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RELATIONS OF NT-PROBNP AND SHORT-TERM PROGNOSIS OF HEART FAILURE IN PATIENTS WITH ACUTE MYOCARDIAL INFARCTION

Yang Ming, Huang Zhenwen *Department of Cardiology, The First Affiliated Hospital, Zhengzhou University, Henan, Zhengzhou, China*

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Objective To investigate the relationship between serial NT-proBNP levels and short-term prognosis of heart failure in AMI patients.

Methods One hundred and ten patients with acute myocardial infarction were divided into two groups: heart failure group and non-heart failure group. The rapid plasma NT-proBNP levels were measured in all patients before treatment and at 24 h, 7 days after treatment. All patients were followed up after admission for 30 days.

Results At admission and at 24 h, 7 days immediately, there was significant difference between two groups. NT-proBNP levels in non-heart failure group showed no significant difference at admission and at 24 h, 7 days after admission ($p>0.05$), but NT-proBNP levels in heart failure group increased significantly at 24 h, 7 days after admission ($p<0.01$). UCGs showed that LVEF and LVEDD in no-heart failure group were better than in heart failure group at 7 days after admission. NT-proBNP level was negatively correlated to LVEF ($r=-0.393$, $p<0.01$), but positively correlated with LVEDD ($r=0.425$, $p<0.01$). NT-proBNP levels at admission and at 24 h, 7 days were markedly correlated to the occurrence of heart failure events ($p<0.01$).

Conclusion The plasma NT-BNP levels could be a predictor for occurrence of heart failure in AMI patients, and serial NT-BNP measurements are superior to a single BNP value obtained at baseline.