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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Sun Yueling, Chen Su, Tu Yuanchao. *Xinhua Hospital of Hubei Province*

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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Yan Kaili, Liu Hanhua, Sun Yueling, Chen Su, Tu Yuanchao. *Xinhua Hospital of Hubei Province*

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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Zhao Yingxin, Lu Fanghong, Liu Zhendong, Wang Shujian, Sun Shangwen. *Shandong Academy of Medical Sciences*

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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¹Sun Ningling, ²Zhu Junren. ¹People's Hospital Peking University; ²Zhongshan Hospital Shanghai

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

control rates (target blood pressure 90 mm Hg) were higher for aliskiren groups (300 mg, 52.46%; 150 mg, 49.82% and 75 mg, 45.91%) compared to ramipril (5 mg, 44.44%); and aliskiren 300 mg group was significantly superior to ramipril 15 mg group ($p=0.0359$). The overall incidence of adverse effects (AEs) was similar among the treatment groups. The ramipril group had at least a four times higher incidence of cough (6.0%) compared with the three aliskiren treatments (ranging from 0.4% to 1.4%).

Conclusion Aliskiren was well tolerated, and superior or non-inferior to ramipril in lowering BP in Chinese patients with essential hypertension.

e0353 PERIPHERAL PULSE WAVE VELOCITY AS SCREENING FOR SUBCLINICAL VASCULOPATHY IN RHEUMATOID ARTHRITIS

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¹Xu Ting, ²Woo Kamsang, ³Fang Yongfei, ⁴Huang Jing. ¹The Second Hospital of Chongqing Medical University; ²Department of Biochemistry, The Chinese University of Hong Kong; ³Department of Rheumatology, The Southwest Hospital of The Third Military Medical University; ⁴Second Affiliated Hospital of Chongqing Medical University

Objective This study aims to evaluate a noninvasive method for screening of early vasculopathy in high risk patients suffering from rheumatoid arthritis (RA).

Methods Brachial-ankle pulse wave velocity (baPWV) was measured in RA group ($n=132$) and age, gender, height-matched healthy volunteers ($n=132$). Vasculitis specific biomarkers, biochemical and immune indices were recorded in RA patients. Multiple regression analysis was performed in RA group to determine the independent predictors of baPWV. Echo-tracking technique was used to measure pressure elastic coefficient (E_p) and stiffness parameter (β) of brachial and posterior tibial artery in 25 RA patients and 48 matched controls.

Results The baPWV in RA group was significantly increased as compared with control group (15.0 [9.2–30.0] m/s versus 12.6 [9.6–16.0] m/s, respectively, $p<0.0001$). On multiple regression, baPWV correlated independently with age, heart rate, mean arterial pressure and perinuclear antineutrophil cytoplasmic antibodies (p-ANCA) ($R^2_{adj}=0.6868$, $p<0.0001$; $F=33.32$, $p<0.0001$; power=85%; $n=107$). The E_p (477.9 ± 138.1 versus 315.2 ± 111.9 KPa; $p<0.0001$) and β (34.90 ± 11.00 vs 24.99 ± 7.81 ; $p<0.0001$) of posterior tibial artery in RA group were significantly higher than those in control group. There were no significant difference in E_p and β of brachial artery between the two groups ($p>0.05$).

Conclusions There was a significant increase of baPWV, E_p and β of posterior tibial artery in RA group compared with control subjects, which related well to p-ANCA. BaPWV may provide a simple, noninvasive method for screening of early subclinical vasculopathy in RA patients.

e0354 ANGIOGRAPHIC CHARACTERISTICS OF PREMATURE CORONARY HEART DISEASE—ANALYSES OF SINGLE CENTER

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Gao Lijian, Chen Jun, Chen Jilin, Yang Yuejin, Qiao Shubin, Xu Bo, Li Jianjun, Qin Xuewen, Yuan Jinqing, Wu Yongjian, Chen Jue, You Shijie, Qian Jie, Dai Jun, Hu Fenghuan, Gao Runlin. *Fuwai Hospital*

Background There are no large-sample published reports prospectively or consecutively assessing the angiographic characteristics of premature coronary heart disease in China.

Objectives The present study was carried out to collect and analyse the clinical and angiographic characteristics in a single center.

Methods From April 2004 to April 2008, based on the screening condition of male <55 years and female (<65 years), we selected premature coronary heart disease from a dedicated database of coronary angioplasty registry of the Center for Diagnosis & Treatment of Coronary Artery Disease, Fuwai Hospital. They had been subjected to coronary angiogram due to the angina pectoris or asymptomatic myocardial ischaemia in coronary heart disease.

Results 4478 consecutive patients (3056 males, 1422 females), average age was (49.9 ± 7.0) years, were defined as coronary heart disease according to clinical manifestation and coronary angiogram. Patients with unstable angina pectoris (UAP), stable angina pectoris (SAP) and without angina pectoris were 2400, 1534 and 544, respectively. The proportion of coronary heart disease, hypertension, hyperlipidaemia, diabetic mellitus (DM), smoking history, prior myocardial infarction (MI), prior percutaneous intervention (PCI), coronary artery bypass graft and history of cerebrovascular diseases were 6.7%, 53.0%, 35.3%, 20.8%, 90.3%, 43.3%, 16.6%, 1.5%, 1.1%, respectively. The ratio of eccentric lesions, concentric lesions, chronic total occlusion lesions (CTO) and calcified lesions were 93.7%, 23% and 42.8%, respectively. Comparison between UAP and SAP, there was more MI, PCI, complex lesions (B2+C), eccentric lesions and calcium lesions among 3934 patients. There were more MI, PCI, DM, hyperlipidaemia, hypertension, cerebrovascular diseases, smoking, eccentric lesions complex lesions, angulated lesions and calcified lesions in male than that in female (all $p<0.05$).

Conclusions The ratio of sex and clinical findings are different in Chinese Premature coronary heart patients. There were more MI, PCI, complex lesions, eccentric lesions and calcified lesions in UAP group, comparison between sexes, there were higher incidences of hypertension, hyperlipidaemia, cerebrovascular disease and smoking history in male.

e0355 CLINICAL OUTCOMES OF PERCUTANEOUS CORONARY INTERVENTION WITH STENT KISSING BALLOON (SKB) TECHNIQUE IN OSTIAL LAD LESIONS

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Chen Jilin, Gao Lijian, Chen Jue, Wu Yongjian. *Fuwai Hospital*

Objective To explore a new technique (stent kissing balloon, SKB) for the treatment of special ostial LAD stenosis.

Methods From January 2008 to March 2010, 8 patients were enrolled to this study, the including entry criteria were left anterior descending artery (LAD) ostial stenosis $>70\%$, and with the angle between LAD and left circumflex artery (LCX) was less than 60° ; left main artery diameter was much larger than LAD ostial diameter (>1 mm), at same time LCX ostial without obvious stenosis lesions. The key point of procedure was as follows: firstly, the stent in LAD and the balloon in LCX should arrive at the positions simultaneously. Secondly, the proximal marker of the balloon was a little ahead of the proximal marker of the stent, then first release the stent with high pressure (12–14 atm) and at last inflate the stent and balloon simultaneously (final kissing with 8–10 atm). Follow-up was carried out by outpatient, phone calls or coronary angiography.

Results The patients average age was 54.4 ± 9.0 years, 6 was male, 2 was female, 3 patients with diabetes, four patients with hypertension, one patients with prior myocardial infarction, the characteristics of lesions was diffused in two patients and tubular in 6 patients. The average of diameter stenosis was $86\pm8\%$. All the patients accomplished clinical follow-up, average 590 ± 202 days (268–810 days), there was no major adverse cardiac events (including target lesion revascularization, myocardial infarction and all-cause death), four patients accomplished 6–8 angiographic follow-up. There was no in-stent restenosis in these four patients.