Subsequently subgroup analysis found that, in older subjects (≥ 60 years), the associations of carotid-femoral PWV and office PP with the levels of hsTnT were strengthened, whereas the associations of hsTnT with any of the arterial stiffness measures were not further present in younger group (< 60 years).

Conclusions Carotid-femoral PWV and office PP are associated with minimally elevated hsTnT levels in the older, indicating a relationship between central artery stiffness and subclinical myocardial damage.

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ARTERIAL STIFFNESS IS ASSOCIATED WITH MINIMALLY ELEVATED HIGH-SENSITIVITY CARDIAC TROPONIN T LEVELS IN A COMMUNITY-DWELLING POPULATION

Bai Yongyi, Luo Leiming, Xiao Wenkai, Xu Ruyi, Ye Ping *Chinese PLA General Hospital, Beijing, China*

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Objectives Arterial stiffness predicts an excess risk of future cardiovascular events, supposedly via myocardial damage. Minimally elevated levels of plasma cardiac troponin T (TnT), a marker of cardiomyocyte injury, can be detected by the recently developed, high-sensitivity TnT (hsTnT) assay. The current study aims to investigate the relationship between plasma hsTnT levels and the alterations in arterial stiffness in a community-based population.

Methods The authors related levels of plasma hsTnT to measures of arterial stiffness (carotid-femoral pulse wave velocity (PWV), office pulse pressure (PP) and carotid-radial PWV) in 1479 participants (mean age, 62.3 years; 619 men, 860 women) from a community-based population of Beijing, China.

Results In multiple logistic regression models, carotid-femoral PWV (OR: 1.84; 95% CI: 1.06 to 3.17; $p=0.028$) and office PP (OR: 2.02; 95% CI: 1.31 to 3.11; $p=0.002$) were associated with higher likelihood of detectable hsTnT. In addition, carotid-femoral PWV (OR: 2.34; 95% CI: 1.03 to 5.30; $p=0.042$) and office PP (OR: 2.30; 95% CI: 1.13 to 4.66; $p=0.022$) were found to be significantly related to higher risk of elevated hsTnT levels.