

**e0283 RESEARCH ON THE RELATIONSHIP OF ANXIETY SYMPTOMS TO THE QUALITY OF LIFE IN PATIENTS WITH ACUTE CORONARY SYNDROME**

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**Objective** Anxiety is thought to be a common symptom in patients who suffer from acute coronary syndrome (ACS). This study aims to present a general data about the anxiety symptoms in Chinese ACS patients, and evaluate the impact of anxiety symptoms on their quality of life (QOL).

**Method** We enrolled 454 Chinese patients with ACS from Shanghai, whose baseline data were obtained within 1 week after hospital admission. The subscale of Chinese version of the Hospital Anxiety and Depression Scale (HADS-A) and SF-36 were used to assess anxiety and their QOL, respectively. All the participants were divided into 2 main groups: HADa  $\geq 6$  (n=247) and HADa (0.05). The participants from non-anxiety group had a better QOL than anxiety group (p<0.01). Anxiety was negatively associated with the QOL (p<0.01). Logistic regression analysis didn't suggest inflammatory factor is an important risk factor for anxiety of ACS patients.

**Conclusion** The study confirmed the western notion that anxiety is a common psychosocial problem, which also applies to Chinese patients diagnosed with ACS. Anxious ACS patients have rather worse quality of life.

**e0284 INTRAVASCULAR ULTRASOUND (IVUS) CHARACTERISTICS OF PREMATURE CORONARY HEART DISEASE (CHD) PATIENTS WITH DIFFERENT RISK FACTORS**

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**Objectives** To observe lesion characteristics of premature coronary heart disease (CHD) patients with different risk factors by intravascular ultrasound (IVUS).

**Methods** Among 114 premature CHD patients examined by IVUS, quantitative method and qualitative method were adopted to analyse characteristics of coronary artery plaques, and to observe the proportion of different plaques, cross-sectional areas (CSA) surrounded by external elastic membrane, lumen CSA, plaque burden, lumen area stenosis rate and remodelling index of patients with different risk factors.

**Results** Among the CHD patients with traditional risk factors, there is no statistical difference except in lesion extent and minimum lumen diameter among those CHD patients with hypertension. The lesions are serious and higher ratio of lipid core to plaque among those CHD patients with diabetes. More soft plaques and mixed plaques are observed among those CHD patients with hyperlipidaemia. Lesion length and the ratio of lipid core to plaque were significant difference between premature CHD patients with hyperlipidaemia and control groups. There is no difference on lesion characteristics detected by IVUS between patients with and without family history of CHD. There are more soft plaques and mixed plaques in the premature CHD patients in current smoking group (the p value were <0.05). The lesions were more serious in current smoking patients than those without smoking patients. There were more ruptured plaques in diabetes group. Positive

remodelling is a common phenomenon in diabetes group, while more negative remodelling were observed in other groups.

**Conclusions** The ratio of lipid core to plaque tends to be higher in group with risk factors than that in group without risk factors. More ruptured plaques were observed among those CHD patients with diabetes. Therefore, these risk factors should be strictly controlled in primary prevention of CHD.

**e0285 ANALYSIS OF AETIOLOGY OF IN-PATIENTS FROM THE DEPARTMENT OF HYPERTENSION**

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**Introduction** Because some secondary hypertension would be cured by surgery or other special methods, it's important to diagnosis correctly aetiology of hypertension.

**Methods** Retrospective study was performed based on aetiology of in-patients with hypertension in department of hypertension of Xinjiang from September 1997 to December 2005. 2436 male and 2206 female, with average age was  $53.57 \pm 13.14$  were analysed.

**Results** (1) Of 4642 in-patients with hypertension, there were 85.24% of essential hypertension and 14.76% of secondary hypertension (SH). Higher prevalence rate of secondary hypertension were sleep apnoea syndrome (42.92%) and anxiety (15.04%). Highest prevalence rate of endocrine hypertension was primary aldosteronism (12.12%). (2) The male with hypertension was more than the female, the prevalence of essential hypertension (EH), sleep apnoea syndrome (SAS), primary aldosteronism (PA) in male were higher than those of female; the prevalence of anxiety, pheochromocytoma, renovascular hypertension in female were higher than those of male. (3) There was 21.9% of SH in youth and 9.85% of SH in older.

**Conclusion** For the youth, SH should be excluded, especially SAS and anxiety. The highest prevalence rate of endocrine hypertension was primary aldosteronism in youthful and middle aged male. The prevalence rate of pheochromocytoma in female was higher than those of male.

**e0286 ANALYSIS OF AETIOLOGY AND METABOLIC DISORDERS OF IN-PATIENTS OF 628 REFRACTORY HYPERTENSION**

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**Introduction** Patients with refractory hypertension (RH) were diagnosed by aetiology and treated correctly, which was helpful to control blood pressure and decrease case fatality.

**Method** Retrospective study was performed based on aetiology and metabolic disorders of 628 in-patients with RH in Department of Hypertension, People's Hospital of Xinjiang, from Sep 1997 to Dec 2005 (361 male and 267 female, average age  $55.93 \pm 13.06$  years).

**Results** (1) 80.10% of 628 in-patients with RH were essential hypertension, 18.95% of secondary hypertension (SH) and 0.95% of indefinite diagnosis. (2) 119 SH comprised 33.61% of renovascular hypertension, 15.97% of renal hypertension, 23.53% of OSAS, 13.45% of primary aldosteronism, 5.04% of pheochromocytoma.