GW25-e4151
Timing selection of delayed percutaneous coronary intervention in ST-segment elevation of myocardial infarction
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Objectives: At present, a considerable portion of STEMI patients who missed early reperfusion received delayed percutaneous coronary intervention (PCI). However, timing selection of delayed PCI differs in clinical practice and it is less well-established. So the present study described the current situation on timing selection of delayed PCI and evaluated whether it is associated with outcome benefits.

Methods: All STEMI patients who performed delayed PCI between the year 2007 and 2010 in Beijing, were identified from the Beijing Monitoring System for Cardiovases-

s Diseases, a system covering all hospital admissions and deaths from ischemic heart diseases in a population of 19.61 million. Patients with cardiogenic shock, New York Heart Association (NYHA) class III or IV heart failure, ventricular arrhythmias, cancer or renal failure were excluded. The primary outcome was major cardiovascular events (MACEs) including cardiac death, recurrent MI and repeat revascularization within two years. A linear mixed effects model with a Poisson link function and hospital-specific random intercepts was fitted for calculating the adjusted incidence of each timing of delayed PCI and plotted with a quadratic regression curve.

Results: 5417 STEMI patients were enrolled with 2 years follow-up. Of these, 55.9%, 35.4% and 8.7% received delayed PCI, respectively, on Day 2 to 7, Day 8 to 14 and Day 15 to 28 from onset. In a linear mixed effects model, timing selection of delayed PCI differed in clinical practice and it was affected by age, gender and hospital levels. There was no significant association between the timing of delayed PCI and 2-year outcome benefits but maybe safer on one week later.

GW25-e4210
Research of self-management intervention on patients with chronic heart failure
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Objectives: To investigate the effects of self-management intervention model on quality of life in chronic heart failure patients.

Methods: Choose the chronic heart failure patients with a total of 200 cases from June 2010 to March 2011 from the First Hospital of Jilin University, according to the date of admission sequential number, then press the odd, even were randomly divided into the control group and intervention group. Inclusion criteria as follows: (1) no cognitive dysfunction, (2) no damage to liver and kidney function and other serious complications; (3) aged from 40 to 65. (4) able to join into the study and able to record the follow-up data. (5) informed consent of patients. Both of the two groups were given conventional health education and discharged instructions. In addition, the intervention group will be taught a series of self-management project and specifications, including emotional management, weight control, aerobic exercise, communication, nutrition management, cognitive symptom management. Given full play to the subjective initiative of patients, patient developed appropriate effective interventional plans together with the families based on their own symptoms, Thus raising their Cognitive behavior, changing unhealthy eating habits, establish regular exercising behavior, encourage patients to actively participate in the management of their disease. They were regular follow-up, provided systematic, targeted guidance, tracking down after they were discharged.

Results: There was a significant differences, between the two group with the rates of re-hospitalization, medical costs. living habits, knowledge of heart failure, quality of life from the experimental group was significantly better than the control group, the differences were statistically significant (P<0.05).

Conclusions: Self-management intervention is of great significance for patients with chronic heart failure to improve their ability of disease management, which can intensify the effect of clinical care and treatment, reduce patient readmission rates and average length hospitalization, Enhance self-ef

GW25-e4484
Associated risk factors of new onset hypertension in a cohort study among Beijing community residents
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Objectives: The study was conducted to explore the incidence of new on hypertension and its risk factors in a cohort study among community residents in Beijing and to provide some new ideas for hypertension’ prevention strategies.

Methods: A population-based survey with a randomly cluster sampling was conducted in Beijing city from June to August in 2009. 7222 residents among the based study residents received the same investigation again. Hypertension was defined as a mean systolic blood pressure (SBP) of 140 mmHg and/or diastolic blood pressure (DBP) of 90 mmHg, and/or current use of antihypertensive medications. Prehypertension defined as a mean SBP 120-139 mmHg and/or DBP ≥ 80-89 mmHg, without any antihypertensive therapy. BMI > 24 kg/m2 defined as Overweight, obesity as BMI ≥ 28 kg/m2. Associated risk factors of new onset hypertension were analyzed by Multivariate logistic regression.

Results: 4034 subjects had normal blood pressure at baseline and 978 of them (24.24%) had developed into hypertension two years later. Multiple logistic analysis demonstrated that the associated factors that contribute to the patient readmission rates and average length hospitalization, Enhance self-ef

Conclusions: The prevalence of new onset hypertension is high in Beijing community residents, while prehypertension, overweight or obesity, low education level and all ways-alcohol drinking are the most important risk factors for new onset hypertension. Therefore, we should pay more attention to these modifiable risk factors in reducing the incidence of hypertension.