Conclusions

with heart failure presented a positive correlation ($r = 0.82$).

The degree of heart failure ($r$) in patients of Group HFREF was positively correlated with the diagnosis of heart declines.


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Methods

ELISA method was used to detect ACT-A and BNP levels in serum of patients with CHF and the control group in our study.

Results

Serum ACT-A was in a state of high expression in patients with heart failure compared with the control group. The levels of serum ACT-A in Group HFREF, Group HFN and the normal control group (Group N) were (1.81±0.44), (1.36±0.28), (1.24±0.18) ng/ml, and the difference between every two groups was significant ($p<0.01$). The expression levels of serum ACT-A in patients of Group HFREF was positively correlated with the degree of heart failure ($r=0.75$). Serum ACT-A and BNP in patients with heart failure presented a positive correlation ($r=0.82$).

Conclusions

ACT-A is expected to be regarded as the effective clinical serology index, and has an important reference value to the diagnosis of heart declines.

**e0613** PLASMA MICRONA-361-5P AS A BIOMARKER OF CHRONIC HEART FAILURE

Chen Chen, Yang Shenglin, Wang Feng, Long Guangwen, Yang Xu, Chen Fuqiong, Wang Dao Wen, Tongi

Methods

Here we used array analysis of miRNA production in the plasma concentrations of patients with heart failure. The expression levels of serum ACT-A and BNP in patients with heart failure presented a positive correlation ($r=0.82$).

Conclusions

ACT-A is expected to be regarded as the effective clinical serology index, and has an important reference value to the diagnosis of heart declines.

**e0614** LV DIASTOLIC RELAXATION AND FILLING ASSESSMENT USING THE TIME INTERVAL BETWEEN MITRAL INFLOW AND MITRAL ANNULAR VELOCITIES

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Objective

The aim of our study was to evaluate the left ventricular (LV) function using the time intervals between peak mitral inflow and peak mitral annular velocities.

Methods

This study included 59 patients with heart failure, left ventricular hypertrophy (LVH) and ischaemic heart disease (age from 29 to 86 years old, mean age: 56 years), and 23 age-matched healthy controls (age from 30 to 50 years). According to the filling pattern, patients were classified into 2 groups: (1) impaired relaxation group and (2) restrictive filling pattern group. The measurements were: the time intervals from the R-wave on the ECG to the peak E-wave on the transmitral flow (TMF) (R-pE), to the peak E’-wave on the LV lateral wall of tissue Doppler imaging (TDI) (R-pE’); The time intervals from the onset of F-wave on the ECG to the peak A-wave on the TMF (F-pA), to the peak A’-wave (F-pA’) on TDI.

Results

EDTD and LDTD were significantly reduced in patients with heart failure compared with the control group respectively (20.6±28.3, 9.1±14.5 vs 34.5±22.3, $p<0.001$), (16.4±15.2, 3.5±22.6 vs 31.4±13.0, $p<0.001$).

Conclusions

EDTD and LDTD, which mean the LV relaxation and left atrial contraction, may be a useful new method to evaluate the LV diastolic function in patients with heart diseases.