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P10.8: CENTRAL BUT NOT BRACHIAL PRESSURE LINKED TO RBCS IN YOUNG NORMOTENSIVE INDIVIDUALS

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BP (SBP), augmentation index (Aix), pressure waves (forward- and backward-travelling), and reservoir and excess pressures were calculated from aortic pressure waveforms derived from suprasystolic brachial measurement.

Results: After adjustment for covariates, BMI and total cholesterol had positive relationships with various arterial function measures, including peak reservoir pressure and aortic SBP (all $P < 0.0001$). In a dose-dependent manner, frequency of heavy alcohol consumption (≥ 6 drinks/occasion) was positively associated with several waveform parameter levels, including excess pressure integral ($P = 0.0046$), backward pressure amplitude ($P = 0.030$), peak reservoir pressure ($P = 0.0009$) and aortic SBP ($P = 0.0001$). Smoking was associated with higher levels of various arterial function measures, including excess pressure integral ($P = 0.0008$), Aix ($P = 0.0012$) and aortic SBP ($P = 0.027$). All of these risk factors were positively related to brachial SBP ($P = 0.046$ to < 0.0001).

Conclusions: New lifestyle/cardiovascular risk factor variations in arterial function measures were identified. Our findings indicate that BMI, smoking, cholesterol and heavy alcohol consumption may contribute to higher central BP, elevated wave reflections and increased pressure associated with excess ventricular work. Implementing lifestyle interventions to reduce these factors may improve arterial function.

P10.7 CHARACTERISTICS OF CENTRAL HAEMODYNAMICS AMONG NIGERIANS: RESULT OF A PILOT STUDY

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Introduction: Central haemodynamics measured as central pulse pressure (CPP), augmentation pressure (AP) and augmentation index (Aix) have independent predictive value for cardiovascular events and mortality. There is no previous report on the properties of central arteries of healthy Nigerians. **Objectives:** To determine the clinical characteristics of central haemodynamics among Nigerians.

Methodology: In the framework of the ongoing Nigerian Population Research on Environment, Gene and Health (NIPREGH), we measured CPP, AP and Augmentation index adjusted to a heart rate of 75 beats/min (Aix@75) by applanation tonometry of the radial artery using SphygmoCor device.

Result: NIPREGH pilot population included 295 participants (47.1% women, mean age 40.6 years). Women as compared to men had higher AP (6.92 vs 4.35 mmHg; $p < 0.0001$), higher Aix@75 (18.96 vs 10.04; $p < 0.0001$) but similar CPP (30.65 vs 29.97 mmHg; $p > 0.05$). All arterial measurements increase with age. After adjustment for confounding variables, AP increases less with age in men ($p < 0.05$) than women whereas the relation of CPP ($p > 0.87$) and Aix@75 ($p > 0.07$) were similar in both sexes.

Conclusion: Obtained parameters provide preliminary insights into the properties of aorta in a healthy population of Black Africans of Nigerian origin.

P10.8 CENTRAL BUT NOT BRACHIAL PRESSURE LINKED TO RBCS IN YOUNG NORMOTENSIVE INDIVIDUALS

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Background: Large epidemiological studies confirm that brachial BP is positively related to red blood cell (RBC) count, hematocrit and hemoglobin. Despite several mechanisms being put forward, there are not yet a clear understanding on the interactions between erythrocytes and the arterial wall. Recent studies suggest BP lowering functions of RBCs by demonstrating that erythrocytes carry endothelial NO synthase, and that RBCs release ATP that triggers NO release. We assessed how central and brachial pressures, as well as arterial stiffness relate to RBC indices in healthy conditions within a young normotensive bi-ethnic population.

Methods: We included 328 black and white men and women aged 20-30 yrs. We performed full blood counts and assessed brachial (bSBP, DBP, Dinamap Procare 100) and central pressure (cSBP) and pulse wave velocity (PWV; Sphygmocor XCEL).

Results: Black participants (N=121) aged 25.2 yrs had higher bSBP (117/80 mmHg vs 113/77 mmHg) and cSBP (110 vs 105 mmHg) than white participants (N=207) aged 26.1 (all $p \leq 0.001$), with similar RBC counts ($p = 0.40$). In

multivariable-adjusted regression analyses cSBP related positively to RBC count in both groups (black: $\beta = 0.24$; $p = 0.045$; white: $\beta = 0.24$; $p = 0.006$) - not seen for bSBP (black: $\beta = 0.09$; $p = 0.36$; white: $\beta = 0.03$; $p = 0.68$). Only the black group showed independent associations of DBP with RBC count and hematocrit ($p \leq 0.002$), whereas PWV did not relate to RBC indices in any group.

Conclusions: We found that cSBP, but not bSBP, is positively associated with RBC count in a young normotensive bi-ethnic sample, suggesting that central haemodynamics may be more affected by increasing RBCs.

P10.9 INTERACTION BETWEEN STROKE VOLUME AND PERIPHERAL VASCULAR RESISTANCE IN DEFINING SYSTOLIC BLOOD PRESSURE IN YOUNG ADULTS

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Background: Isolated systolic hypertension (ISH) is the most common form of high blood pressure (BP) in young adults and is associated with elevated stroke volume (SV), especially in males. However, not all young adults with high SV have high systolic BP (SBP). We sought to examine the haemodynamic factors that distinguish between levels of SBP in individuals with high SV.

Methods: Detailed haemodynamic measurements including brachial BP, SV and peripheral vascular resistance (PVR) were available in 2671 individuals (1303 males) aged 18-40 years. Data were stratified by gender and tertile of SV. In a subset of 89 individuals (51 males), haemodynamic measurements were repeated prior to, during and after low-level exercise on a cycle ergometer.

Results: In males and females with in the highest tertile of SV, a higher PVR was associated with increased SBP ($P < 0.001$, males; $P = 0.003$, females). In addition, multivariable regression analyses showed a significant, positive association between SBP and the interaction between SV and PVR ($P < 0.001$), after adjustment for age and gender. A higher resting PVR was also associated with higher SBP during low-level exercise ($r = 0.3$, $P = 0.05$) and at 5 mins post-exercise ($r = 0.3$, $P = 0.02$) in males.

Conclusion: For a given level of SV, PVR distinguishes between different levels of SBP in young adults. PVR also appears to influence the SBP response to low-level exercise in males. The underlying mechanisms require further investigation.

P10.10 RISK FACTORS ACCELERATE VASCULAR AGING: RESULTS FROM THE CARDIOVASCULAR RISK FACTORS AFFECTING VASCULAR AGE (CRAVE) STUDY

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Objectives: Vascular aging, as assessed by structural and functional properties of the arteries, is an independent indicator of cardiovascular risk. We investigated the effect of cardiovascular risk factors (RFs) on the progression of vascular aging.

Methods: 142 subjects (mean age 51.9 ± 10.8 years, 94 men) with no established cardiovascular disease were investigated in 2 examinations over a 2-year period. Subjects were classified at baseline according to their number of cardiovascular RFs (from zero to two and more). The RFs were hypertension, dyslipidemia, smoking and diabetes. Subjects had at the beginning and end of the study determinations of carotid-femoral pulse wave velocity (cfPWV), aortic augmentation index corrected for heart rate (Aix75), brachial flow-mediated dilatation (FMD) and carotid intima-media thickness (cIMT). Based on these measurements the annual absolute changes were calculated.

Results: Subjects with more RFs had a gradual higher annual progression of cfPWV (0.089 m/s/year for no RF, 0.141 m/s/year for 1 RF and 0.334 m/s/year for more than 2 RFs; $p = 0.009$) after adjusting for relevant confounders. Annual progression of Aix75 was statistically different between groups when only subjects ≤ 55 years were considered (1.17%/year for no RF, 1.52%/year for 1 RF and 3.15%/year for more than 2 RFs, $p = 0.045$). Subjects with more RFs did not show an association with a gradual higher annual deterioration of FMD or cIMT. There was also a trend for a statistical association between the annual rate of PWV and FMD ($P = 0.07$)