was associated with increased mortality only among patients with LVEF<40%. Deaths due to arrhythmias and worsening HF contribute to the substantial mortality of patients with LVEF<40% and may be targets for future interventions in this population.

Body mass index, at any age, was not significantly associated with stroke.

Conclusions: Body mass index was not associated with risk of first or recurrent stroke in this population of primarily older persons.

887FO-3 Prediction of First Stroke in Older Men and Women Without Atrial Fibrillation or Valvular Heart Disease
Teresa S. Tung, Marion E. Barnes, Kent R. Bailey, James B. Seward, Mayo Clinic, Rochester, MN, Canada

Background: Stroke is a major cause of disability and mortality in the elderly. Accurate risk stratification is pivotal for containment of this major public health problem.

Methods: The study included residents of Olmsted County, Minnesota, who underwent echocardiography between 1990-96 and at the time were ~65 years of age, in sinus rhythm, without valvular or congenital heart disease, prior stroke or atrial tachycardia. Linear and echocardiographic characteristics were retrieved from medical records. Left atrial volume, indexed to body surface area (LAVI) was measured offline. Multivariable Cox proportional hazards models for prediction of stroke were developed. The relative hazards associated with successively higher quartiles of age-adjusted left atrial dimension (LAD) and LAVI were determined with Cox proportional hazards modeling, starting from a 'saturated model' and an assumption that a change in risk occurred with each quartile increment. The least significant jumps were deleted in succession until all terms were significant at p<0.05.

Results: Amongst 1459 patients (mean age 72±7 years; 38% male) who met the study criteria, incident stroke occurred in 102 patients (7%) over mean follow-up time of 4.2±3.3 years. Univariate predictors of stroke were age, hypertension, heart failure, myocardial infarction (MI), diabetes mellitus (DM), carotid artery disease, transient ischemic attack (TIA), LAVI, LAD, left ventricular (LV) wall thickness, and LV fractional shortening.

Conclusions: LAVI is a powerful independent predictor of first stroke in older adults. It appears to be superior to LAD in the discrimination of stroke risk, even among the lower quartiles of LV size distribution, and thus may allow better stroke risk prediction and prevention.

11:15 a.m.

887FO-4 Platelet Function in the Elderly: The Difference Between Stable and Unstable Angina
John R. Gibbons, Ross E. Anderson, Kevin P. Bilden, Paul A. Gurbel, Sinai Center for Thrombosis Research, Baltimore, MD; Johns Hopkins University School of Medicine, Baltimore, MD

Background: The functional status of platelets in older patients with acute coronary syndromes (ACS) may be reduced, in contrast to increased platelet activity seen in stable older subjects. Methods: Platelet functional status was assessed using light-transmittance aggregometry with ADP and flow cytometric assay of platelet surface membrane markers in 55 patients presenting with ACS and 41 patients presenting with stable angina each of whom had demographic and medication data recorded. Multiple regression analysis on each platelet function variable was used to define independent predictors. Results: Patients ranged in age from 38 to 72 years with a mean of 66. Aggregation was found to decrease with advancing age, but only among the ACS patients. In multivariate analysis, age was the best predictor of decreased aggregation (Beta=-0.588, F=3.53, p<0.001) among the patients with ACS. Age was also the best predictor of decreased platelet labeling with FITC-CD63, an antibody against CD63, an exosome marker (Beta=-0.561, F=2.276, p<0.001) and of decline in platelet surface P-selectin (Beta=-0.442, F=2.240, p<0.001). Age did not predict total GPIIb/IIIa expression in either ACS or stable patients, nor platelet-leucocyte aggregates (co-labeling with antibody to CD 151 and CD 14). Conclusion: In older patients with ACS there is decreased platelet activity at presentation, indicated by an age-related decrease in ADP aggregation and decreased platelet surface expression of the active conformation of GPIIb/IIIa and of platelet-leucocyte aggregates, suggests a complex interaction between age and platelet physiology. Decreased activation of GPIIb/IIIa in older patients with ACS may relate to the observed increase in hemorheologic complications in the elderly following IIB/IIIa inhibitors therapy, as well as thrombolytic therapy, and suggests a rationale for age-adjusting the dosage of these drugs.

11:30 a.m.

887FO-5 Reduced Aortic Distensibility and Congestive Heart Failure Among the Elderly in a Population-Based Study: The Cardiovascular Health Study
Dawne E. Nies, John S. Gottdiener, Gerard P. Aurigemma, Alice M. Arnold, Cheryl Egger, Karen Fowlie, Jeffrey C. Hill, Wake Forest University School of Medicine, Winston Salem, NC, St. Francis Hospital, New York, NY

Background: Thoracic aortic distensibility (AOD) decreases with aging and is a major determinant of left ventricular afterload. Several lines of evidence suggest that age-related reduction in AOD may play a role in heart failure (HF) in the elderly, the majority of whom have preserved systolic function. Methods: We examined AOD by echocardiography in a case-control analysis of 857 participants (pts) (438 HF pts and 419 controls) in the population-based Cardiovascular Health Study. Results: Pts were 76±6 years old (range 66-99), and 52% were women. Age-adjusted mean (± se) AOD was 1.30 ± 0.08 x 10^-3 in pts with subclinical CVD, 0.83 ± 0.14 x 10^-3 in pts with established CVD but not HF, and 0.77 ± 0.08 x 10^-3 in pts with HF (p<0.001, difference across groups). Thus, there was a stepwise decrease in aortic distensibility with increasing CVD burden. The reduction in AOD was similar in HF pts with preserved vs. reduced systolic function. Reduced AOD was significantly associated with prevalent HF (at the time of the echo) and was a significant predictor of the development of incident HF over 3 years of follow-up (odds ratio 1.3 per std dev for both, confidence limits 1.1-1.5, p<0.01, adjusted for age and gender). When the components of AOD were examined in prior analysis models, mean aortic change velocity (MVCM) emerged as the best predictor of HF that was independent of pulse pressure. Conclusion: Aortic distensibility is reduced among elderly pts with either diastolic HF or systolic HF and is a significant predictor of incident HF. Aortic stiffening may play a role in the development of HF in the elderly.

11:45 a.m.

887FO-8 Elderly Patients Have Better Functioning, Less Angina at One Year With Coronary Artery Bypass Graft
Karen P. Alexander, Barbara Lytle, Yun Li, Eric Peterson, Duke Clinical Research Institute, Durham, NC

Background: Elderly pts risking CABG or PCI are concerned with quality as well as quantity of life. Yet, there is limited empirical data regarding longitudinal functional outcomes in elderly pts. Methods: We evaluated 1,058 pts aged >70 yrs (mean 76 yrs) with significant CAD at cardiac catheterization from 8/96 to 4/01 at Duke. We compared baseline and 1 yr status