improved to 78% at follow-up \((P < 0.03)\). LDL cholesterol < 1.8 mmol/L was achieved in 32%, in contrast to 40% at follow-up \((P < 0.044)\). Twenty-three percent of patients at baseline had their glycated hemoglobin < 0.070, improved to 33% at follow-up \((P < 0.004)\). Prescription of beta blockers declined from 97% at enrollment to 90% at follow-up \((P < 0.002)\). Utilization of lipid lowering agents was 98% with no change after follow up \((P = 1)\).

**Conclusion:** Nurse-led CVDMP in KAMC was effective in controlling cardiovascular risk factors in patients with CAD and adheres to utilization of evidence based CAD medications.

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**SHA 100. Prevalence of depression in adult Saudi patients with heart failure, King Abdulaziz Medical City – Riyadh**

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**Background:** Depression is a common co-morbid condition in patients with heart failure (HF). Most studies have been done in Western populations; there are currently no studies on depression prevalence in HF patients in Saudi Arabia.

**Objectives:** To explore the prevalence of depression in the adult Saudi population with HF attending the nurse led clinic at King Abdulaziz Medical City.

**Methods:** A retrospective study was carried out included 148 patients with completed electronic data, and patient health questionnaire (PHQ). All patients were attending the nurse led HF clinic at KAMC and had at least one visit from May 2010 to October 2010. Depression was assessed using the validated and Arabic version of the (PHQ).

**Results:** A total of 72% of the population were male, 32% of patients experienced varying degrees of depression: 67% with mild, 19% moderate, 8% moderate to severe and 6% with severe depression. Depression present in 54% of females and 24% of males.

**Conclusion:** The prevalence of depression in patients with HF who followed in nurse led clinic is 32.4% and it’s more prevalent in females.


**SHA 101. Peak CRP levels are higher in patients with ST elevation than non-ST elevation acute coronary syndrome**

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**Background:** There is intense interest in the use of high sensitivity C-reactive protein (hsCRP), coagulation and fibrinolysis markers for cardiovascular risk assessment.

**Objective:** The aim of our study was to compare levels of tissue plasminogen activator and plasminogen activator inhibitor-1 levels in patients with acute myocardial infarction and unstable angina.

**Methods:** Circulating concentrations of high sensitivity C-reactive protein (hsCRP), fibrinogen, tissue-type plasminogen activator (tPA), and plasminogen activator inhibitor-1 (PAI-1) were compared between patients of acute myocardial infarction (AMI) \((n = 67)\), unstable angina pectoris \((n = 35)\) and healthy control subjects \((n = 39)\).

**Results:** CAD patients had significantly higher hsCRP \((1.06 \pm 0.11\) vs \(0.52 \pm 0.14, p < 0.01)\), fibrinogen \((426.21 \pm 24.09\) vs \(329.32 \pm 13.93, p < 0.05)\), PAI-1 \((44.02 \pm 6.05\) vs \(19.35 \pm 3.94, p < 0.01)\) and tPA \((12.31 \pm 1.16 vs 9.49 \pm 0.86, p < 0.05)\) compared to controls. Fibrinogen \((329.32 \pm 13.93)\) and PAI-1 \((19.35 \pm 3.94)\) were higher in both UA and AMI groups compared to healthy subjects \((p < 0.01)\). In UA and AMI patients difference between fibrinogen \((449.60 \pm 52.98 vs 419.46 \pm 23.42)\) and PAI-1 \((52.00 \pm 17.34 vs 43.19 \pm 6.10)\) levels were nonsignificant. Also the difference in tPA levels between control and UA group was nonsignificant \((9.49 \pm 0.86 vs 9.91 \pm 1.24, p > 0.05)\). It was higher in AMI group \((14.79 \pm 3.14)\) compared to UA and control subjects \((p < 0.05)\). hsCRP levels were significantly higher in both CAD groups \((0.52 \pm 0.14, 1.05 \pm 0.28, 1.40 \pm 0.20, p < 0.01)\) compared to controls. Moreover, hsCRP levels were significantly higher in AMI than UA patients \((p < 0.05)\).

**Conclusions:** CAD patients have a procoagulant state and present with higher levels of hsCRP compared to healthy individuals.

**Methods:** This is an observational study. Of the 89 patients recruited 60 patients had acute myocardial infarction (AMI). Three serial hsCRP levels at baseline on admission to hospital before 12 h of symptom onset, peak levels at 36–48 h and follow up levels after 4–6 weeks were analyzed and compared between non-ST elevation AMI and ST elevation AMI.

**Results:** STEMI patients had significantly higher BMI compared to NSTEMI patients. Creatine kinase myocardial bound (CKMB) and aspartate aminotransferase (AST) levels were significantly higher in STEMI patients compared to NSTEMI patients \((p = 0.0421)\). Peak CRP levels were significantly higher in STEMI group compared to NSTEMI group respectively \((22.91 \pm 3.23 vs 13.55 \pm 3.09, p = 0.0646)\). While the difference in baseline \((15.93 \pm 2.73 vs 10.60 \pm 3.08, p = 0.2152)\) and follow up \((7.87 \pm 1.79 vs 10.13 \pm 2.83, p = 0.4686)\) levels between the two groups was not significant.

**Conclusion:** STEMI patients have significantly higher peak CRP levels compared to NSTEMI patients. These data suggest that inflammatory processes play an independent role in the pathogenesis of myocardial infarction. Thus, CRP assessment may assist in risk stratification after myocardial infarction.

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