

50.1±9.2 years. Among 100 patients, males (85%) were predominant and females were 15%. QMI was present in 88% patients and non-QMI in 12% patients. Anteroseptal MI was seen in 55%, inferior wall MI in 26%, inferior and RV MI in 7% and extensive anterior MI in 12% of patients. 15% of patients had a single risk factor, 40% had 2 risk factors and 45% had 3 or more risk factors. Among the conventional risk factors, smoking was present in 54%, hypertension 22%, diabetes 14%, family history of CAD 12%, hypercholesterolemia 23%, hypertriglyceridemia 16%, and low HDL cholesterol (<35mg%) in 19% of patients. Lipid tetrad index was between 10,000 and 20,000 in 42% patients and 5% controls; <10,000 in 34% patients and 95% controls; and >20,000 in 24% patients and in none of the controls. Hcy level was elevated in 30% patients and 10% of controls; mild in 25% of patients (22.1±7.1 μmol/L) and 10% of controls (13.3±2.9 μmol/L); moderate in 5% of patients (61.4±15.3 μmol/L); severe in none. After treatment with 5 mg of Folic acid for 4 weeks, mean plasma homocysteine level was 11.1±2.9 μmol/L in patients and 10.4±1.2 μmol/L in controls; *p* value <0.05. Lp(a) level was elevated in 26% of patients (26.2±20.6 mg/dl) and in 10% controls (21±5.8 mg/dl) (*p* value <0.05).

**Conclusions:** Early modification of the modifiable risk factors is important so as to decrease the risk for coronary artery disease, by early detection of at risk group, as we found that a significant number of patients with AMI in our study had three or more conventional and new risk factors.

**Keywords:** Acute Myocardial Infarction (AMI), Coronary Artery Disease (CAD), Lipoprotein(a), Homocysteine(Hcy), risk factors.

#### POSTER SESSION 9

#### HYPERTENSION/STROKE

##### P2-23

#### COMPARISON OF BLOOD PRESSURE AND ITS RELATED FACTORS IN CHILDREN OF HYPERTENSIVE AND NORMOTENSIVE PARENTS

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**Background:** Essential hypertension (EHTN) is one of the important risk factors of cardiovascular disease (CVD). And a lot of environmental and genetic factors related to child hypertension. Awareness of HTN as a public health issue has increased dramatically during the past 3 decades, leading to substantial decrease in morbidity and mortality related to stroke and coronary artery disease. Awareness of blood pressure issues in the pediatric population also has increased, leading to conceptual changes in the diagnosis and treatment of childhood HTN. The current focus has shifted to early identification of mild to moderate HTN in asymptomatic children.

**Objective:** The purpose of this study was to compare the blood pressure (BP) and its related factors in 6-12 years old children of hypertensive and normotensive parents.

**Materials and Methods:** A case-control study among 90 children aged between 6-12 years with hypertensive parents (group 1) and 90 children without hypertensive parents (group 2) was performed. A questionnaire contains of related questions to background variable and related factors such as weight, height and birth head circumference, physical activity, being passive smoker was completed and average of three BP examination was determined. Data were analyzed using SPSS12 statistical package using the student test, correlation & chi square test.

**Results:** There was 5.6% systolic and diastolic Blood pressure (BP) over 95th percentile in case group and 2.2% systolic and 0% diastolic BP in control group. The average of systolic BP in case group was 107±11/7 and in control group was 103/3±1/2, respectively. And there was a significant correlation between systolic blood pressure (SBP) of parents and children (*P*=0.01). But there was not any significant correlation in diastolic blood pressure (DBP) (62/95±10/5 vs 60/5±11/7). There was significant association between high SBP of parents and children. There was a direct correlation between body mass index (BMI) and SBP & DBP (*P*<0.05). It was not seen any significant correlation between BP in children and birth weight, birth head circumference, and sex, but being passive smoker and low physical activity had significant association with high DBP. Breast-feeding had reverse correlation with high SBP. Also high body mass index (BMI) due to high SBP.

**Conclusion:** Based on the generally accepted concept that essential HTN begins in childhood, early BP control in childhood may reduce the life-time risk of

morbidity and mortality. Because of modifiable risk factors, early diagnosis and treatment of these factors may have a major impact on the prevalence of HTN and CVD.

**Keywords:** hypertension, children.

##### P2-24

#### CHANGES OF ENDOGENIC INTOXICATION DURING IVABRADIN AND BETA BLOCKERS THERAPY AT PATIENTS WITH DECOMPENSATED CHF

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**Idea:** Endothoxin translocation through gut wall plays an important role in the system inflammation pathogenesis.

**Aim:** Estimation of system inflammation and blood endothoxin and CRP levels under usage of ivabradin and beta-blockers at decompensated patients.

**Materials and Methods:** 36 patients were enrolled in two groups. All patients received standart therapy which includes loop diuretics (*i/v*), nitrates (*i/v*), digoxin, ACE inhibitors. The first (n=12) received ivabradin (start dosage 5mg BID with increasing to 7.5 mg from the second day) the second group (n=12) ivabradin (start dosage 5mg BID with increasing to 7.5 mg from the second day) and beta blocker (metoprolol ZOK) from the moment of stabilization (on 6.9±2.2 days). In the third group (n=12) patients received standard therapy and beta blocker (metoprolol ZOK) from the moment of stabilization (on 7.1±1.9 days). Dosage of beta blockers was standard way titrated. All patients were monitored for HR on days 1, 8, 14, 28. The same time high sensitive blood samples for CRP and endothoxin (LAL-test)

**Results:** During decompensate period there were 5 deaths, 3 in third group and by one in other two. Decreasing of HR at patients on 72 hours, 7 days and 14 days was: at first group 20.4±4.5%, 21.3±5.1%, 22.3±6.6%, at second group 19.7±4.2%, 20.1±4.6%, 23.1±6.0% and in third group 2.1±2.2%, 5.7±2.3%, 9.3±3.1%. At the beginning the endothoxin level was 1.45±0.05 e/l, and CRP 23.5±0.07 mg/l, authentic decreasing endothoxin level 0.62±0.03 e/l (*p*<0,05) was found in second group on day 8, in the first group such changes were found only on 14 day. It's mean to point that endothoxin level began to increase again, after the ivabradin stops. And makes up 0.85±0.01 e/l. CRP decreasing was found in all groups but in the second group it appears to be faster and makes up 8.6±0.07 mg/l.

**Conclusion:** At decompensated CHF patients faster decreasing of HR leads to faster increasing of EF and to faster reduction of oedema with decreasing of endothoxin translocation through gut wall.

##### P2-25

#### CORRELATION OF THE FRAMINGHAM RISK SCORE AND THE ANKLE BRACHIAL PRESSURE INDEX AMONG PATIENTS ADMITTED AT THE CEBU VELEZ GENERAL HOSPITAL

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**Context:** The American Heart Association recommends the estimation of patients' cardiovascular risks using the Framingham risk score (FRS). The ankle brachial pressure index (ABPI) is also an independent predictor of cardiovascular events. Unlike the FRS estimation which requires laboratory results, the ABPI is a simple, non-invasive procedure with a high patient acceptability.

**Objective:** To determine the correlation of the FRS and the ABPI.

**Design:** Analytical cross-sectional study

**Participants:** All patients admitted under the Internal Medicine service if they were 40 years old and above. Informed consent secured.

**Exclusion criteria:** CTD, pregnancy, fractures & amputation of one or more limbs, and ABPI of  $\geq 1.4$ .

**Methodology:** The subjects were individually interviewed through a risk survey form and FRS computed. ABPI was done by another researcher. Each researcher was blinded accordingly. Ethics approval was sought.

**Statistics:** The results were encoded using the SPSS version 10. Chi Square test was utilized to determine the association of the different cardiovascular risk factors and the ABPI. The relationship between the FRS and the ABPI was determined using the Pearson's correlation. After a linear correlation was established, the slope and y intercept were identified and the regression equation was devised.

**Results:** There were 412 patients enrolled in the study. Three patients were excluded because they had an ABPI of  $\geq 1.4$ . There was a good correlation between