

structure. Increased AT₁ receptor mRNA and protein. Decreased AT₂ receptor mRNA and protein express. valsartan improved left ventricular function ($+dp/dt_{\max}$ 1337 ± 226 mm Hg.s⁻¹; $-dp/dt_{\max}$ -871 ± 208 mm Hg.s⁻¹, compared with I/R group, all $p < 0.01$), increased coronary effluent ($4.2 \pm \Delta 0.7$ ml.min⁻¹, compared with I/R group, $p < 0.01$). Increased AT₂ receptor mRNA and protein express with no changes in AT₁ receptor mRNA and protein express.

Conclusions AT₁ receptor blockade valsartan induces short-term cardioprotection associated with enhanced AT₂ receptor expression during myocardial ischaemia reperfusion.

e0349 CLINICAL OBSERVATION ON DIFFERENT DOSAGE OF VALSARTAN IN TREATMENT OF HEART FAILURE

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Objective To explore the clinical value of different dosage of valsartan in treatment of chronic heartfailure (CHF).

Methods 99 patient s with CHF were randomly divided into three groups: benazepril group (group A, 10 mg/d), conventional dose valsartan group (group B, 80 mg/d) and high dose valsartan group (groups C, 80 mg/d, 2 times per day). Levels of Angiotensin II (Ang II), aldosterone (ALD) and brain nat riuretic peptide (BNP) were detected, and the changes of left ventricular ejection fraction (LVEF) were measured before and 6 months after treatment.

Results BNP, ALD, Ang II were decreased significantly in 3 groups ($p < 0.05$), while LVEF increased significantly ($p < 0.05$) after the treatment. Compared with those of group A and B, BNP and ALD were significantly decreased while LVEF was significantly increased after treatment in group C ($p < 0.05$). ALD in group B decreased significantly compared with that of group A ($p < 0.05$), while the other indexes were not significantly changed.

Conclusions Valsartan, similar to benazepril, reverses ventricular remodelling and improves cardiac function, high dose valsartan reverses ventricular remodelling and improves cardiac function more effectively than benazepril and conventional dose valsartan.

e0350 EFFECTS OF PROBUCOL ON ANTI-OXIDISING AND ANTI-INFLAMMATION IN PATIENTS WITH ACUTE CORONARY SYNDROME

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Objective To observe the effects of probucol on blood levels of oxidative low density lipoprotein antibody (oxLDL-Ab), high-sensitive C-reactive protein (hs-CRP) and interleukin-18 (IL-18) in patients with acute coronary syndrome (ACS).

Methods 81 patients with ACS were divided randomly into a Probucol treatment group (p group, n=41) and a routine treatment group (R group, n=40). OxLDL-Ab, hs-CRP and IL-18 were respectively measured in peripheral blood before therapy. The level of OxLDL-Ab was measured again after a 4-week treatment. The levels of hs-CRP and IL-18 were measured again after 1-week treatment. The frequency of typical angina of p group and R group in the last week of treatment was analysed.

Results The levels of oxLDL-Ab, hs-CRP and IL-18 were obviously lower in p group compared with R group after treatment ($p < 0.05$). The frequency of typical angina of p group in the last week of treatment was obviously lower than that of R group, and this was closely correlated with the decreased oxLDL-Ab values ($p < 0.05$).

Conclusion Probucol had anti-oxidant and anti-inflammatory action in patients with ACS.

e0351 RELATIONSHIP BETWEEN BRACHIUM-ANKLE PULSE WAVE VELOCITY AND 24HABPM, CONVENTIONAL BLOOD PRESSURE AND 24H ABPM IN PREHYPERTENSIVE SUBJECTS

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Objective To study the relationship between brachium-ankle pulse wave velocity and 24hABPM, conventional blood pressure and 24 hABPM in prehypertensive subjects.

Methods 210 subjects were enrolled with prehypertension. Conventional blood pressure, 24-h ABPM and baPWV were performed. The patients were divided into dipper and non-dipper according to the decrease rate of nighttime MBP.

Results 1) Conventional blood pressure was obviously higher than mean 24-h BP, mean daylight BP and mean nighttime BP ($p < 0.05$). Conventional SBP was correlated with mean daylight BP ($r = 0.431$, $p = 0.023$), and with mean 24-h SBP ($r = 0.282$, $p = 0.037$). Conventional DBP was related to mean daylight DBP ($r = 0.241$, $p = 0.0397$), and related to 24-h blood pressure ($r = 0.317$, $p = 0.018$). 2) baPWV was positive related to 24-h SBP, daylight SBP and PP, daylight and nighttime SBP load. 3) Conventional SBP was significant associated with daylight SBP ($r = 0.577$, $p = 0.022$) and 24-h SBP ($r = 0.611$, $p = 0.019$), and conventional DBP was significant related to daylight DBP ($r = 0.582$, $p = 0.184$) and 24-h DBP ($r = 0.693$, $p = 0.007$) in non-dipper prehypertensive patients. 4) baPWV was significant positive correlated with 24-h SBP, DBP, PP, daylight SBP, PP, SBP load, and nighttime SBP, PP, SBP load.

Conclusion There is a more value of 24-h ABPM in non-dipper prehypertensive patients than dipper prehypertensive patients. baPWV was closely correlation with 24-h SBP, daylight SBP and PP, daylight and nighttime SBP load in two groups.

e0352 EFFICACY AND SAFETY OF ALISKIREN IN CHINESE PATIENTS WITH MILD OR MODERATE ESSENTIAL HYPERTENSION

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To assess the antihypertensive efficacy and safety of aliskiren compared with ramipril in Chinese patients with mild or moderate essential hypertension.

Methods This is a double-blind randomised, multicenter, parallel group, active-controlled study. Following washout and single-blind placebo run-in period, 1147 patients with essential hypertension (mean sitting diastolic blood pressure [msDBP] ≥ 95 and 110 mm Hg) were randomised to receive either aliskiren 300 mg (n=288), 150 mg (n=284), 75mg (n=289) or ramipril 5 mg (n=286) for 8 weeks. Efficacy and safety were assessed at Week 2, 4 and 8 in treatment duration.

Results 994 (86.7%) completed the study. At week 8, aliskiren therapy produced greater mean blood pressure reductions compared with ramipril therapy. All aliskiren dose groups were statistically non-inferior ($p < 0.0001$) to ramipril group in reducing msDBP. Aliskiren 300 mg group also showed statistically significantly superior reductions in msDBP and msSBP compared to ramipril 5 mg group ($p = 0.0002$ and $p = 0.0073$, respectively). Blood pressure