

Results The demographic information for 132 subjects showed that subjects with CAD tended to have more unfavourable lipoprotein variables. Genotype distributions at both sites were different between the CAD and control groups. The apo E gene alleles were associated with the plasma levels of lipids and lipoproteins (all $p < 0.05$); The control group had higher apo E ϵ_2 frequencies than the CAD group ($p < 0.001$) and " ϵ_2 " was significantly correlated with occurrence of CAD ($p < 0.001$).

Conclusion The results suggest that the apo E gene polymorphism do have influence circulating levels of lipids and lipoproteins and that individuals with apo E " ϵ_2 " are likely to have a reduced risk of developing CAD in northern Chinese.

e0302 EFFECTS OF XUEZHUKANG ON BLOOD LIPIDS AND THE LEVELS OF PLASMA ENDOTHELINS, THROMBOXANE B₂, 6-KETO-PGF_{1A} IN PATIENTS WITH PRIMARY HYPERLIPIDAEMIA

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Objective To observe the effects of Xuezhikang on blood lipids and the levels of plasma endothelins, thromboxane B₂, 6-keto-PGF_{1a} in patients with primary hyperlipidaemia.

Methods 120 patients with primary hyperlipidaemia were enrolled in this study, 82 males and 38 females, age 36–74 years old, average ages (55±9) years old. 12 weeks after taking Xuezhikang, the clinical effect and the effect on the level of plasma endothelins, thromboxane B₂, 6-Keto-PGF_{1a} were compared before and after the treatment, and the relation between blood lipids and ratio of plasma endothelins, thromboxane B₂ to 6-Keto-PGF_{1a} were analysed.

Results 12 weeks after treatment, the level of TG, cholesterol (TC), low density lipoprotein cholesterol (LDL-C) and apoB₁₀₀ decreased sharply ($p < 0.05$ – 0.001); the level of serum high density lipoprotein cholesterol (HDL-C) elevated ($p < 0.05$); ratio of plasma endothelins decreased sharply ($p < 0.001$); rate value of thromboxane B₂ to 6-Keto-PGF_{1a} before treatment was higher than health people but lower after treatment ($p < 0.01$). There were positive correlations between the decreased TC, TG, LDL-C and decreased ET-1, the ratio TXB₂/6-keto-PGF_{1a} ($r = 0.832$ – 0.963 , $p < 0.01$ – 0.001). The same positive correlation was found between the decreased ET-1 and the ratio of TXB₂/6-keto-PGF_{1a} ($r = 0.987$, $p < 0.001$).

Conclusions Plasma endothelins level and ratio of thromboxane B₂ to 6-Keto-PGF_{1a} increased in the patients with primary hyperlipidaemia. Xuezhikang not only effectively adjusted blood lipids level but also reduced plasma endothelins level and ratio of thromboxane B₂ to 6-Keto-PGF_{1a}.

e0303 SIGNIFICANCE OF OXIDISED LOW-DENSITY LIPOPROTEIN IN CORONARY ATHEROSCLEROTIC HEART DISEASE

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Objective In this study, control group are people with normal coronary arteries. This study is to discuss the relationship between LDL, OX-LDL and control group, SAP group, UAP group, AMI group and contraction of LDL and OX-LDL.

Methods Experimental group are 300 CHD patients without taking lipid-lowering drugs in one month who admitted in the department of cardiolyis from August 2008 to August 2009. They are divided into SAP group (100 cases), UAP group (100 cases), AMI (100 cases). The control group are 100 cases of patients who are randomly

selected and confirmed without CHD by coronary angiography in the same period in our department. Information includes gender, age, smoking, drinking, hypertension, diabetes, levels of LDL and OX-LDL. We analysis patients' basic information, the level and correlation of LDL and OX-LDL in control group, SAP group, UAP group and AMI group.

Results 1. There are no significant difference between control group and CHD groups in basic information ($p > 0.05$). 2. Concentration of LDL in CHD group is significant difference compared with control group ($p < 0.01$). Concentration of LDL in UAP group is no significant difference compared with SAP group ($p > 0.05$). Concentration of LDL in AMI group is significant difference compared with SAP group ($p < 0.01$). Concentration of LDL in AMI group is no significant difference compared with UAP group ($p > 0.05$). 3. Concentration of OX-LDL in CHD group is significant difference compared with control group ($p < 0.01$). Concentration of OX-LDL in UAP group is significant difference compared with SAP group ($p < 0.05$). Concentration of OX-LDL in AMI group is significant difference compared with SAP group ($p < 0.01$). Concentration of OX-LDL in AMI group is significant difference compared with UAP group ($p < 0.01$). 4. There is no correlation between concentration of LDL and OX-LDL in all groups ($p > 0.05$).

Conclusions 1. We confirm that LDL and OX-LDL are risk factors for CHD. There are no significant differences about the concentration of LDL in CHD groups, however, there is significant differences about the concentration of OX-LDL in CHD groups. The level of OX-LDL is in escalating trend. 2. There is no correlation between concentration of LDL and OX-LDL in all groups ($p > 0.05$) and OX-LDL play a more important role in the process of CHD. Compared with LDL, mensurating OX-LDL is more meaningful in the treatment and prevention of CHD.

e0304 LONG-TERM CORONARY HEART DISEASE RISK ASSOCIATED WITH VERY-LOW-DENSITY LIPOPROTEIN CHOLESTEROL IN CHINESE: THE RESULTS OF A 15-YEAR CHINESE MULTI-PROVINCIAL COHORT STUDY (CMCS)

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Aims Few studies have examined very-low-density lipoprotein (VLDL) cholesterol as an independent risk factor of coronary heart disease (CHD) or its combined effects with coexisting cardiac risk factors. The current study examined the association between VLDL cholesterol and the risk of future CHD events.

Methods and results This study reports the association of VLDL cholesterol level and long-term CHD risk, as well as the combined effects of VLDL cholesterol and LDL cholesterol with other cardiovascular disease (CVD) risk factors. The cohort comprises 30,378 participants aged 35–64 years from 11 Chinese provinces. All participants were followed up annually until 2007. We found 20% of the sample population had elevated VLDL cholesterol ≥ 30 mg/dl. Elevated VLDL cholesterol levels were found to increase CHD risk by 2.19–3.36 fold in people with LDL cholesterol within the normal range and presenting no other major risk factors. This effect was exacerbated in those with elevated LDL cholesterol levels, and further increased CHD risk in those displaying three or more risk factors. The population-attributable risk proportion (PAR%) of CHD associated with VLDL cholesterol was calculated to be 17.3%, higher than that associated with LDL cholesterol alone.

Conclusions In a large Chinese cohort, elevated VLDL cholesterol was found to be significantly associated with elevated CHD risk, similar to that observed with LDL cholesterol. CHD risk was further