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GW26-e1403

Relationship between Adiponectin and different clinical types of Coronary heart disease
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OBJECTIVES Cathepsin L (CATL) is a kind of papain family of homocysteine proteolytic enzymes in the form of enzymes, and stored in the lysosome. It can produce the risk of cardiovascular diseases in human, which of the mechanism is not fully established. Higher CATL concentration is associate of cardiovascular events. So, for the past few years, scholars pay more attention to the factor. There is not plenty of studies in China, however, in west countries, there are adequate evidences from animal and human studies. But the role of CATL in coronary heart disease remains to be established and need further more researches to confirm.

METHODS Coronary angiography (CAG) was performed in 64 hospitalized patients suspected as having coronary heart disease (CHD). Patients who were confirmed with CHD were internalized to CHD group (n=64); and non-CHD group as control group (n=26). The CHD group were further divided into 3 subgroups, they: were stable angina pectoris(SAP, n=27); unstable angina pectoris(UAP, n=23) and acute myocardial infarction(AMI, n=14). Enzyme linked immunosorbent assay were made use of to detect the mass of CATL and the concentration of hs-CRP. The corresponding data was analyzed by SPSS 17.0 software.

RESULTS (1) Plasma CATL concentration in CHD group are higher than in the control group (4543.16±1444.29 vs 1654.16±154.16 mg/mL, P<0.05); plasma CATL mass in SAP were higher than in control group (2942.74±820.62 vs 1654.16±154.16 mg/mL, P<0.05); Plasma CATL mass in UAP were higher than SAP group (5479.38±485.60 vs 2942.74±820.62 mg/mL, P<0.05); Plasma CATL mass in AMI were higher than in UAP group (6091.70±485.60 mg/mL, P<0.05); Plasma hs-CRP concentration in SAP group are higher than control group (4.14±0.29 vs 2.88±0.22 mg/L, P<0.05); Plasma hs-CRP mass in SAP were higher than in control group (4.16±0.54 vs 1.44±0.29 mg/L, P<0.05) Plasma hs-CRP mass in AMI group are also higher than SAP group (6.00±0.90 vs 4.16±0.54 mg/L, P<0.05) (2) CATL was closely related in Gensini score (r = 0.39, P < 0.05). (3) Plasma CATL concentration was Positively correlated with TC, TG, and non-correlated with high blood pressure. hs-CRP was not an independent risk factor for coronary heart disease, but CATL had an independent relationship with coronary heart disease.

CONCLUSIONS 1. Relation of plasma CATL concentration to the subgroups of CHD: CATL density were gradually increase from SAP, UAP to AMI; The trend may mention that CATL may be a productive factor. 2. Relation of plasma hs-CRP concentration to CHD: the subgroups of CHD group, hs-CRP density were gradually increase from SAP, UAP to AMI; The trend may mention that CATL may be a damage factor. 3. There were positive correlation between plasma CATL concentration and plasma hs-CRP concentration.

GW26-e2405

A cohort study of early cardiologist consultation by telemedicine on the critical Non-STEMI inpatients
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OBJECTIVES To find out the more effect of early cardiologist consultation using a simple technology on the diagnosis and early proper management of patients with Non-STEMI at emergency department of district hospitals without cardiologist on site before transferred.

METHODS A cohort study was performed in Udonthani general hospital at Udonthani province. From 1 October 2012 - 30 September 2013 with 892 patients diagnosed with Non-STEMI. All patients mean aged 46.8 years of age who had been transferred because of Non-STEMI diagnosed, over a 12 week period of studied. Patients whose transferred to emergency department of district hospitals without cardiologist consultation with average time to Udonthani hospital 1.5 hour. The main outcome measure was length of hospital stay, mortality at 3 months, impatient investigation, and transfer rate to the higher facilitated hospital were also studied.

RESULTS Hospital stay was significantly shorter for those didn’t consult cardiologist (hazard ratio 1.19; approximate 95% CI 1.001 to 1.251; p = 0.039). The 136 cases were transferred to higher facilitated hospital. No statistically significant in overall mortality between the groups (p = 0.068).

CONCLUSIONS Early cardiologist consultant can reduce length of hospital stay for patients with cardiovascular conditions outside of cardiac center. The new basic technology can apply for the safety patient.

GW26-e3602

Effect of different intervening models in improving medication adherence of ACS patients: Results from the Bridging the Gap on CHD Secondary Prevention in China (BRIG) project
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OBJECTIVES Medication of four evidence-based drugs, including anti-platelet agent, statins, β-blockers and angiotensin converting enzyme (ACE) inhibitor can effectively improve the prognosis of patients with acute coronary syndrome (ACS). The study aims to evaluate the outcome of the intervening measures (the handout of the promotional materials and/or publicity and education about secondary prevention from nurses) for hospitalized ACS patients in improving post-discharge medication adherence of ACS patients.

METHODS Thirty-four hospitals from 21 provinces in China participated in this study. All the hospitals were randomly divided into four groups: one control group (Group 1) who received routine care and three intervention groups. Group 2 was provided with the promotional materials, and Group 3 got the publicity and education about secondary prevention from nurses, and Group 4 received the combined intervention measures of Groups 2 and 3. The ACS patients of three intervention groups were interfered in hospitalization. All the ACS patients were followed up for 6 months after discharge.

RESULTS Two thousand two hundred and forty-four patients were included for analysis after the four groups went through Propensity Score Matching.

1) Among the use of four evidence-based medicines for secondary prevention, the administration rates of anti-platelet, statins, ACEI/ARB and the combination of the four medicines were 98.3~94.9%, 93.0~88.6%, 60% and 45.9%, respectively.

2) The follow-up of ACS patients conducted at 6 months after discharge displayed that, the medicine adherence rates in Groups 3 and 4 were higher than that in Group 1 and the differences were statistically significant. A multiple-factor analysis indicated that the combined intervention group had the highest medicine adherence rate, and the administration rate of the combination of the four medicines was 19% higher than that of the control group (P<0.05). The control rate of LDL-C <100mg/dl at six months after discharge was the highest (69.6%) in the combined intervention group. Control rates of blood pressure <140/90mmHg in Groups 3 and 4 were higher than that in Group 1, and had statistical differences. The control rate of blood pressure <140/90mmHg in Groups 3 and 4 were higher than that in Group 1, and had statistical differences.

CONCLUSIONS Combined intervening measures of the handout of promotional materials and the publicity and education about secondary prevention from nurses during hospitalization can improve post-discharge medication adherence of ACS patients. Combined intervention plays a better effect compared with the handout of promotional materials or the publicity and education about secondary prevention from nurses alone. This method is simple and easy to perform and would give a positive reference to the medication adherence for secondary prevention drugs of the current coronary heart disease in China.

GW26-e0189

Intra-aortic balloon pump is irrelevant to the short and long term mortality rate of patients with acute myocardial infarction
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OBJECTIVES Intra-aortic balloon pump (IABP) has been extensively used in clinical practice as a circulatory-assist device. However, the role of IABP has been doubted since its first application in the early 1960s. Current literature demonstrates wide inconsistency of the indications for IABP utilization and outcomes. The aim of our current updated meta-analysis was to assess the potential benefits of