GW25-e4319  
Epidermal adipose thickness of hypertension patients correlated with left ventricular diastolic dysfunction  
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Objectives: Epidermal adipose tissue (EAT) was a kind of viscous adipose tissue and currently considered as an endocrine organ secreting a lot of inflammatory cytokines. This study was to explore relationship between EAT and left ventricular diastolic dysfunction (LVDD) in patients with hypertension.  
Methods: A total of 175 consecutive hypertensive patients were included. The baseline characteristics of participants including age, sex, weight, and waist circumference (WC) were noted. Serum levels of high-sensitivity C-reactive protein (hsCRP), fasting blood glucose, fasting serum lipid status including TC, LDL, HDL, and TG were also recorded. EAT was evaluated on the parasternal long-axis view end-diastole. The early diastolic mitral annular velocity (Em), peak velocities of the early phase (E) and late phase (A) of the transmural inflow, Interventricular septum (IVS), posterior wall (PW), left ventricular end-systolic diameter (LVESD), and left ventricular end-systolic diameter (LVED), left atrium dimension (LAD) were measured. Left ventricular diastolic function (LVDF) was assessed according to ESC guidelines for diagnosis of chronic heart failure in 2012 (based on Em/Em’ > 15; 8< Em’<15, Em, E/A, Em/Am’). All EAT were classified into 3 groups: hyperensive (EAT thickness >72) and hypertensive patients with LVDD (n=103). Pearson correlation coefficient and regression analysis were used to analyze the relationship between EAT thickness, hs-CRP, LAD, WC and the parameters about LVDF.  
Results: Compared those with hyperensive people, LVDD, EAT thickness (5.15±1.64 mm vs. 3.95±1.20 mm, P<0.001), hs-CRP [2.026±1.323 mg/l vs. 1.426±0.899 mg/l, P=0.031], LVMi [167.11±42.78 mm vs. 146.77±30.36 mm, P<0.001], LVMI [100±62.99 mm vs. 88.61±16.04 mm, P<0.001] were significantly increased in those of patients with LVDD. Linear regression analysis indicated that EAT thickness was positively related to LAD (r=0.23, P=0.003), WC (r=0.20, P=0.008) and hsCRP (r=0.196, P=0.009), while not correlated to LVMI. Multiple linear regression analysis revealed that WC was independent impact factor of hsCRP (β=0.987, P=0.000) and LVMi (β=0.931, P=0.000). While EAT thickness was independently correlated with LVDD (β=0.239, P=0.02) which independent of WC and LVDD. Logistic regression analysis also revealed that EAT thickness (OR=1.57, P=0.002), age (OR=1.10, P=0.000) and WC (OR=1.05, P=0.011) were independently associated with LVDD in patients with hypertension. ROC curve analysis showed that with EAT >11.5mm as the cutoff value, the sensitivity and specificity for predicting LVDD were respectively 70.9% and 65.3% [the area under the ROC curve was 72.0% (P=0.000)].  
Conclusions: Visceral adipose tissue was independent impact factor of hs-CRP. In Hypertensive patients EAT might participate in atrial and ventricular remodeling and closely related with LVDF.

GW25-e4340  
Baise city new characteristics of the different subtypes of hypertension illness diagnosis and the analysis of the relationship between metabolic syndrome  
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Objectives: To explore prevalence of hypertension patients each subtype and its relationship with metabolic syndrome (MS) in Baise city.  
Methods: Andom sampling, 14236 cases in baise city residents living ≥18 years old, testing their height, weight, blood pressure, blood sugar, blood fat and Blood uric acid. Results: 2472 in 14236 subjects are suffered from the new diagnosed hypertension, the morbidity rate is 17.4 percent, in which there are 1696 cases of male (the morbidity rate is 22.7percent), and 776 cases of female (the morbidity rate is 11.5 percent), the morbidity rate of male is higher than female (P<0.01), There are 546 cases of isolated systolic hypertension (ISH) (which account for 22.1 percent) and its morbidity rate is 3.8 percent. There are 1357 cases of isolated diastolic hypertension (IDH) (which account for 54.9 percent) and its morbidity is 9.5 percent. There are 569 cases of systolic-diastolic hypertension (SDH) (which account for 23.0 percent) and its morbidity rate is 4.0 percent. The morbidity rate of male IDH is highest (12.8 percent), it is highest of SDH and female (2.1 percent). Mean pulse pressure of every subtype in groups of SDH and IDH is higher than which in control group, which in IDH is lower than control group (P<0.01), mean systolic pressure and diastolic pressure in every subtype are all higher than which in control group (P<0.01), in