China, which enrolled patients aged 75 years or younger with a mised system, double-blinded, double dummy and positive drug).

**Method**

Evidence-based medicine in TCM.

**Results**

Cardiovascular events during hospitalisation and at 6 months after PCI was analysed.

**Conclusion**

S1 patients were diagnosed with coronary heart disease, 54 patients diagnosed with normal coronary artery. Comparison of risk factors between the two groups: patients with hypertension were 49.4% vs 51.0%, with diabetes were 14.3% vs 3.1%, hyperlipidaemia was 55.6% vs 25.1%, coronary heart disease risk factor’s family history 57.8% vs 12.6%. Results were above target and there was a significant difference between the groups. The family history of coronary heart disease 27% vs 19.1% showed no difference between the two groups. Typical angina symptoms more common in CHD group, mainly those with acute coronary syndrome. Single-vessel disease, coronary artery disease are more common, with an occurrence rate of 70.97% (22/31), two vessel disease 19.35% (6/31), triple vessel disease 0.97% (3/31). Anterior descending artery involvement is most likely occurring at a rate of 96.77% (50/51), lesion calcification was much lower in rate of occurrence due to the narrowing of the main limitations.

**Conclusion**

Hypertension, diabetes, hyperlipidaemia and family history of coronary heart disease are risk factors. These risk factors are not as significant a risk factor in pre-menopausal women with coronary heart disease. Coronary artery disease occurs mainly in single-vessel disease. With the appearance of typical clinical symptoms of angina and multiple risk factors, especially a family history of pre-menopausal female patients, the possibility of major coronary heart disease is larger. For a clear diagnosis, CAG should be performed as soon as possible, in order to avoid misdiagnosis and missed diagnosis. For some patients Target lesion revascularization is necessary.

**Objective**

To analyse the clinical and coronary angiographic characteristics for pre-menopausal women with coronary heart disease in Jining City, Shandong Province.

**Methods**

85 female patients with pre-menopausal coronary angiography (CAG) were chosen in Jining First People’s Hospital from May 1, 2001 to May 30, 2010. The patients were divided into Coronary Heart Disease (CHD) group and non-CHD group according to coronary angiography. According to ≥50% stenosis of coronary artery, the patients were divided into three groups: single vessel disease, double vessel disease and triple vessel disease. Risk factors for CHD and angiographic characteristics were analysed. WHO diagnostic criteria was used in the diagnosis of hypertension and diabetes.

**Result**

Baseline characteristics were well balanced between the two groups, such as demographic information, diagnosis history, medication history, risk factors, angina and TCM symptom scores and the Seattle Angina Questionnaire.

**Conclusion**

Baseline characteristics were well balanced between the two groups that for further analysis and evaluation.

**Objective**

To analyse the relationship between ankle-brachial index (ABI) and the severity of coronary artery stenosis.

**Method**

This study enrolled 180 patients, who underwent coronary angiography and ABI measurement in addition to date collection regarding cardiovascular risk factors. They were divided into two (BNP>80pg/ml) and B group (BNP<80pg/ml). The incidence of cardiovascular events during hospitalisation and at 6 months after PCI was analysed.

**Results**

Cardiovascular events during hospitalisation included 12 cases, of which 3 died, heart failure occurred in 7 cases; recurrence myocardial infarction and angina in 1 case. 6 months after PCI, there were 4 cases of patients with heart failure and angina occurred in 5 cases. In group B, there were 7 cases of cardiovascular events, 0 deaths, 5 cases of heart failure, angina occurred in 2 cases. Six months later, cardiovascular events occurred in 6 cases, non-cardiac death in 2 cases; heart failure in 3 cases and angina in one. Compared with B group, the incidence of cardiovascular events in A group was significantly higher during hospitalisation (p<0.01), but no different at 6 months after PCI (p>0.05).

**Conclusion**

BNP concentration in patients with ACS at 48 h after PCI can only predict short-term prognosis, but cannot predict the long-term prognosis.