

Methods 105 consecutive patients were enrolled into the study. Each patient was assigned to either insulin or glibenclamide group according to which treatment he accepted outside hospital regularly. Collected the basal clinical informations of all patients. One month after PCI all patients took SPECT to evaluate the condition of myocardial perfusion, and ERNA for LVEF.

Results The ratio of the patients with <TIMI III grade and the incidence of arrhythmia in the three groups were statistically significant difference. In the rest state, the ratio of abnormal myocardial perfusion segments in the three groups were statistically significant difference. The ischaemic myocardial area score group A was significantly higher than group B and group C, group B and group C were no significant difference. ERNA showed that LVEF in the three groups were statistically significant difference. Group A was significantly lower than group B, there were no significant difference between group B and group C, group A, group C differences were statistically significant illustrated the LVEF of group A was significantly lower than group B and group C.

Conclusion Glibenclamide would increase myocardial ischaemic area in patients with AMI and type 2 diabetes mellitus. Glibenclamide increases the possibility of malignant arrhythmias in the patients with acute myocardial infarction and type 2 diabetes mellitus.

e0411 EFFECTS OF SLEEP APNEA SYNDROME ON MYOCARDIAL ISCHAEMIA IN PATIENTS WITH CORONARY HEART DISEASE DURING NIGHT

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Objective 1. To investigate the relationship between sleep apnea syndrome (SAS) and myocardial ischaemic events in patients with coronary heart disease (CHD). 2. To compare the differences of age, gender distribution, coronary angiography results in CHD patients with and without SAS. 3. To compare the differences of C-reactive protein (CRP) and haemoglobin levels in CHD patients with and without SAS.

Methods 25 CHD patients with typical symptoms of angina and ECG changes were enrolled in this study. After overnight polysomnography (PSC), all the cases were monitored by portable device at night for 7 days in order to exclude the conditions that the cases did not sleep or had waked, apnea and hypopnoea events were recorded during 24: 00–4:00. Blood samples were collected 5–10 min after monitoring, and the levels of haemoglobin and C-reactive protein were examined.

Results 1. The incidence of myocardial ischaemia caused by apnea and low ventilation was significantly higher in CHD patients with SAS. 2. There were significant differences between the two groups in the decrease of oxygen desaturation and the increase of heart rate. 3. BMI in CHD patients was significantly higher in those with SAS. There were more multi-vessel lesions and long lesions in CHD patients with SAS ($p < 0.05$). The level of haemoglobin and C-reactive protein were much higher in CHD patients with SAS.

Conclusion 1. The incidence of SAS is much higher in patients with CHD, and the incidence of myocardial ischaemic events is higher in CHD patients with SAS. and the more serious respiratory disorders, the more easily myocardial ischaemia happens. With apnea related to myocardial ischaemia and oxygen reduction, has nothing to do with the heart rate. 2. Lesions of SAS in patients with coronary heart disease are heavier than Simple CHD group in coronary angiography. BMI of SAS in patients with coronary heart disease are high than Simple CHD group. 3. The levels of CRP and haemoglobin are higher in CHD patients with SAS.

e0412 OBSTRUCTIVE SLEEP APNEA SYNDROME IS ASSOCIATED WITH INCREASED RISK OF LOW-ANTIPLATELET RESPONSE OF CLOPIDOGREL IN PATIENTS WITH UNSTABLE ANGINA

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Objective To address the relationship between low antiplatelet response of clopidogrel and Obstructive Sleep Apnea Syndrome (OSAS) in patients with unstable angina pectoris.

Methods Total of 112 patients hospitalised with unstable angina pectoris from February 2008 to December 2009 were enrolled in this randomised consecutive study. All patients accepted routine treatment including clopidogrel, aspirin, low molecular weight heparin daily. Platelet aggregation (PAR) parameters were measured on samples obtained at baseline and 2nd, 4th, 6th day. All patients were examined for the presence of sleep-disordered breath into 4 quartiles by ApneaLink. The concentration serum adrenaline and norepinephrine were measured in the morning at 6 a.m. after the sleep study.

Result There were no significant differences in the baseline data in all 4 quartiles. However, there was a significant differences in the number of diabetes patients in the first quartiles, healed ($p = 0.0038$) compared with other quartiles. At day 2 PAR were inhibited to 63.91% of baseline ($p < 0.01$) and 88.38% ($p > 0.05$) of baselinctively, in the first quartile. At each of these time points, platelet activity was significantly higher than in patients in other quartiles. At day 6 platelet aggregation were reduced to 32.37%, and 29.75% of baseline respectively in group 2 through 4 ($p < 0.01$ for all). PAR was reduced significantly in patients in the second through fourth quartiles at day 6, but, it showed a lower reduction in the first quartile ($p > 0.05$). Compared with that in the severity of OSAS in the second and third were 25.0% and 14.3% ($p < 0.05$), only 3.6% in the fourth group ($p < 0.01$). Meanwhile, the concentration first group (60.7%), the mor n of serum adrenaline and nine were higher in the first quartile than others ($p < 0.05$).

Conclusion OSAS is aicator of low clopidogrel response in unstable angina patients, and higher concentration of epinephrine and norepinephrine in OSAS pa reliable ind tients plaorepinephry a more important role in this situation.

e0413 THE ADVERSE EFFECTS OF GLIBENCLAMIDE ON MYOCARDIA PERFUSION IN PATIENTS WITH ACUTE MYOCARDIAL INFARCTION AND TYPE 2 DIABETES MELLITUS

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Objective To assess the adverse effects of glibenclamide on the myocardium, for investigating more effective and rational therapy.

Methods 115 consecutive patients were enrolled into the study. All patients had clinical histories of acute myocardial infarction and losed the chance of thrombolysis and emergency PCI; Each patient was assigned to either insulin or glibenclamide group according to which treatment he accepted outside hospital regularly. The patients who took glibenclamide for group A, insulin for group B and diet for group C. Collected the basal clinical informations of all patients. One month after PCI all patients took SPECT to evaluate the condition of myocardial perfusion, and ERNA for LVEF.

Results The ratio of the patients with <TIMI III grade in the three groups were statistically significant difference. The incidence of