aged 60.2±8.0 in average. Mortality was obtained from routine statistics and median follow-up was 7.2 years. The association of adiponectin with mortality was determined by a co proportional hazard model.

**Results:** Adiponectin (mean: 5.6±4.3 microg/mL) was significantly associated (p=0.001) with RHR (mean: 63.8±11.9 beats/min) and LVEF (median: 55%, p=0.001) but not with the severity of coronary lesions (Gensini and Jeopardy scores). After multivariable adjustment for age, tobacco consumption, physical activity, history of diabetes, hypertension and dyslipidaemia, waist girth, ApoA1, length of CHD and severity scores, adiponectin remained significantly associated with mortality HR: 1.05 (1.01-1.09), p=0.008. In people with RHR ≥61.5 beats/min and LVEF <40% HRs increased significantly from 2.70 (0.93-7.84) when adiponectin was below median (4.4 microg/mL) to 7.29 (3.60-14.7) when it was above. The increased risk was similar when RHR was below 61.5 microg/mL and LVEF below 40% (from 2.66 (0.73-9.77) to 6.80 (2.48-18.6)) or in men with RHR ≥61.5 microg/mL and LVEF ≥40%, although the strength of the relationship was smaller (from 1.22 (0.59-2.51) to 2.79 (1.43-5.41)).

**Conclusion:** High adiponectin levels were associated with long term mortality in French men suffering from CHD after multivariable adjustment. This prognostic value remains significant whatever the severity of CHD.

### 315

**Framingham risk score for coronary heart disease is elevated in Tunisian psoriatic patients**

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**Background:** Patients with psoriasis would be exposed to a high risk of atherosclerosis. This study aimed to assess ten-year cardiovascular risk for coronary heart disease in Tunisian psoriatic patients and to test the role of psoriasis severity and duration on cardiovascular risk.

**Methods:** A case-control study included 202 psoriatic patients and 216 healthy controls. Risk of coronary heart disease was estimated using the Framingham risk score algorithm.

**Results:** Psoriatic patients had higher ten-year Framingham risk score (12.7±3.81 vs. 7.45±6.66; p<0.001) than controls. Besides, a high risk score (20% to 40%) was more frequent in psoriatic patients compared with controls (18.3% vs. 6.5%; p<0.001) and a very high risk (>40%) was noted in 5.9% of psoriatic patients versus 0% in controls. The cardiovascular risk trend to increase with severity of psoriasis (10.5±±11.22, 14.3±±13.97 and 15.4±±16.26 for low, high and very high risk respectively). But, no relationship was found with duration of psoriasis.

**Conclusion:** Tunisian psoriatic patients have significantly greater risk of developing coronary heart disease than controls. The more severe is the psoriasis; the higher the risk. Patients with psoriasis should be closely followed for cardiovascular disease and preventive measures specific interventions should be initiated according to guidelines in psoriatic patients.

### 316

**Resting heart rate in first year survivors after myocardial infarction and long term mortality: a community study**

Patricia Jabre [Orateur] (1), Veronique Roger (2), Frederic Adnet (3), Benoît Vivien (4), Susan Weston (2), Xavier Jouven (5)


**Purpose:** Elevated resting heart rate (HR) during the hospitalization for acute myocardial infarction (MI) is an independent predictor of mortality. However, there is no study that ascertained HR at early follow-up visit after the introduction of beta blockers (BB), during the first year after MI. Thus, our aim was to evaluate the prognostic impact of resting HR at early follow-up visit after MI in first year survivors, independently of BB use.

**Methods:** In an MI incident cohort (1983-2007), resting HR at early follow-up (range 1 to 12 months) after MI was retrieved from an ECG database. First year survivor patients were followed from MI until death or last follow-up. The patient’s population was divided into 5 categories according to the HR level. Proportional hazards regression examined the association of HR with mortality after adjustment for confounders, particularly BB.

**Results:** The mean follow-up of the 1587 included MI patients in sinus rhythm (mean age 65±14 years, 62% men) was 9 years with 627 deaths. Patients with elevated HR had a worse baseline risk profile. Elevated HR at early follow-up was associated with an increased risk of death (table). In patients taking or not BB, similar results were obtained (table).

**Conclusion:** Elevated resting HR at early follow-up visit after MI identifies patients at increased risk of death, independently of BB use. This knowledge may help physicians to identify high-risk subjects easily.

**Resting HR at early follow-up (in BPM) in First Year Survivors after MI and Death (Adjusted Hazard Ratio (95% CI)*):**

<table>
<thead>
<tr>
<th></th>
<th>All (n=1587)</th>
<th>BB at hospital discharge (n=1131)</th>
<th>No BB at hospital discharge (n=456)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HR&lt;60</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>60&lt;HR&lt;70</td>
<td>1.5 (1.2-1.9)</td>
<td>1.5 (1.1-2.0)</td>
<td>1.5 (1.0-2.3)</td>
</tr>
<tr>
<td>70&lt;HR&lt;80</td>
<td>1.6 (1.3-2.1)</td>
<td>1.4 (1.0-1.9)</td>
<td>1.9 (1.2-2.8)</td>
</tr>
<tr>
<td>80&lt;HR&lt;80</td>
<td>2.1 (1.6-2.7)</td>
<td>1.8 (1.3-2.7)</td>
<td>2.2 (1.4-3.5)</td>
</tr>
<tr>
<td>HR&gt;90</td>
<td>2.2 (1.7-2.9)</td>
<td>1.9 (1.3-2.9)</td>
<td>2.5 (1.6-3.9)</td>
</tr>
</tbody>
</table>

*Adjusted for age, sex, body mass index, smoking status, hyperlipidemia, hypertension, heart failure, reperfusion/revascularization procedures, comorbidity as measured by the Charlson index. Adjustment also for BB at discharge in All population.

### 317

**Prevalence and determinants of electrocardiographic abnormalities in sub-Saharan African individuals with type 2 diabetes**

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**Aims:** Recommendations of the African Type 2 Diabetes Practice Guide line for the use of electrocardiogram in the monitoring of people with diabetes are non-specific. We assessed the prevalence and determinants of electrocardiographic abnormalities in people with diabetes in two referral centers in Cameroon.

**Methods:** A total of 420 patients with type 2 diabetes (49% men) receiving chronic care at the Douala General and Yaounde Central hospitals were included. Electrocardiographic abnormalities were investigated and related to potential history, clinical and biological determinants with the use of logistic regression models.

**Results:** The mean age and median duration of diagnosed diabetes were 56.7 years and 4 years respectively. The main (prevalence – %) electrocardiographic abnormalities were: T waves alterations (20.9%), atrial fibrillation (16.4%), ischaemic heart disease (16.2%), conduction defects (11.9%), QTc prolongation (10.2%) and ectopic beats (4.8%). Blood pressure variables (systolic, diastolic and pulse pressure) were consistently associated with all abnormalities. Diabetes specific factors were associated to some, but not all abnormalities.