertain the potential impact of risk factors produced generally consistent results. After suitable adjustment for age, sex and duration of diabetes, the association between triglycerides and PVD and between triglycerides and CHD were significant ($p<0.01$ and $p<0.05$, respectively) but the association with CVD was not. SBP was significant ($p<0.05$) for CHD and CVD and for PVD ($p<0.01$). The ratio of total cholesterol:HDL was significantly ($p<0.05$) associated with CHD, although the relationship with CVD was stronger for LDL alone.

Conclusion. This evidence suggests that modifiable risk factor associations for macro-vascular disease in diabetes appear to vary for specific categories of macro-vascular disease complications. In particular, the role of triglycerides and systoic blood pressure with peripheral vascular disease ($p<0.01$) is worthy of note. An appropriate management strategy for macro-vascular disease prevention in diabetes mellitus is ultimately reliant upon understanding the specific risk profile and potential impact of these risks in individual patients.

P1374

Glimepirid (Amaryl®)Results of a Non-Interventional Study in Germany

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Aim of the study was to evaluate the efficacy and safety of glimepirid under everyday life conditions. From the data obtained during this 8-week, non-interventional study in which 22045 patients were treated with glimepiride (AMARYL®), the demographic and anamnestic data, doses, HbA_{1c}values, frequency of adverse events and drop-outs were analysed.

In total, 29.3% of the patients were treated with an antidiabetic drug for the first time, whereas the therapy of 70.7% of the patients was changed to glimepiride.

The initial and final doses were lower in patients receiving diabetes medication for the first time than in patients changing their medication.

The percentage of the glycated haemoglobin (HbA_{1c}) decreased in both patient groups during the study. The decline was more pronounced in patients receiving diabetes medication for the first time (1.8%) than in patients changing their medication (1.3%). The reduction of HbA_{1c} was slightly more pronounced in obese patients.

Adverse events and drop-outs were observed in 2.3% and 4.9 % of patients, respectively. A hypoglycaemic episode occurred in as few as 0.28% of patients. Symptoms that might be associated with hypoglycaemia were seen in another 0.19% of patients. Thus, the maximum percentage of patients suffering from hypoglycaemia is 0.47%.

The concurrent weight loss during therapy with Amaryl® is another feature to be considered as positive. In patients whose weight was taken before and after treatment (n=19097), the mean BMI decreased from 28.3 to 27.8 kg/m^2. These patients had a mean weight loss of 1.4 kg. The best effect (-2.2 kg) on weight loss was observed in patients in the Amaryl® group with a BMI ≥ 30 kg/m^2 at baseline.

The non-interventional study confirms the data obtained from clinical trials concerning the efficacy and safety profile of glimepirid observed. The sucess of therapy, namely the reduction in HbA_{1c}, was most pronounced in obese patients who were treated with anti-diabetic drugs for the first time.

P1375

Risk of Type 2 Diabetes in Women with Policystic Ovarian Syndrome

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Policystic ovarian syndrome (PCOS) is an endocrine disorder very frequent in premenopausal women. Women with PCOS have insulin resistance, with defects in insulin secretion, and they show a great risk of improved glucose tolerance and type 2 diabetes. To analyse this risk we studied 115 women with PCOS. All showed altered period, LH/FSH ratio >2.5, prolactin <25 ng/ml, DHEA-S <4100 ng/ml, 17-OH-PG <2.0 ng/ml and stimulation test with ACTH normal, and hyperandrogenism (Testosterone >100 ng/dl and/or Androstendione >2.8 ng/ml) with hyrsutisme and acne. Anything had had hormone therapy for three months before study. We determined body mass index (BMI), waist/hip ratio (WHR), blood pressure, basal serum levels of insulin, C peptyde and lipids, and 30, 60 and 120 minutes glucose after an oral glucose tolerance test with 75 g (OGTT). As control group we studied 82 premenopausal women without PCOS. PCOS women versus control group showed values significantly major of WHR (0.86±0.03 vs 0.80±0.06, p=0.044, t test), of insulin and C peptyde (27.7±14.7 vs 15.9±10.3 μg/ml, p=0.039; and 3.6±1.9 vs 1.6±0.8 μg/ml, p=0.030, respectively), and basal glucose, 60 min glucose and 120 min glucose after OGTT (97.1±7.9 vs 89.5±7.8 mg/dl, p=0.012; 182.5±50.2 vs 109.1±30.0 mg/dl, p=0.011; and 146.5±37.6 vs 95.4±24.1 mg/dl, p=0.002, respectively); but values of HDL-cholesterol minor than control group (45.5±10.2 vs 59.3±13.0 mg/dl, p=0.001). In conclusion, our results show that women with PCOS have a major risk of type 2 diabetes and major cardiovascular risk.

P1376

Role of Ciprofibrate in Treatment of Hyperlipoproteinemia and Other Risk Factors Important for Atherothrombogenic Chronic Vascular Complications

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Many studies have shown that higher levels of lipoproteins (LP) and also lower levels of HDL have atherogenic effect and that disturbances in blood coagulation process lead to thrombogenesis. Arterial hypertension (AH) is also a risk factor generating chronic vascular complications (CVC). In diabetes mellitus (DM) CVC risk is 2-5 times greater, due to most pronounced HLP, with small, dense especially atherogenic particle of LDL, hyperglycemia and more serious AH forms. The results of our multicentric study (141 patients, 40 (28.4%) diabetic, with HLP types II and IV and CVC) have shown that cyprofibrate (Lipanor®), 3rd generation fibrate, efficiently reduces the higher LP levels and atherogenic indexes and raises HDL, and reduces fibrinogene, systolic (SP) and diastolic (DP) blood pressure (BP) and morning glycemia. As a clinically significant parameter of efficiency this study has used the analysis of the percentage of patients with whom the desired, recommended values were achived of LP (NCEP) and BP (SP $\leq$ 130 and DP $\leq$ 80 mmHg), with all patients (Group I) and diabetics (Group II). It was specially analyzed whether the effects were higher if the initial LP values were significantly higher and/or lower. For LP it was found that in Group I the percentage of attainment of the desired values were: total cholesterol (TCh) 16%, LDL-Ch 32%, HDL-Ch 36%, triglycerides (TG) 56%, TCh/HDL 40%, LDL/HDL 26%. When the initial TG values were higher (>3.5 mmol/l) the greatest decrease was achieved (58.42%, $p<0.001$). When the initial TG values were lower ($\leq$3.5 mmol/l) the decrease was lower (46.94%, $p<0.001$). The results of the same analysis for HDL-Ch: higher initial decrease ($\leq$1.0 mmol/l) highest increase (47.5%, $p<0.001$), lower decrease (>1.0 mmol/l) significantly lower increase of HDL-Ch (15.96%, $p<0.001$). Group II: TCh 20%, LDL 41%, HDL 38%, TG 48%, TCh/HDL 36%, LDL/HDL