**Objective**
To investigate the effect of the Polymorphism of cardiac sodium channel subunit α (SCNSA) gene on early repolarisation variant (ERV).

**Methods**
Using PCR direct sequencing technology, two single nucleotide Polymorphisms (SNP) of SCNSA gene, 1673 A>G and 3666 +69 G>C, was analysed by detecting genetic variation genotype and allele frequency distribution in 54 early repolarisation variant and 30 healthy subjects from the Beijing Municipal People’s Hostorial of Peking University and the Sixth Hostorial of Beijing.

**Results**
In the 1673 A>G locus, there is no significant difference in genetic mutation as well as allele frequency distribution between variant and healthy group. In 3666 +69 G>C locus, both of genetic variation genotype and allele frequency distribution in variant group are significantly different from control group (p < 0.05). In variant group, there is no statistical difference in sex, syncope and the J-wave elevation range.

**Conclusion**
3666 +69 G gene Polymorphism (G→C) may be associated with early repolarisation variant.

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**e0360**

**THE STUDY OF THE DIAGNOSTIC VALUE FOR ISCHAEMIA MODIFIED ALBUMIN (IMA)**

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**Objective**
To study the diagnostic value of ischaemia modified albumin (IMA) for unstable angina (UA).

**Methods**
The level of blood serum IMA of UA patient, stable angina (SA) patient and the non- coronary heart disease group (CHD) were detected by IMA reagent kit (Changsha YIKANG Technical Co. Ltd). To calculate the IMA diagnostic sensitivity, specificity, positive predictive value (PPV) and negative predictive value (NPV) of UA, IMA goes by albumin cobalt binding (ACB), IMA value was denoted by ABC value. The lower ABC value was, the higher free cobaltion IMA goes by albumin cobalt binding (ACB), IMA value was denoted.

**Results**
1. ABC value of UA group (72 patients) was 62.80 ± 26.94; SA group (43 patients) was 66.25 ± 8.43; non-CHD group (59 patients) was 76.13 ± 27.25. The ABC value in the UA group was obviously lower than the SA group and the non-CHD group (p < 0.01), but the SA group was not difference from the non-CHD group. 2. The ABC value in UA group within 6 h (43 patients) were obviously lower than that in the period from 6 to 12 h (29 patients) (p < 0.01), the latter was also obviously lower than the non-CHD group (p < 0.01). That indicated: The level of IMA in the group of UA patients within 12 h was obviously higher than the SA group and the non-CHD group (p < 0.01), which was more significantly higher within 6 h. 2. The area under curve (AUC) was 0.945, cutoff point was 66.3 ± 26.94, sensitivity of diagnosis of UA patient onset within 12 h was 91.67 %, the specificity is 82.05 %, PPV was 90.41 %, NPV was 84.21 %. That indicated : the sensitivity and PPV of IMA diagnosis of UA patient onset within 12 h were higher, the specificity and NPV were lower.

**Conclusion**
IMA becomes possibly the sensitive biochemical marker for myocardial ischaemia and is applied diagnosing UA in the earlier period.

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**e0361**

**EFFECT ON ELECTROLYTE TO COMBING APPLICATION OF CALCIUM CHANNEL BLOCKER (CCB) AND DIURETIC FOR GENERAL HYPERTENSIVES**

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**Introduction**
To evaluate the effects of low-dose applications of dihydropyridine (DHCT) and nitrendipine on blood pressure, heart rate, and serum electrolytes in hypertensives in Xinjiang agriculture-pasture region.

**Method**
Administer low dose DHCT two weeks of hypertensive disease in basic level region, according to blood pressure reach standard, combining nitrendipine (68 subjects), keep on low dose DHCT (67 subjects), follow-up visit for 3 months, to observe change of electrolytic and blood pressure (BP, heart rate (HR)).

**Result**
BF and HR decreased significantly after antihypertensive drug therapy compared with the baseline level each regimen (p < 0.05). According to the post-treatment by trimenon, Blood sodium of each regimen after antihypertensive drug therapy was lower than that before antihypertensive drug therapy, p < 0.05. There were no statistical differences in changes of electrolytic (Na⁺, K⁺, and Ca²⁺) between two regimens, p > 0.05.

**Conclusion**
They can lead to hyponatremia low dose regimen of DHCT and combinant nitrendipine towards to hypertensive disease in basic level region. But on the basis of low dose regimen of DHCT combining nitrendipine is not to further increase the electrolytic turbulence.