arrhythmia of the three groups were significantly difference. In the rest state, the ratio of abnormal myocardial perfusion segments in the three groups were statistically significant difference. The ischaemic myocardial area score group A was significantly higher than group B and group C, group B and group C were no significant difference. ERNA showed that LVEF in the three groups were statistically significant difference. Group A was significantly lower than group B, there were no significant difference between group B and group C, group A, group C differences were statistically significant illustrated the LVEF of group A was significantly lower than group B and group C.

Conclusion Glibenclamide would increase myocardial ischaemic area in patients with acute myocardial infarction and type 2 diabetes mellitus. Glibenclamide increases the possibility of malignant arrhythmias in the patients with acute myocardial infarction and type 2 diabetes mellitus.

e0414 LIPID LEVEL OF PATIENTS WITH ACUTE MYOCARDIAL INFARCTION UNDERGOING PRIMARY ANGIOPLASTY IS RELATED WITH PROGNOSIS

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Objective TO evaluate the correlation between acute lipids level and on-statins treatment lipids and 1 year major adverse cardiovascular and cerebrovascular events (MACCE), including cardiac death, ischaemic stroke, and recurrent myocardial infarction in patients with ST-elevation myocardial infarction (STEMI) undergoing primary percutaneous coronary intervention (PCI).

Methods Based on the LDL-C level within 24 h after admission, consecutive 624 patients with STEMI undergoing primary PCI were classified into the normal range of LDL-C<3.37 $mmol \cdot l^{-1}$ (n=380), the critical range of LDL-C 3.37~4.14 $mmol \cdot l^{-1}$ (n=159) or the elevated range of LDL-C>4.14 $mmol \cdot l^{-1}$ (n=85). Of these 624 patients, serum lipids levels of 335 patients after statins treatment for 4 weeks underwent follow-up in outpatient settings. Based on the results of follow-up, these 335 patients were divided into the targeted group (LDL-C<1.81 $mmol \cdot l^{-1}$, n=77) or the non-targeted group (LDL-C≥1.81 $mmol \cdot l^{-1}$, n=258). The end point was 1 year MACCE.

Results When compared between different lipid ranges (the normal, the critical and the elevated) of patients, the acute lipid level was not associated with the end points of cardiac death, ischaemic stroke, recurrent myocardial infarction, and MACCE (p=0.871, 0.568, 0.978, 0.587). After 4 weeks statins treatment, the LDL-C level achieved the goal in 77 patients (23.0%). The primary end point occurred in 1.3% of patients treated with LDL-C<1.81 $mmol \cdot l^{-1}$ group and in 7.4% in LDL-C≥1.81 $mmol \cdot l^{-1}$ group (p=0.034). Logistic regression analysis showed a significant relationship between acute triglyceride (TG) level and ischaemic stroke (OR, 1.226; 95% CI 1.068 to 1.407; p=0.004), and between LDL-C level after stain therapy and MACCE (OR, 1.788; 95% CI 1.091 to 5.233; p=0.039). Smoking history (OR, 0.136; 95% CI 0.016 to 1.115; p=0.036) and higher SYNTAX score (OR, 1.544; 95% CI 5.387 to 33.522; p=0.018) were predictors of 1 year MACCE in the patients with STEMI undergoing primary PCI.

Conclusions 1 year MACCE follow-up investigation in the patients with STEMI undergoing primary PCI suggested high on-treatment LDL-C level was a high risk of increased MACCE although acute lipid level was not associated with MACCE. This finding supports the concept that achieving low LDL-C levels is an important therapeutic parameter in statins-treated patients following STEMI and PCI.

e0415 THE CONTRAST RESEARCH IN SAFETY AND EFFICACY BETWEEN NADROPARIN AND DALTEPARIN BEFORE ELECTIVE PERCUTANEOUS CORONARY INTERVENTION

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Background To evaluate the contrast research in safety and effective time between nadroparin and dalteparin before elective percutaneous coronary intervention (PCI) in Chinese population. Investigating the relationship among anti-Xa activities APTT and ACT, and if it help to use nadroparin and dalteparin.

Methods A total of 101 consecutive patients undergoing elective PCI were randomised to either nadroparin (50 cases) or dalteparin (51 cases) group for procedural anticoagulation. According to description, the patients in nadroparin or dalteparin group were given nadroparin (0.01 ml/kg) or dalteparin (120 IU/kg) subcutaneously more than 48 h twice per day before PCI. Serial plasma anti-Xa activities ACT and APTT were measured before and after nadroparin and dalteparin were injected. Then coronary angiography (CAG) and PCI was performed. Bleeding complications were classified according to Thrombolysis in Myocardial Infarction (TIMI) criteria. All patients were monitored for anticoagulation before and after PCI and adverse events (ie, death, myocardial infarction, demands for revascularization) 30 days after PCI.

Results 101 patients were completed. 1. The proportion, plasma anti-Xa activities of patients in nadroparin or dalteparin group above 0.5 IU/ml, exceeded 92% after 4 h subcutaneous injection. The proportion descended to 74% and 36% in nadroparin group after 8 h and 12 h, 54.9% and 23.5% in dalteparin group, which descend more, but had no significantly difference compared with nadroparin group. After 24 h and 48 h, the proportion of plasma anti-Xa activities of patients in both groups are above 0.5 IU/ml, achieved steady state and exceeded 96.0%. 2. The plasma anti-Xa activities correlated with APTT significantly in both groups after 4 h 24 h and 48 h (p<0.01). The plasma anti-Xa activities hardly correlated with ACT, and have no difference in Statistics (nadroparin group p=0.075, dalteparin group p=0.093). 3. There were no adverse events in 30 days, and no significantly difference about bleeding events (6.0% vs 3.9%, p>0.05) between the two groups.

Conclusion The subcutaneous injection of nadroparin or dalteparin for anticoagulation in patients before elective PCI is safe and effective. Anticoagulation effects can be maintained for at least 8 h. APTT can response to the anticoagulation effects of nadroparin or dalteparin by subcutaneous injection. ACT cannot response to the effective anticoagulation effects of nadroparin or dalteparin by subcutaneous injection.

e0416 EFFECT OF CARDIOVASCULAR RISK FACTORS ON SECONDARY PERCUTANEOUS CORONARY REVASCULARIZATION

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Objectives An increasing number of patients undergoing percutaneous coronary intervention (PCI) have experienced previous revascularization procedures. However risk factors associated with secondary percutaneous coronary revascularization and their effect sizes were lack of research. The purpose of this large scale cross-sectional survey was to investigate quantitative effect of cardiovascular risk factors.

Methods Patients with coronary heart disease hospitalised in the Department of Cardiology of Beijing Anzhen Hospital whose disease was identified by angiography were consecutively enrolled