group and ticagrelor group in the percentages of patients with ADP-induced platelet inhibition ratio <30% (1.2% vs 8.2%, P < 0.05). There were significant differences between clopidogrel group and ticagrelor group in the percentages of patients with ADP-induced platelet inhibition ratio <50% (29.4% vs 10.6%, P < 0.05). There were also significant differences between clopidogrel group and ticagrelor group in the percentages of patients with ADP-induced platelet inhibition ratio >75% (41.8% vs 69.4%, P < 0.05).

CONCLUSIONS ① Ticagrelor had greater inhibitory effect on the patients with ACS after PCI than Clopidogrel. ② Higher residual platelet activity (HRPA) phenomenon also can be seen in the ticagrelor treatment patients, although that is even more in clopidogrel treatment patients.

GW26-e1002  A Meta-analysis of Randomized Clinical Trials of Dual Antiplatelet Therapy in Patients with Drug-Eluting Stent Implantation
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OBJECTIVES The purpose of this study was to perform a meta-analysis comparing short-term versus long-term dual antiplatelet therapy (DAPT) to identify the optimal duration of DAPT in patients with Drug-Eluting Stent (DES) implantation.

METHODS This study included 15,870 patients from 7 randomized clinical trials (RCT) comparing short-term DATP (S-DAPT) versus long-term DATP (L-DAPT) following drug-eluting stents. We examined the odds ratio (OR) and 95% confidence intervals (Cls) of clinically significant bleeding (CSB) and stent thrombosis as primary endpoints. Myocardial infarction, stroke, cardiovascular mortality and all-cause mortality were evaluated as secondary endpoints.

RESULTS Compared with L-DAPT, S-DAPT had a decreased risk of CSB (OR: 0.57 [95% CI: 0.40 to 0.81]; p < 0.01). The rates of stent thrombosis (OR: 1.20 [95% CI: 0.77 to 1.88]; P > 0.05), myocardial infarction (OR: 1.13 [95% CI: 0.88 to 1.44]; P > 0.05), stroke (OR: 0.88 [95% CI: 0.53 to 1.46]; P > 0.05), all-cause mortality (OR: 0.99 [95% CI: 0.72 to 1.36]; P > 0.05) and all-cause mortality (OR: 0.93 [95% CI: 0.74 to 1.18]; P > 0.05) were similar.

CONCLUSIONS S-DAPT for treatment in patients with DES implantation is associated with a significant reduction of CSB compared with L-DAPT.

GW26-e4591  The lowering lipid efficacy of low-dose simvastatin and ezetimibe compared to high-dose simvastatin alone: A meta-analysis
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OBJECTIVES The ezetimibe/simvastatin combination tablet and high-dose simvastatin monotherapy represent two major options for treatment of patients with hypercholesterolemia. The lowering lipid effect of direct comparative studies between ezetimibe/simvastatin (10/10mg) and high-dose simvastatin(40mg or 80mg) therapies have not been reported. To evaluate whether low-dose simvastatin/ezetimibe 10/10mg would achieve the same lowering lipid efficacy compared to simvastatin 40mg or 80mg in treatment of patients with dyslipidemia.

METHODS Randomized controlled trials (RCTs) regarding to the patients with dyslipidemia in treatment of ezetimibe and simvastatin were retrieved in PubMed, EMBASE and Cochrane Central Register of Controlled Trials (CENTRAL). We also searched the reference lists of relevant papers. Data was extracted by two reviewers independently. Statistical analysis was performed using RevMan 5.2.

RESULTS 8 RCTs including 202 high-dose simvastatin controls and 200 low-dose simvastatin / ezetimibe patients were enrolled in our meta-analysis. Low density lipoprotein - cholesterol (MD: -0.27; 95% CI, -3.82 to 3.28; P = 0.88), high density lipoprotein-cholesterol (MD: 0.32; 95% CI, -1.32 to 1.95; P = 0.88), the total cholesterol level (MD, 0.76; 95% CI, -0.41 to 5.65; P = 0.76), Apolipoprotein B (MD, -1.70; 95% CI, -7.10 to 3.71; P = 0.54) and Apolipoprotein A1 level (MD, -2.75; 95% CI, -9.72 to 4.23; P = 0.44) were at the same level after the low-dose ezetimibe / simvastatin 10/10mg and simvastatin 40mg or 80 mg treatment respectively. However, the maximal dose of simvastatin can reduce the teriyegrids effectively compared to low-dose simvastatin/ezetimibe (MD, 14.35; 95% CI, 9.51 to 19.20; P < 0.00001).

CONCLUSIONS Our study demonstrate ezetimibe/simvastatin 10/10mg can reach the same lowering lipid parameters such as LDL-C, total cholesterol, Apolipoprotein B compared to the maximal-dose simvastatin 40mg or 80 mg. These results suggest that ezetimibe/simvatin 10/10mg is comparable to the high-dose simvastatin 40mg or 80mg, however, the maximal dose of simvastatin can reduce the tri- glycereids effectively compared to low-dose simvastatin/ezetimibe. Two agents can reduce ApoB level and increase the anti-atheroscle- rotic lipoprotein ApoA1, and two treatment strategies have same favorable effect on lipoprotein profiles.

GW26-e0494  Effectiveness and safety of tolvaptan in Chinese heart failure patients with reduced left ventricular systolic function
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OBJECTIVES To examine the efficacy and safety of tolvaptan in acute decompensated heart failure patients with reduced left ventricular systolic function.

METHODS A total of 145 hospitalized acute decompensated heart failure patients were randomly assigned to either a tolvaptan(n = 79) or a control group(n = 66) which used conventional treatment only. Baseline clinical characteristics were not different between the two groups. We divided these patients based on the left ventricular ejection fraction (EF) by echocardiography.

RESULTS There was no significant difference of daily urine volume between the tolvaptan and control groups in patients with preserved EF (> 50%). The urine volume was significantly higher in the tolvaptan group than in the control group in those with reduced EF (< 50%)(P < 0.05). In the safety profile, the incidence rate of thirst was higher in the tolvaptan group than that in control group (21.5% versus 7.6%, P < 0.05). The incidence of hypovolemia (150 mL EQ) in tolvaptan group was no significant difference than that in control group (6.3% versus 3.0%, P = 0.05).

CONCLUSIONS This study reveals that tolvaptan is more effective than conventional treatment in acute decompensated heart failure patients with reduced left ventricular systolic function and it is safety.

GW26-e1084  Effects of Shensongyinxiang capsule on heart rates variability and insomnia in maintenance hemodialysis patients
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OBJECTIVES To investigate the efficacy and safety of Shensongyinxiang capsule (SSYX) on heart rate variability (HRV) and insomnia in maintenance hemodialysis patients.

METHODS Sixty-three maintenance hemodialysis patients in the third affiliated hospital of Sun Yat-Sen University from 2013 June to December were divided into two groups, SSYX treatment group(n = 33) and control group(n = 30). SSYX treatment group were received SSYX 4 capsules four times a day for eight weeks, all patients received 24- h Holter test and Pittsburgh sleep quality index were measured at both baseline and eight weeks in these sixty-three patients.

RESULTS SSYX can improve heart rate variability [SDNN (93.2±1.4) vs.(82.4±1.3) ms, SDNNI (41.2±1.2) vs. (28.4±1.2) ms, SDANN (81.3±2.1) vs. (73.2±2.0) ms, RMSSD (28.3±1.9) vs.(21.8±1.9) ms, P < 0.05). SSYX can decrease the incidence of arrhythmia [premature atrial contraction(60.6% vs.24.2%), atrial tachycardia (45.5% vs.12.1%), premature ventricular contraction(9.1% vs.3.2%), ventricular tachycardia(21.2% vs.9.1%), atrial-ventricular block(60.6% vs.24.2%), P < 0.05). SSYX also improved sleep quality significantly[PSQI (6.28±1.2) vs.(14.3±2.2), P < 0.05]. There was no severe adverse events registered during the study.

CONCLUSIONS Clinical use of SSYX was safe and effective for treating hemodialysis patients with decrease HRV and insomnia.