The results showed statistically significant difference. Group A was significantly lower than group B, but had no significantly difference compared with nadroparin group. After 24 h and 48 h, the proportion of plasma anti-Xa activities correlated with APTT significantly in both groups after 4 h, 24 h and 48 h (p<0.01). The plasma anti-Xa activities hardly correlated with ACT, and have no difference in Statistics (nadroparin group = 0.075, dalteparin group = 0.093). There were no adverse events in 30 days, and no significantly difference about bleeding events (6.0% vs 3.9%, p=0.05) between the two groups.

Conclusion The subcutaneous injection of nadroparin or dalteparin for anticoagulation in patients before elective PCI is safe and effective. Anticoagulation effects can be maintained for at least 8 h. APTT can response to the anticoagulation effects of nadroparin or dalteparin by subcutaneous injection. ACT cannot response to the effective anticoagulation effects of nadroparin or dalteparin by subcutaneous injection.

**LIPID LEVEL OF PATIENTS WITH ACUTE MYOCARDIAL INFARCTION UNDERGOING PRIMARY ANGIOPLASTY IS RELATED WITH PROGNOSIS**

**Objective** TO evaluate the correlation between acute lipids level and on-statin treatment lipids and 1 year major adverse cardiovascular and cerebrovascular events (MACCE), including cardiac death, ischaemic stroke, and recurrent myocardial infarction in patients with STEMI undergoing primary percutaneous coronary intervention (PCI).

**Methods** Based on the LDL-C level within 24 h after admission, consecutive 624 patients with STEMI undergoing primary PCI were classified into the normal range of LDL-C (3.37 mmol/l^−1^) (n=380), the critical range of LDL-C (3.37 ~ 4.14 mmol/l^−1^) (n=159) or the elevated range of LDL-C (>4.14 mmol/l^−1^) (n=75). Of these 624 patients, serum lipids levels of 355 patients after statins treatment for 4 weeks underwent follow-up in outpatient setting. Based on the results of follow-up, these 355 patients were divided into the targeted group (LDL-C<1.81 mmol/l^−1^, n=77) or the non-targeted group (LDL-C≥1.81 mmol/l^−1^, n=278). The end point was 1 year MACCE.

**Results** When compared between different lipid ranges (the normal, the critical and the elevated of patients, the acute lipid level was not associated with the end points of cardiac death, ischaemic stroke, recurrent myocardial infarction, and MACCE (p=0.871, 0.563, 0.978, 0.587). After 4 weeks statins treatment, the LDL-C level achieved the goal in 77 patients (23%). The primary end point occurred in 1.3% of patients treated with LDL-C<1.81 mmol/l^−1^ group and in 7.4% in LDL-C≥1.81 mmol/l^−1^ group (p=0.034). Logistic regression analysis showed a significant relationship between acute triglyceride (TG) level and ischaemic stroke (OR, 1.226; 95% CI 1.068 to 1.407; p=0.004), and between LDL-C level after stent therapy and MACCE (OR, 1.378; 95% CI 1.091 to 5.233; p=0.039). Smoking history (OR, 0.136; 95% CI 0.016 to 1.115; p=0.036) and higher SYNTAX score (OR, 1.544; 95% CI 5.387 to 33.522; p=0.018) were predictors of 1 year MACCE in the patients with STEMI undergoing primary PCI.

**Conclusions** 1 year MACCE follow-up investigation in the patients with STEMI undergoing primary PCI suggested high on-treatment LDL-C level was a high risk of increased MACCE although acute lipid level was not associated with MACCE. This finding supports the concept that achieving low LDL-C levels is an important therapeutic parameter in statins-treated patients following STEMI and PCI.

**EFFECT OF CARDIOVASCULAR RISK FACTORS ON SECONDARY PERCUTANEOUS CORONARY REVASCULARIZATION**

**Objectives** An increasing number of patients undergoing percutaneous coronary intervention (PCI) have experienced previous revascularization procedures. However risk factors associated with secondary percutaneous coronary revascularization and their effect sizes were lack of research. The purpose of this large scale cross-sectional survey was to investigate quantitative effect of cardiovascular risk factors.

**Methods** Patients with coronary heart disease hospitalised in the Department of Cardiology of Beijing Anzhen Hospital whose disease was identified by angiography were consecutively enrolled.