structure. Increased AT₁ receptor mRNA and protein. Decreased AT₂ receptor mRNA and protein express. valsartan improved left ventricular function \( (+dp/dt_{max} = 1337\pm226 \text{ mm Hg s}^{-1}) \), \(-dp/dt_{max} = 871\pm208 \text{ mm Hg s}^{-1}) \), compared with \( I/R \) group, all \( p<0.01 \), increased coronary effluent \( (4.2\pm0.7 \text{ ml.min}^{-1}) \), 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

doi:10.1136/hrt.2010.208967.349

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**Objective** To explore the clinical value of different dosage of valsartan in treatment of chronic heart failure (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), brain natriuretic 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

doi:10.1136/hrt.2010.208967.350

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**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 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 24hABPM IN PREHYPERTENSIVE SUBJECTS

doi:10.1136/hrt.2010.208967.351

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**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 MBF.

**Results** 1) Conventional blood pressure was obviously higher than 24-h BP, mean daytime BP and mean nighttime BP \( (p<0.05) \). Conventional SBP was correlated with mean daytime 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 daytime DBP \( (r=0.241, p=0.0397) \), and related to 24-h blood pressure \( (r=0.0317, p=0.018) \). 2) baPWV was positive related to 24-h SBP, daytime SBP and PP, daytime and nighttime SBP load. 3) Conventional SBP was significant associated with daytime SBP \( (r=0.577, p=0.022) \) and 24-h SBP \( (r=0.611, p=0.019) \), and conventional DBP was significant related to daytime DBP \( (r=0.582, p=0.184) \) and 24-h DBP \( (r=0.695, p=0.007) \) in non-dipper prehypertensive patients. 4) baPWV was significant positive correlated with 24-h SBP, DBP, PP, daytime 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 correlated with 24-h SBP, daytime SBP and PP, daytime and nighttime SBP load in two groups.

**e0352** EFFICACY AND SAFETY OF ALISKIREN IN CHINESE PATIENTS WITH MILD OR MODERATE ESSENTIAL HYPERTENSION

doi:10.1136/hrt.2010.208967.352

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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 500 mg (n=283), 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 500 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