

(BNP>80pg/ml) and B group (BNP<80pg/ml). The incidence of cardiovascular events during hospitalisation and at 6 months after PCI was analysed.

**Results** Cardiovascular events during hospitalisation in A group included 12 cases, of which 3 died, heart failure occurred in 7 cases; recurrence myocardial infarction and angina in 1 case. 6 months after PCI, there were 4 cases of patients with heart failure and angina occurred in 5 cases. In group B, there were 7 cases of cardiovascular events, 0 deaths, 5 cases of heart failure, angina occurred in 2 cases. Six months later, cardiovascular events occurred in 6 cases, non-cardiac death in 2 cases; heart failure in 3 cases and angina in one. Compared with B group, the incidence of cardiovascular events in A group was significantly higher during hospitalisation ( $p<0.01$ ), but no different at 6 months after PCI ( $p>0.05$ ).

**Conclusion** BNP concentration in patients with ACS at 48 h after PCI can only predict short-term prognosis, but cannot predict the long-term prognosis.

### e0383 BASELINE CHARACTERISTICS OF MYOCARDIAL INFARCTION SECONDARY PREVENTION STUDY IN TRADITIONAL CHINESE MEDICINE (MISPS-TCM)

doi:10.1136/hrt.2010.208967.383

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**Objective** To evaluate Qishenyiqi Dripping Pills (QSYQ) on the efficacy of secondary prevention of myocardial infarction, improvement the evaluation system of coronary heart disease in traditional Chinese medicine (TCM), and to further establish the research methods and corresponding technical specifications of evidence-based medicine in TCM.

**Method** MISPS-TCM, (a multicenter, large sample, central randomised system, double-blinded, double dummy and positive drug) controlled parallel trials conducted at 18 centers and 88 hospitals in China, which enrolled patients aged 75 years or younger with a history of AMI between 28 days to 2 years, and complicated with syndromes of Qi-deficiency and blood-stasis. The sample size estimated to be 3600 patients were randomly divided into two groups according to the ratio of 1:1, the treatment group taking QSYQ and aspirin simulation, and the control group taking aspirin and QSYQ simulation for 18 months. The primary endpoint was non-fatal reinfarction or stroke, or cardiac death, combined with angina pectoris and TCM symptom scores and the Seattle Angina Questionnaire.

**Results** From November 20, 2005 to October 16, 2008, 3505 patients with AMI were entered into the study: 1746 were assigned to QSYQ, and 1759 were assigned to aspirin. Final follow-up visits were conducted on April 20, 2010. The study had 2451 men (69.9%). The mean age was 58.3 (SD: 9.0). The mean duration was 9.5 months (SD: 7.2). Disease history: 44% patients had hypertension, 39% had hyperlipidaemia, 13% had diabetes, 12% had gastritis and so on. Drug treatment history: 80% were taking antiplatelet drugs, 72% taking nitrates, with  $\beta$  receptor blocking 45%, cholesterol lowering agents present in 41%, ACEI/ARB 38% and so on. The male ratio, height, smoking and drinking in QSYQ group were slightly lower than in aspirin, however, the other baseline characteristics bore no difference between the two groups, such as demographic information, diagnosis history, medication history, risk factors, angina and TCM symptom scores and the Seattle Angina Questionnaire.

**Conclusion** Baseline characteristics were well balanced between the two groups that for further analysis and evaluation.

### e0384 THE ANALYSIS OF CLINICAL AND CORONARY ANGIOGRAPHIC CHARACTERISTICS FOR PRE-MENOPAUSAL WOMEN WITH CORONARY HEART DISEASE

doi:10.1136/hrt.2010.208967.384

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**Objective** To analyse the clinical and coronary angiographic characteristics for pre-menopausal women with coronary heart disease in Jining City, Shandong Province.

**Methods** 85 female patients with pre-menopausal coronary angiography (CAG) were chosen in Jining First People's Hospital from May 1, 2001 to May 30, 2010. The patients were divided into Coronary Heart Disease (CHD) group and non-CHD group according to coronary angiography. According to  $\geq 50\%$  stenosis of coronary artery, the patients were divided into three groups: single vessel disease, double vessel disease and triple vessel disease. Risk factors for CHD and angiographic characteristics were analysed. WHO diagnostic criteria was used in the diagnosis of hypertension and diabetes.

**Result** 31 patients were diagnosed with coronary heart disease, 54 patients diagnosed with normal coronary artery. Comparison of risk factors between the two groups: patients with hypertension were 49.4% vs 31.0%, with diabetes were 14.3% vs 3.1%, hyperlipidaemia was 53.6% vs 25.1%, coronary heart disease risk factor's family history 37.8% vs 12.6%. Results were above target and there was a significant difference between the groups. The family history of coronary heart disease 27% vs 19.1% showed no difference between the two groups. Typical angina symptoms more common in CHD group, mainly those with acute coronary syndrome. Single-vessel disease, coronary artery disease are more common, with an occurrence rate of 70.97% (22/31), two vessel disease 19.35% (6/31), three vessel disease 0.97% (3/31). Anterior descending artery involvement is most likely occurring at a rate of 96.77% (30/31), lesion calcification was much lower in rate of occurrence due to the narrowing of the main limitations.

**Conclusion** Hypertension, diabetes, hyperlipidaemia and family history of coronary heart disease are risk factors. These risk factors are not as significant a risk factor in pre-menopausal women with coronary heart disease. Coronary artery disease occurs mainly in single-vessel disease. With the appearance of typical clinical symptoms of angina and multiple risk factors, especially a family history of pre-menopausal female patients, the possibility of major coronary heart disease is larger. For a clear diagnosis, CAG should be performed as soon as possible, in order to avoid misdiagnosis and missed diagnosis. For some patients Target lesion revascularization is necessary.

### e0385 ANKLEBRACHIAL INDEX AS A PREDICTOR FOR THE SEVERITY OF CORONARY ARTERY STENOSIS

doi:10.1136/hrt.2010.208967.385

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**Objective** To study the relationship between ankle-brachial index (ABI) and the severity of coronary artery stenosis.

**Method** This study enrolled 180 patients, who underwent coronary angiography and ABI measurement in addition to date collection regarding cardiovascular risk factors. They were divided into two