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### **P5.27: INDAPAMIDE SR EFFECTS ON AMBULATORY BRACHIAL AND AORTIC PRESSURE IN HYPERTENSIVE PATIENTS**

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**Results:** With respect to bSBP, we observed a dipping phenomenon (decrease > 10%) in BH, but not in RH. In contrast, with respect to cSBP, no dipping was present in both groups, respectively. Heart rate was significantly lower at night-time in both groups. Daytime and night-time bPP did not differ in both groups, but cPP showed an increase at night-time in both groups. All measures of wave reflection increased at night-time in both groups.

**Conclusions:** Measuring 24h pulsatile central hemodynamic parameters using a cuff device is feasible and can lead to novel insights compared to brachial BP. Further studies should investigate the clinical value.

using the Rotterdam criteria. WI was assessed by simultaneous recording of diameter-derived pressure and flow velocity signals from the CCA. Local wave speed (by water-hammer equation) was used to separate forward and backward waves as previously described. Backward waves were indexed by the integral of the preceding forward wave to characterise reflections independently of energy originating in the LV. Other key measures included central pulse wave velocity (PWV) from radial applanation tonometry and LV systolic and diastolic function by echo.

**Results:** There were no between group differences in age, height, central PWV or echo measures of LV function.

	Control (n=44)	IR (n=41)	Control vs. IR p-value	PCOS+IR (n=58)	IR vs. PCOS+IR p-value
Waist (cm)	78.6	90.2	<.001	97.8	.012
HOMA-IR	1.2	3.5	<.001	4.0	.020
Testosterone (nmol/L)	1.0	1.1	.370	1.6	.002
Heart rate (bpm)	67.0	72.9	.012	75.8	.163
FCW (W/m <sup>2</sup> )	11.4	14.7	<.001	13.1	.089
BCW/FCWint. (W/m <sup>2</sup> )	40.9	46.1	.037	39.8	.005
FEW (W/m <sup>2</sup> )	2.3	2.9	.002	2.5	.020
FEW duration (ms)	71.7	84.4	.031	76.8	.256
Time to FEW (ms)	333.1	305.3	.001	319.6	.073

### P5.27

#### INDAPAMIDE SR EFFECTS ON AMBULATORY BRACHIAL AND AORTIC PRESSURE IN HYPERTENSIVE PATIENTS

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**Aim:** Ambulatory monitoring of central blood pressure (BP) is a new technique for evaluation of antihypertensive drugs efficacy. The aim of the study was to assess changes in ambulatory brachial and central BP after indapamide SR adjunction to treatment regimen in hypertensive patients.

**Methods:** Indapamide SR 1,5 mg was added to 21 hypertensive patients (9 male, age 62 years) with uncontrolled hypertension (clinic BP >140/90 mmHg, 24-h BP >130/80 mmHg and/or daytime BP>135/85 mmHg) after 8 weeks treatment with combination of an ACE inhibitor and a calcium channel blocker. ABPM was done before and after 4 weeks of indapamide SR adjunction with BPLab VASOTENS ("OOO Petr Telegin", Nizhny Novgorod, Russia) brachial oscillometric device which allows to derive aortic BP and augmentation index (Alx). Brachial and aortic BP changes were evaluated. p<0,05 was considered significant.

**Results:** Significant (p<0,05) decrease in 24-h, day- and nighttime BP after 4 weeks of indapamide SR adjunction was observed: for brachial systolic pressure, respectively, from 147±13 to 138±10, from 148±13 to 139±10, from 145±15 to 134±14 mmHg, for aortic systolic pressure, respectively, from 137±12 to 128±9, from 137±12 to 128±9, from 137±14 to 126±13 mmHg. Alx@HR75 bpm decreased significantly (p<0,05) also: 24-h Alx from 1,8±24,9 to -11,1±17,5%, daytime Alx from -2,3±25,6 to -15,7±18,1%, nighttime from 15,4±21,7 to 1,8±19,5%.

**Conclusion:** Indapamide SR adjunction to combination therapy with combination of an ACE inhibitor and a calcium channel blocker results in significant decrease in brachial and aortic systolic pressure as well as in decrease in aortic pulse pressure augmentation. Decrease in aortic pulse pressure augmentation is observed during both day- and night-time.

### P5.28

#### THE EFFECT OF INSULIN RESISTANCE ON VENTRICULAR-ARTERIAL COUPLING; INSIGHTS FROM SEPARATED WAVE ANALYSIS IN YOUNG WOMEN WITH AND WITHOUT PCOS

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**Objective:** Polycystic ovary syndrome (PCOS) is characterised by obesity and a high prevalence of insulin resistance (IR) but this may not translate into increased cardiovascular events. The energy and timing of waves in large arteries may be quantified by separated wave analysis from wave intensity (WI) signals. This study characterised ventricular-arterial coupling (VAC) in three groups of young women (i) control (ii) IR (iii) PCOS+IR.

**Method:** 143 women (16-45y) free from cardiovascular disease and diabetes were studied. IR was diagnosed if HOMA-IR was ≥2. PCOS was diagnosed

**Conclusion:** In those without PCOS, IR was associated with increased amplitude forward compression (FCW) and expansion (FEW) waves actively generated by the LV and proportionally greater amplitude reflected waves (BCW/FCWint.). Proposed mechanisms include enhanced sympathetic nervous system activity by elevated endogenous insulin levels or obesity. PCOS+IR subjects had waves with amplitudes that more closely approximated control values, despite a worse risk profile.

### P5.29

#### MUSIC TO MY EARS, HEART AND AORTA: THE EFFECT OF MUSIC LISTENING ON ARTERIAL STIFFNESS AND AORTIC HEMODYNAMICS OF YOUNG, HEALTHY VOLUNTEERS

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**Objectives:** Music has been correlated to cardiovascular health and used as additional therapy in patients with cardiovascular disease, however, few are known on the impact of music on arterial stiffness and central hemodynamics which are both predictors of cardiovascular risk. We investigated the effect of rock and classical music on arterial stiffness and wave reflections in young healthy people.

**Methods:** We studied 20 healthy individuals (22.5 ± 2.5 years, 10 males), free of cardiovascular risk factors except smoking (10%). Volunteers were studied on three different occasions and listened to a 30-minute music track (classical, rock or no music for the sham procedure). Carotid-femoral pulse-wave velocity (PWV) and pulse wave analysis were used to assess aortic stiffness and central hemodynamics. Measurements were made before, immediately after and 30 minutes after each track. Volunteers were classified as classical or rock music fans, according to their answers to a questionnaire. **Results:** Augmentation index (Alx) and augmented pressure (AP) were significantly decreased by both music genres compared to sham procedure with a maximum decrease noted immediately post music by 8.3% and 1,56 mmHg, respectively (all p<0.001). Music had no significant effect on PWV. Classical and rock music led to a more potent response in classical and rock fans, respectively (figure).

**Conclusions:** Both classical and rock music decrease wave reflection indices whereas they have no effect on aortic stiffness. Given the influence of wave reflections on cardiovascular performance and cardiovascular disease risk, our findings may have important implications for human health.

### P5.30

#### PHYSICAL ACTIVITY, ARTERIAL STIFFNESS AND OBESITY

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**Objectives:** To examine the role of physical activity in vascular stiffness and markers of adiposity and inflammation in "healthy" subjects.