Abstracts

PCV9

ISOLATED SYSTOLIC HYPERTENSION IN A COHORT OF INNER CITY MINORITY PATIENTS
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OBJECTIVES: To study the prevalence and identify predictors of isolated systolic hypertension in a cohort of inner city hypertensive patients, predominantly African American. METHODS: The study cohort is composed of 327 hypertensive patients, enrolled in the NHLBI Baltimore Partnership Programs to Reduce CVD Disparities project. We defined isolated systolic hypertension as systolic blood pressure (SBP) ≥ 150 mmHg and diastolic blood pressure (DBP) lower than 90 mmHg. Potential predictors included in the logistic regression model are family concordance clinic or pharmacist concordance clinics. The primary outcome was the prevalence, duration, and extent of SBP and DBP deviation from the treatment goals at baseline and at each study time point. The secondary outcome measurement was the number of incidences of cardiovascular diseases (fatal or non-fatal myocardial infarction, congestive heart failure, angina pectoris) and cerebrovascular events (stroke), the number of coronary procedures performed, and the mortality from all cardiovascular or cerebrovascular causes, and the total mortality at each study time point. RESULTS: A total of 1,367 patients were included. To date, 157 patients’ charts were reviewed (age range: 21–78 years old; mean age: 52.79 years old). Over 30% of patients had a positive family history of coronary heart diseases. The SBP and DBP were not control over 40% of the study period in 55.4% and 35% patients respectively. The total event rate for the 5-year period was observed in 48 patients (30.6%). CONCLUSION: Overall antihypertensive management was encouraging but there is room for improvement.

PCV10

CLINICAL OUTCOME OF HYPERTENSION MANAGEMENT: A FIVE YEAR OBSERVATIONAL STUDY
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OBJECTIVES: The current study was: 1) to investigate the prevalence and extent to which the systolic blood pressure (SBP) and diastolic blood pressure (DBP) of patients with hypertension deviated from the pre-defined treatment goals, and 2) to observe the association between the extent of deviation from target and the short-term prognosis of the patient. METHODS: Adult patients who were seen at the Prince of Wales Hospital outpatient clinic with the baseline period between January 1, 2000 to December 31, 2000 were recruited. Retrospective chart review was conducted for a period of 5 years. Recruited Patients had a primary diagnosis of stage I or II hypertension according to the JNC-7 guidelines; were on mono- or combination antihypertensive therapy; had never attended any nurse counseling sections or pharmacist concordance clinics. The primary outcome measurement was the prevalence, duration, and extent of SBP and DBP deviation from the treatment goals at baseline and at each study time point. The secondary outcome measurement was the number of incidences of cardiovascular diseases (fatal or non-fatal myocardial infarction, congestive heart failure, angina pectoris) and cerebrovascular events (stroke), the number of coronary procedures performed, and the mortality from all cardiovascular or cerebrovascular causes, and the total mortality at each study time point. RESULTS: In 8,822 eligible patients, 113 cases of myopathy occurred during an average follow-up of 3.9 months. The overall incidence of myopathy in the study population was 0.32 per 100 person-months. Patients using statins with PIMs had a 2.7-fold (95% CI: 1.830–4.030) greater risk of developing myopathy than patients using statins without PIMs. In addition, increasing number of comorbidities was associated with 1.3 times (95% CI: 1.159–1.637) greater risk of myopathy. Also, the risk of myopathy decreased (OR: 0.997; 95% CI: 0.995–0.999) with increasing statin use. CONCLUSION: The risk of myopathy was higher for patients using statins and PIMs as compared to patients using statins without PIMs. Health care professionals should monitor patients closely when they use statins and PIMs concurrently, especially those with multiple comorbidities.

PCV11

THE EFFECTS OF SEASONAL VARIATIONS AND WEATHER CONDITIONS ON THE OCCURRENCE OF HEART ATTACKS IN HUNGARY BETWEEN 2000–2004
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OBJECTIVES: The spatial and temporal changes of weather factors depend on geographical location, seasons and the time of the day. The onset of acute myocardial infarct (AMI) shows certain circadian rhythms and seasonal variation, which are influenced by sex, age and the changes of the weather as well. Our study examines the relationships of meteorological factors and the incidence of AMI. METHODS: A retrospective analysis of patients diagnosed with AMI between 2000 and 2004 in Hungary (n = 81,956 patients) was carried out. Data were derived from the National Health Insurance Fund Administration (OEP) containing routinely collected financial data. Whenever the same patient occurred in the database several times, it has been considered as a separate case. Weather related data were provided by the National Meteorology Service (OMSZ). RESULTS: A peak period of the occurrence of AMI was found during spring, while minimum number of events was recorded during summer. Significant difference was observed between the number of events each season (P = 34.741; p < 0.001; N = 81,956). A medium level negative correlation was found between the monthly average temperature and the occurrence of AMI (r = −0.404) during the period examined. A positive correlation was shown between front movements and the number of events per season (r = 0.053). Average barometric pressure changes, the number of front movements and the number of AMI events also showed a nearly similar seasonal deviation. CONCLUSION: Our findings show that certain meteorological factors may be related to the onset of AMI, however other factors also play an important role.