GW23-e1068

THE ROLE OF CAROTID INTIMA-MEDIA THICKNESS AND MICROALBUMINURIA ASSESSMENT IN CARDIOVASCULAR RISK EVALUATION IN PATIENTS WITH POLYVASCULAR ATHEROSCLEROSIS

doi:10.1136/heartjnl-2012-302920a.174

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Objectives To evaluate the relationship between CIMT, MA, atherosclerosis extent and CV event rates in patients with established atherosclerosis.

Methods Baseline mean-CIMT and MA was assessed in 149 polyvascular atherosclerosis patients with angiographic arterial stenosis ≥50%, who underwent revascularisation procedure in ≥1 arterial territory, and in 40 control subjects without significant lesions.

Results For CIMT≥1.38 mm (≥3rd quartile), the sensitivity and specificity of ≥3-territory involvement were 90.0% and 82.6%. MA≥6.85 mg/dl (≥3rd quartile), the sensitivity and specificity of ≥2-territory involvement were 54.9% and 83.3%. CV events occurred in 104 subjects. The Kaplan-Meier 2-year CV event-free survival was 93.9% and 95.7%; 95.7% and 89.6%; 73.9% and 72.3%; 59.6% and 66% in patients with mean-CIMT and MA values in the 1st; 2nd; 3rd and 4th quartile. The multivariable Cox proportional hazard model identified: mean-CIMT ≥1.38 mm (RR=1.83; CI 1.049 to 3.196; p<0.001), MA≥6.84 mg/dl (RR=0.99; CI 0.576 to 1.703; p<0.001). Inclusion of CIMT into the stratification model significantly improved the prediction of CV event risk ($\Delta\chi^2$=7.098, p<0.001) whereas the impact of the MA is not significant ($\triangle\chi^2$=0.002, p<0.001).

Conclusions In patients undergoing revascularisation procedure (s), CIMT has an important and independent contribution to further CV risk stratification. The mean-CIMT value ≥1.38 mm is associated with 1.8-fold increased risk of adverse CV events and the MA value ≥6.85 mg/dl is associated with nearly 1-fold increased risk of adverse CV events.