P2.49: THE ASSOCIATION OF ARTERIAL STIFFNESS WITH ERECTILE DYSFUNCTION IN MIDDLE-AGED MEN WITH METABOLIC SYNDROME

N. Ioakeimidis, C. Vlachopoulos, D. Terentes-Printzios, A. Bratsas, K. Aznaouridis, A. Samentzas, K. Rokkas, C. Stefanadis


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P2.48 ARTERIAL HYPERTENSION AS A PROGNOSTIC FACTOR IN THE EARLY EVALUATION OF PATIENTS AFTER MYOCARDIAL REvascularization SURGERY
L. M. Pupi, M. Leonardi, E. Sampo.
Hospital de Clínicas “José de San Martín”, Buenos Aires, Argentina

Objectives: to see the prevalence and clinical evolution of hypertensive patients after myocardial revascularization surgery (MRS) in the Coronary Unit.
Methods: a retrospective study for the evaluation of the characteristics and the evolution, in the Coronary Unit, of 72 patients (pts) that underwent MRS.
Results: the prevalence of AHT before surgery was 88.8%, (61 treated with beta blockers, 51% ACEI, 12% received calcium antagonists and 15% diuretics). From the hypertensive pts, 60.6% presented AHT during the stay in the ICU (75.6% of men and 37.5% of women) (p = 0.004). In the ICU the pts with AHT were treated with nitroglycerin (NTG) in the 95.6% of the stay in patients with TIAs and CUI.
Conclusion: The study confirms clinical impact of carotid pathology alone or its association with other RF is under consideration. The changes of variables of hemorheology, lipids, blood pressure are related to other RF for CVD.

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P2.49 THE ASSOCIATION OF ARTERIAL STIFFNESS WITH ERECTILE DYSFUNCTION IN MIDDLE-AGED MEN WITH METABOLIC SYNDROME
1st Cardiology Department, Athens Medical School, Athens, Greece

Background: Erectile dysfunction (ED) has been considered as a clinical manifestation of a generalized arterial disease. Aortic stiffness and wave reflections are early markers of vascular changes associated with metabolic syndrome (MetS). We evaluated the possible association between aortic stiffness, wave reflections and ED in middle-aged patients with MetS.

Methods: Two groups of subjects with MetS (mean age: 48 years) were investigated: 75 men with ED of vascular origin and 55 men with normal erectile function matched for age, body mass index (BMI), systolic and diastolic blood pressure, heart rate and smoking habit. MetS was defined according to the ATP III criteria. ED diagnosis and score were evaluated according to the International Index of Erectile Function (IIEF) questionnaire. Carotid-femoral Pulse Wave Velocity (PWV) was measured as an index of aortic stiffness and radial Augmentation Index (AIx) as a measure of wave reflections.

Results: PWV was higher in patients with ED than in the control group (8.3±1.1 vs 7.9±0.8 m/s; P<0.05). Axs did not differ (24.3±10 vs 23.9±11%, P=NS). To analyze the independent predictors of IIEF score, a stepwise linear regression analysis was performed using age, BMI, blood pressure, waist circumference, lipid profile, hsCRP and fibrinogen as independent variables. IIEF was independently associated only with PWV (beta = -0.273, t = -3.136, P = 0.02).

Conclusion: In middle-aged subjects with MetS, the presence of ED is associated with a selective alteration of central PWV. This finding suggests that this group of patients may be at greater cardiovascular risk.

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P2.50 ENDOTHELIUM DYSFUNCTION IS THE RISK FACTOR FOR CARDIOVASCULAR EVENTS IN METABOLIC SYNDROME PATIENTS WITHOUT EVIDENCE OF CORONARY HEART DISEASE
O. Polikina, V. Vikentyev.
Moscow State University of Medicine and Dentistry, Moscow, Russian Federation

Background: Impaired function of endothelium has been reported to be the initial step in atherosclerosis and thus may be seen as either independent cardiovascular risk factor or a marker of a present underlying abnormality.
Materials: 302 metabolic syndrome patients were examined (aged 36.4±2.1 years, 55 males). Baseline examination included routine clinical examination, laboratory tests, cardiac ultrasound, ECG- and blood pressure monitoring. As endothelium-dependent vasoreactivity is advocated as a measure of vascular health, using a high-resolution ultrasound, the diameter of the brachial artery at rest and during reactive hyperaemia (endothelial-dependent flow-mediated dilatation, FMD) was measured. Group comprised 104 participants (37.0±3.6 years, 54 males), with endothelium dysfunction (ED) at baseline, FMD 189.2±19.7%. Control group included 198 patients without ED (35.8±2.6 years, 56 males), FMD 143.5±10.3%. Coronary heart disease (CHD) was excluded using coronary angiography or stress echocardiography. Follow-up assessments were performed at two and seven years (including stress echocardiography).
Results: At two years follow-up 36.5% of study group patients developed CHD comparing to 13.1% among the controls (RR = 2.78, Z2.6 years = 22.37); at seven years follow-up total CHD incidence was 0.865 for study group and 0.353 for controls (RR = 2.45, Z7 years = 71.71), fatal cardiovascular events were registered in 7.69% and 3.03% respectively (RR = 2.57, Z2.6 years = 3.325).

Conclusion: In patients with metabolic syndrome not having CHD endothelium dysfunction should be regarded as an independent risk factor.


P2.51 PRECLINICAL ATHEROSCLEROTIC DISEASE AND METABOLIC SYNDROME: A PREDIABETES STAGE?
P. Forcada1, C. Kotliar1, S. Obregón2, G. Millet1, J. Guerrieri1, O. Montana1, C. Schulte2, D. Turri1.
1 Hospital Universitario Austral, Pilar, Buenos Aires, Argentina
2 Clínica Dim, Buenos Aires, Argentina

Aim: In ESH/ESC 07 Guidelines, Metabolic Syndrome (MS) and subclinical vascular disease (VD) are stressed as important markers of high risk in asymptomatic subjects. We compared the severity of VD by ultrasonography in patients (p.) with MS and Diabetes Mellitus (DM) and control (C) p. to analyze the relationship between the metabolic condition and the severity of VD.

Methods: We did in the same procedure 1) CIMT 2) Plaques characterization, 3) PWV and 4) FMD with a strict quality control. We set a score (VS) from 0 to 5 according to the severity of the VD. The CV Risk using Framingham score (FS) was also obtained from medical records.

Results: We performed a cross sectional, observational study on 292 matched p., 125 C without dyslipemia or overweight, 138 with MS (according ATP III criteria) and 29 with DM.

1 Medical University, Sofia, Bulgaria
2 Military Medical University, Sofia, Bulgaria

Aim: The relationship between carotid pathology and risk factors (RF) in hypertensive patients for cerebrovascular disease (CVD).