**e0283**  
RESEARCH ON THE RELATIONSHIP OF ANXIETY SYMPTOMS TO THE QUALITY OF LIFE IN PATIENTS WITH ACUTE CORONARY SYNDROME  
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**Objectives**  
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 patient s 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 participant s were divided into 2 main groups: HADA ≥6 (n=247) and HADA ≤0.5. 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.

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**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 analyze characteristic 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.

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**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 treated correctly, which was helpful to control blood pressure and decrease case fatality.

**Results**  
(1) 80.10% of 572 in-patients with RH were essential hypertension, 18.95% of 4120 premature hyperobdension (SH) and 0.95% of 2005 diabetes (DM) were diagnosed.

**Conclusions**  
Anxiety is thought to be a common symptom in patients diagnosed with ACS. The highest prevalence rate of secondary hypertension was primary aldosteronism. More ruptured plaques were observed among those CHD patients with diabetes. Therefore, these risk factors should be strictly controlled in primary prevention of CHD.