Central China. At this interview, 68.2% outpatients were prescribed statins and 24.1% prescribed doses of statins were sub-minimal.

**Conclusion** There was a gap between Chinese patients with CHD prevention recommended in guidelines and that in the “real world.”

### INTENSIVE CHOLESTEROL LOWERING WITH SIMVASTATIN IMPROVES OUTCOMES OF PERCUTANEOUS CORONARY INTERVENTION IN PATIENTS WITH ACUTE CORONARY SYNDROME

**Methods** A total of 228 acute coronary syndrome (ACS) patients were randomly divided into standard statin group (SSG, n=115) and intensive statin group (ISG, n=113). Patients in SSG received 20 mg simvastatin and patients in ISG received 80 mg simvastatin for 7 days before PCI. TIMI grade frame count (CTFC) and TIMI myocardial perfusion grade (TMPG) of the intervened vessel were recorded before and after PCI. Plasma level of CK-MB and cTnI were measured before and 24 h after the procedure.

**Results** The CTFC after PCI showed significantly improved with less TIMI 0–1 patients in ISG compared with those in SSG (p<0.001). The CTFC was lower in ISG than SSG (p<0.001). TIMPG was also improved in ISG than SSG (p=0.001). Twenty-four hours after the procedure, although PCI caused significantly increase in CK-MB, the elevated CK-MB value was significantly lower in ISG than SSG (18.74±8.41 vs 21.78±10.64 p=0.018). Myocardial infarction was found in 4.4% of patients in SSG and 0.9% in ISG (p=0.018). No myocardial infarction was found. Among them, myocardial necrosis was detected in 13% of the patients in SSG, while 4.4% in ISG (p=0.021). Myocardial infarction was found in 4.4% in the patients in SSG and 0.9% in ISG (p=0.215).

**Conclusion** Intensive statin pretreatment for 7 days before PCI can further improve myocardial blood perfusion, protect myocardium from ischaemic injury.

### RELATIONSHIP OF POLYMORPHISM OF APOLIPOPROTEIN E ALLELES WITH CORONARY HEART DISEASE

**Methods** We studied 68 patients with CHD and 59 control subjects without CHD. Polymorphism of ApoE alleles were measured by PCR, Hhal enzyme digestion and polyacrylamide gel electrophoresis.

**Results** According to the ApoE allele combinations, ApoE2/2 and ApoE2/3 were similar (p>0.05). There were significant differences in gene frequency of apo E alleles between CHD and control group but HDL, apoA1 level of CHD group were higher than control (p<0.05); There were significant differences in gene frequency of apo E alleles between CHD and control group but HDL, apoA1 level of CHD group were lower than control; when compared between the E3 and the E4, the E2 frequency were related to coronary heart disease.

**Conclusion** ApoE gene polymorphisms affects serum TC, LDL-C, apoB and LP (a) levels in CHD and apoE allele E2 is a risk factor in the occurrence of CHD.

### THE RELATIONSHIP BETWEEN APOLIPOPROTEIN E GENE POLYMORPHISMS AND CORONARY ATHEROSCLEROSIS DISEASE IN THE NORTHERN CHINESE

**Background** Previous studies on the attribution of apolipoprotein (apo) E polymorphisms on the occurrence of coronary atherosclerosis disease (CAD) showed inconsistent results. Apo E is a constituent of lipoproteins with considerable variation due to cysteine-arginine exchanges. We investigated the relationship between apo E gene polymorphism and the occurrence of CAD in northern Chinese.

**Methods** The distributions of the Hhal polymorphisms of the apo E gene and blood lipids levels were determined among 152 Chinese subjects in relation to circulating lipids and coronary angiography.