**e0255** RELATIONSHIP OF ALCOHOL CONSUMPTION AND CAROTID ATHEROSCLEROSIS IN CHINESE HAN UIGHUR AND HAZAKH COHORT

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**Aim** The relationship between alcohol consumption and carotid atherosclerosis had been reported in some epidemiologic studies. But the results were conflicting in different researches. In the present study, we investigated the association between alcohol intake and carotid atherosclerosis in Chinese Han, Uighur, and Hazakh population.

**Methods and Results** The study population sample comprised 13 057 Chinese people (5277 Han, 4572 Uighur, and 3183 Hazakh) aged 35 years and over, who participated a Cardiovascular Risk Survey between June 2007 and September 2009. Daily alcohol consumption was determined by the number and frequency of alcoholic beverages consumed. The carotid artery parameters including common carotid artery intima-media thickness (CCA-IMT) and carotid plaques were measured using high-resolution B-mode ultrasonography. In Han or Hazakh, carotid IMT as a function of alcohol consumption was depicted as a J-shaped curve with a nadir for the alcohol intake category of 20 to 29.9 g/d. In Uighur, the similar curve with a nadir of 30 to 49.9 g/d was observed. For the prevalence of carotid plaques, we also observed the similar curves in Han and Hazakh but not in Uighur. After adjusted for the age, sex, blood pressure, body mass index, smoking, GLU, total cholesterol, HDL, and LDL, the J-shaped curves remain existance.

**Conclusions** Our results indicated that moderate drinking is a protective factor for carotid atherosclerosis. But the definition of moderate drinking should be different in Han, Uighur and Hazakh population.

**e0256** ALCOHOL CONSUMPTION AND ANKLE-TO-BRACHIAL INDEX

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**Aim** A low ankle-to-brachial index (ABI) is a strong correlate of cardiovascular disease and subsequent mortality. The relationship between ABI and alcohol consumption remains unclear.

**Methods and Results** Data are from the Cardiovascular Risk Survey (CRS), a multi-ethnicity community-based study of 14 593 Chinese people (5749 Han, 4747 Uighur, and 4097 Hazakh) aged 35 years and over at baseline in June 2007 to March 2010. The relationship between alcohol intake and ABI were determined by use of analysis of covariance and multivariable regressions. In men, a linear correlation over at baseline in June 2007 to March 2010. The relationship between ABI and alcohol consumption remains unclear.

**Conclusions** Our results indicated that in Chinese men, moderate drinking is a protective factor but heavier drinking is a risk factor for peripheral arteriosclerosis.
Methods 1307 in-patients with ST segment elevation ACS from 64 hospitals across China were received different therapies in hospitals and a standard questionnaire was used to get information of the patients including demographic, treatments and in-hospital outcomes. We analysed the status of application of reperfusion and aspirin, ACEI, β-blocker, LWMH, Clopidogrel and cholesterol lowering agents on ST segment elevation ACS patients.

Results 1. The were no significant differences in baseline characteristics between the patients from tertiary hospitals and that from the secondary hospitals. 2. 30.9%–69.4% received reperfusion therapies. 1.3%–62.7% received primary PCI, 1.9%–45.8% received Thrombolysis, and nearly 46.2% did not receive any form of reperfusion. Reperfusion therapy was more often used in tertiary hospitals (45.2%) than in secondary hospitals (64.6%). Thrombolysis was more often in secondary hospitals than that in tertiary hospitals (56.8% vs 14.6%) 3. Percentage of medications in ST ACS patients in different areas: aspirin (88.0%–98.6%), 6%, ACEI (60.5%–84.4%), β-blocker (55.8%–84.4%), LWMH54.2%–94.2%, Clopidogrel (14.3%–88.6%), cholesterol lowering agents Statins (19.1%–90.9%); 4. Major in-hospital events and death rates were significantly higher in secondary hospitals than in tertiary hospitals; 5. Mortality and congestive heart failure rate were significantly higher in patients with no reperfusion therapy compared to patients underwent reperfusion. The incidence of combined outcomes (death or MI, and death, MI or Stroke) was also higher in patients without reperfusion therapy. 6. Multivariate logistic regression analysis showed that age>75 years, hypertension, diabetes, reperfusion, aspirin, β-blocker, ACEI/ARB inhibitor use were associated independently with in-hospital mortality.

Conclusion In the most tertiary hospitals in China the application of medications being proved effective by evidence-based medicine in clinical practice is better than that of the secondary hospitals, but there is a big gap between guidelines and current management of ST segment elevation ACS in China, and the application status in China could be further improved.

IMPACT OF PSYCHOLOGICAL INTERVENTION ON NEGATIVE EMOTION AND LIFE QUALITY OF PATIENTS WITH ACUTE CORONARY SYNDROME

Objective To observe the impact of psychological intervention on patients' negative emotion and life quality with acute coronary syndrome (ACS).

Methods 80 patients with liver cancer were chosen in our hospital from January 2007 to December 2009, and randomly divided into experimental group (40 cases) and control group (40 cases), the follow-up assessment of psychological status and life quality were performed by taking symptom self-assessment form (SCL-90), self-rating depression scale (SDS), Self-Rating Anxiety Scale (SAS), Quality of Life Scale (ARES-5), and the targeted psychological intervention relayed on the basis of the initial results of assessment and intervention results were analysed to assess the differences between the two groups.

Results The patients with liver cancer compared with early poor mental health, anxiety, depression, obviously, the life quality significantly decreased; the initial results of the assessment were SDS (56.4±8.3) points, SAS (55.6±5.2) points, SCL-90 (1.9±0.4) points, CARES-SF (25.2±15.5) points. 1 month after intervention, the psychological status and life quality of patients than in a month ago has significantly improved, the scale scores were SDS (42.1±7.5) points, SAS (42.5±5.2) points, SCL-90 (1.4±0.3) points, CARES-SF (32.3±16.7) points, the scores were significantly difference (p<0.01 or p<0.05) between before and after psychological intervention. Therefore, the psychologically negative emotions (depression, anxiety, hostility, fear) in the test group after the intervention were significantly decreased (the first two p<0.01, both of p<0.05).

Conclusion Psychological intervention can effectively relief negative emotional and psychological stress and help to improve the life quality of the patients with acute coronary syndrome.

RELATIONSHIP OF PHYSICAL EXERCISE AND CHEST PAIN RECURRENT OF 2401 CORONARY ARTERY DISEASE (CAD) PATIENTS

Objective To study the relationship of physical exercise and chest pain recurrence of CAD, and if physical exercise could reduce rate of chest pain recurrence and improve quality of life.

Methods 64 hospitals across China mainland, involving 2401 patients, 50 out-patients with CAD in each hospital were included and standard questionnaires were used to get relative information on patients' demographic, physical exercise, chest pain recurrence et al. Results It existed significant differences between exercise and chest pain recurrence.

Conclusions Appropriate physical exercise could reduce rate of chest pain recurrence.