Fewer prevalence of SH were aortic stenosis (1.68%), Cushing syndrome (2.52%), hyperthyroidism (0.84%), and hypothyroidism (3.36%). (3) There were 66.24% of dyslipidemia, 43.78% of abnormality of glucose. Highest prevalence of dyslipidemia was hypertriglyceridemia (41.8%). Diabetes and IGT were 28.6%, 15.19%, respectively. (4) The number of overweight and obesity with hypertriglyceridemia and diabetes were significantly higher than those of normal weight.

Conclusion SH should be filtrated in RH. Most RH complicated with Metabolic Disorders, it play an important role on therapy of RH to rectify Metabolic Disorders.

e0287 THE THERAPEUTICAL EFFECT OF THE ADIPOSE DERIVED STEM CELLS

doi:10.1136/hrt.2010.208967.287

Liu Qian, Wang Ke. *Deparment of Cardiology, The First Affiliated Hospital of Dalian*

Objective Ischaemic heart diseases, such as acute myocardial infarction, is the most important reason of heart failure. It has been thought that adult cardiac muscle cell is terminal differentiation and would not be regenerated. So now in the clinical, the myocardial ischaemia and other complications cannot be treated thoroughly. Stem cells have got a lot of attention because of the ability of self-renewal and multi-directional differentiation. Compared with other stem cells, an important clinical advantage of adipose tissue derived stem cells (ADSCs) is that they can be isolated in real time in sufficient quantity with small injuries, so the adipose tissue will have a potential perspective. The objective of this research is to discuss the therapeutical effect of the ADSCs on acute myocardial infarction.

Methods Ligated the left anterior descending coronary artery of the SD rats to make a model of acute myocardial infarction. The transplantated cells were isolated from the groin and the scapular adipose tissue of the eGFP mice. The ADSCs were transplanted into the infarction area of the experimental group (n=8) by injection but PBS with the same volume as the control group (n=8). Four weeks later, the heart function was measured with echocardiography. The infarction size and the thickness of the ventricular wall were measured by using Masson trichrome stain. All data were expressed as mean±SEM. Differences between groups were analysed for statistical significance by the independent sample t-test using SPSS Statistics 11.5. A p-value less than 0.05 denoted a statistically significant difference.

Results Compared with the control group, there were smaller infarction size (40.0±8.7% vs 79.3±27.1%, $p<0.01$), thicker wall (564.1±148.1 μm vs 189.7±70.0 μm, $p<0.01$) in the experimental group as well as the well improved echocardiographic functional parameters, LVESD: (0.34±0.17 cm vs 0.49±0.25 cm, $p<0.01$), LVEDD: (0.50±0.19 cm vs 0.61±0.27 cm, $p<0.05$), LVFS: [(31.5±1.8)% vs (19.4±1.4)%, $p<0.01$], LVEF: [(65.6±3.6)% vs (45.3±2.8)%, $p<0.01$].

Conclusion By injecting into the infarct cardiac muscle, the ADSCs have a positive effect to improve the reconstruction and the systolic and diastolic function in a rat model of acute myocardial infarction.

e0288 ANALYSIS OF THE RATE OF ACHIEVING GOAL BLOOD PRESSURE, BLOOD SUGAR AND BLOOD LIPID IN PATIENT WITH CORONARY ARTERY DISEASE

doi:10.1136/hrt.2010.208967.288

Li Yan-Fang, Cao Fang-Fang, Cao Xiao-Jing, Shi Shu-Tian. *Department of Cardiology, Anzhen Hospital, Capital Medical University, Beijing*

Objective To analysis the rates of goal blood pressure, blood glucose and blood lipid achieved in patients with coronary artery disease (CAD) who were diagnosed by coronary arteriography and to explore the effect of risk factors in CAD.

Methods 2916 cases with CAD were analysed retrospectively the levels of blood pressure, blood sugar and blood lipid when they were admitted to hospital, and the level of blood pressure when they discharged. According to goal values of guidelines, respectively, the effects of three risk factors on CAD were evaluated. By means of 130/80 mm Hg, the rate of goal blood pressure achieved was 28.4% (829/2916) when they were admitted, and the rate of goal blood pressure achieved was 87.5% (2552/2916) when they were discharged. By means of 140/90 mm Hg, the rate of goal blood pressure achieved was 65.8% (1918/2916) when they were admitted, and the rate of goal blood pressure achieved was 90.0% (2624/2916) when they were discharged. The rate of goal high density lipoprotein cholesterol (HDL-C) achieved, by means of >1.04 mmol/l, was 34.7% (672/2916) when they were admitted to hospital. The rate of goal low density lipoprotein cholesterol (LDL-C) achieved, by means of <2.59 mmol/l, was 54.3% (531/978) in high risk patients, and by means of <2.07 mmol/l, was 17.4% (338/1938) in very high risk patients. The rates of goal total cholesterol (TC) achieved, by means of <4.14 mmol/l, was 49.5% (484/978) in high risk patients, and by means of <3.11 mmol/l, was 5.83% (113/1938) in very high risk patients. The rates of goal triglyceride achieved, by means of <1.7 mmol/l, was 58.0% (1690/2916). There was 538 cases diabetic patients in CAD, occupying 18.5% (538/2916), diabetic diagnosis standard was fasting blood glucose >7.0 mmol/l. The rates of goal fasting blood glucose was 1.86% (10/538), by means of <6.0 mmol/l fasting blood glucose. There was 600 patients of fasting blood glucose impaired, by means of >5.6mmol/l and <7.0 mmol/l on fasting blood glucose, and diabetes together with fasting blood glucose impaired were 1138 cases, occupying 39.03% (1138/2916) in CAD.

Conclusion The rates of goal blood pressure, fasting blood glucose and blood lipid achieved in patients with CAD were low when they were admitted. Not only rate of goal fasting blood glucose was very low in CAD accompanying diabetic patients, and but also rates of goal TC and LDL-C achieved were low in CAD. The results show that the management of goal blood pressure, goal fasting blood glucose and goal blood lipid are very important in prehospital for secondary prevention of CAD.

e0289 ASSOCIATION OF LOW ANKLE-BRACHIAL INDEX WITH MORTALITY IN PATIENTS WITH ISCHAEMIC HEART DISEASE

doi:10.1136/hrt.2010.208967.289

[1]Zheng Liqiang, [2]Li Jue, [2]Hu Dayi, [3]Luo Yingyi, [2]Li Xiankai, Xu Yuanxi. *[1]Department of Cardiology, Shengjing Hospital of China Medical University, Shenyang, China; [2]Heart, Lung and Blood Vessel Center, Tongji University, Shanghai, China; [3]Shanghai Institute of Health Sciences, Shanghai, China*

Objective To find out whether a low ankle-brachial index can improve the prediction of and cardiovascular mortality on top of conventional risk factors remains unclear among patients with ischaemic heart disease. The present study was to assess the association between ankle-brachial index and mortality in Chinese patients.

Methods An observational prospective study was conducted in which 1,800 Chinese patients aged ≥35 years were followed-up from 2004 to 2007–2008.

Results There were 280 deaths, of which 165 were attributable to cardiovascular disease. Compared with patients with an ankle-brachial index ≥1.1, the risk of mortality increased linearly in lower ankle-brachial index categories: patients with an ankle-brachial index of 0.9 to 1.1, 0.7 to 0.9, <0.7 had HR of 1.60, 2.07, 3.08 for mortality and 1.89, 2.33, 4.09 for cardiovascular mortality (p for