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THE RISK FACTORS AND FOLLOW-UP ANALYSIS OF DIABETES MELLITUS COMBINE WITH HYPERTENSION PATIENTS

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Objectives To analyse the prevalence and risk factors of diabetes combine with hypertension in the Kailuan employees. To analyse

the prevalence and the incidence rate of hypertension in diabetic patients, and analyse the cardiovascular and cerebrovascular events and death after 5 years' follow-up.

Methods Carry out health survey for the Kailuan employees applying cluster sampling method during 2005–2006. 9298 diabetic patients were selected as research subjects. Using a combination methods of retrospective analysis and prospective study. Analyse the prevalence and risk factors of hypertension in diabetic patients. These patients were followed up for 5 years, then analysed the prevalence and incidence rate of hypertension, the cardiovascular and cerebrovascular events and death. Application Excel for databases and SPSS13.0 software for statistical analysis.

Results Among 9298 diabetes patients, hypertension prevalence was 26.0%. After univariate analysis and the Logist multivariate regression analysis, increasing age, female, smoking, more salt intaking habits, overweight, elevated level of triglycerides, elevated level of low density lipoprotein, reduced level of high density lipoprotein, elevated level of uric acid, metabolic syndroms were risk factors for diabetes patients with hypertension. Followed for 5 years, the prevalence of hypertension was 31.4%, new cases of hypertension were 495 people, the incidence rate of hypertension was 5.3%. In the patients of diabetes with hypertension, the incidence of myocardial infarction, cerebral infarction was significantly higher than normal blood pressure group. The occurrence of all-cause mortality and cardiovascular disease death rate was higher than normal blood pressure group.

Conclusions The patients of diabetes combine with hypertension were often associated with more cardiovascular disease risk factors, more prone to have cardiovascular and cerebrovascular events and death. We should further strengthen the comprehensive prevention to control and reduce cardiovascular and cerebrovascular events.