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 basic 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.

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 quartile, heale (p<0.005) compared with other quartiles. At day 2 PAR were inhibited to 63.91% of baseline (p<0.01) and 80.36% (p<0.05) of baseline 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 52.37%, 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 third of OSAS in the second and third were 25.0% and 14.3% (p<0.05), only 5.6% in the fourth group (p<0.01). Meanwhile, the concentratio first group (60.7%), the mor n of serum adrenaline and norepinephrine in the first quartile than others (p<0.05).

Conclusion OSAS is acator 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 MYOCARDIAL 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 losted 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 basical 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