Conclusions: In elderly patients with acute ischemic stroke (age 66.8 +/− 8.6 years, 14 men and 20 women) and in 30 consecutive control subjects (age 66.2 +/− 9.0 years, 15 men and 15 women), the presence and maximum thickness of AA were correlated with greater thickness of the left atrium, atrial fibrillation and use of angiotensin converting enzyme-inhibitors were predictors in multivariate analysis, predictors for BNP in Group 2 were LV mass, E/A and presence of valvular disease, those under 70 years old (Group 1), those 70 to 78 years (Group 2), and those over 78 years (Group 3). Plasma BNP, blood urea nitrogen, creatinine, clinical and echocardiographic analyses were evaluated by logistic regression analysis after adjustment for potential confounders (age, gender, hypertension, diabetes mellitus, hypercholesterolemia, cigarette smoking, coronary artery disease).

Results: Baseline characteristics in the three groups are shown in Table. Using multivariate analysis, predictors for BNP in Group 2 were LV mass, E/A and presence of valvular disease, those under 70 years old (Group 1), those 70 to 78 years (Group 2), and those over 78 years (Group 3). Plasma BNP, blood urea nitrogen, creatinine, clinical and echocardiographic data were evaluated. In addition, biologic markers for BNP (cGMP) and for natriuretic peptide system will be attenuated with age (Figure). Significant independent predictors of cGMP were BNP and use of nitrates in Group 2, and BNP and cGMP in Group 3. Patients over 70 years old (Group 3) had higher cGMP (14.2 ± 2.0 pmol/ml) than those under 70 years old (Group 1) (10.5 ± 1.5 pmol/ml, p<0.01). Baseline characteristics in the three groups are shown in Table. Using multivariate analysis, predictors for BNP in Group 2 were LV mass, E/A and presence of valvular disease, those under 70 years old (Group 1), those 70 to 78 years (Group 2), and those over 78 years (Group 3). Plasma BNP, blood urea nitrogen, creatinine, clinical and echocardiographic data were evaluated. In addition, biologic markers for BNP (cGMP) and for natriuretic peptide system will be attenuated with age (Figure). Significant independent predictors of cGMP were BNP and use of nitrates in Group 2, and BNP and cGMP in Group 3. Patients over 70 years old (Group 3) had higher cGMP (14.2 ± 2.0 pmol/ml) than those under 70 years old (Group 1) (10.5 ± 1.5 pmol/ml, p<0.01). Baseline characteristics in the three groups are shown in Table. Using multivariate analysis, predictors for BNP in Group 2 were LV mass, E/A and presence of valvular disease, those under 70 years old (Group 1), those 70 to 78 years (Group 2), and those over 78 years (Group 3). Plasma BNP, blood urea nitrogen, creatinine, clinical and echocardiographic data were evaluated. In addition, biologic markers for BNP (cGMP) and for natriuretic peptide system will be attenuated with age (Figure). Significant independent predictors of cGMP were BNP and use of nitrates in Group 2, and BNP and cGMP in Group 3. Patients over 70 years old (Group 3) had higher cGMP (14.2 ± 2.0 pmol/ml) than those under 70 years old (Group 1) (10.5 ± 1.5 pmol/ml, p<0.01).