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Persistent lipid abnormalities in statin-treated patients with coronary artery disease in China: part of the Dyslipidemia International Study

Guo Huixin, Wang Dongzhi, Wei Yidong

Department of Cardiology, Shanghai Tenth People's Hospital, Tongji University School of Medicine, Shanghai, China

Objectives: To evaluate the prevalence of persistent lipid abnormalities and statin use in Chinese patients with coronary artery disease.

Methods: This cross-sectional observational study consecutively enrolled 9420 outpatients with coronary artery disease in China. ESC/EAS Guidelines for the management of dyslipidemia and Chinese guidelines on prevention and treatment of dyslipidemia in adults were used to compare the control rate of low density lipoprotein cholesterol, high density lipoprotein cholesterol and triglyceride.

Results: Among the 9420 participants, 33.6% was diagnosed as diabetes mellitus. The percentage of patients with not-at-goal LDL cholesterol was significantly lower in patients with diabetes than those without diabetes (72.7% vs 73.2%, P<0.001). The corresponding values for HDL-C and TG were 42.9% vs 34.2% (P<0.001) and 40.6% vs 35.2% (P<0.001), respectively. Only about 10% patients had optimal LDL-C, HDL-C and TG. Compared with patients without DM, patients with DM were more likely to have mixed dyslipidemia. Atorvastatin (47.0%) and simvastatin (34.4%) were the two most frequently used statin and the average statin dosage was 29.09 mg/d (simvastatin equivalent). Drug combination with statin to modulate lipid was only 3%.

Conclusions: Although international guideline highly recommends intensive lipid modification in patients with coronary artery disease, persistent dyslipidemia was still prevailing in China, even with statin treatment.

GW25-e0273

To dynamically observe a severe familial hypercholesterolemia child with sevenyear follow up in China: a call for action

Jiang Long¹, Gao Feng¹, Sun Liyuan¹, Pan Xiaodong², Zhang Haibo², Yong Qiang³, Wang Qian³, Yang Ya³, Wang Shiwei¹, Wang Lvya¹

¹Beijing An Zhen Hospital, The Key Laboratory of Remodeling-related Cardiovascular Diseases, Beijing Institute of Heart, Lung and Blood Vessel Diseases, ²Department of Cardiac Surgery, Beijing An Zhen Hospital, Capital Medical University, 2 Anzhen Road, Chaoyang District, Beijing 100029, Chin, ³Department of Imaging, Beijing An Zhen Hospital, Capital Medical University, 2 Anzhen Road, Chaoyang District, Beijing 100029, China

Objectives: Familial hypercholesterolemia (FH) is a severe autosomal codominant disorder that is characterized by an elevated concentration of low-density lipoprotein cholesterol (LDL-C) and a high prevalence of premature coronary heart disease. We report clinical cardiovascular data from one case of homozygous FH in China after a seven-year study.

Methods: We obtained 50 FH patients with homozygous phenotypes who were admitted to Anzhen Hospital between 2005 and 2007 and selected one patient who was diagnosed with severe hyperlipidemia with early symptoms of cardiovascular disease. After diagnosis of FH, we performed exon capture screening methods by using a gene capture chip to genetic analysis and given cholesterol-lowering drugs to treat the patient. Follow-up clinical data were collected over seven years.

Results: Genetic analysis confirmed the diagnosis of compound heterozygous FH. The patient had mutations in exon 2 Q12X, exon 6 N296T, and exon 6 892delA which may cause severe loss of LDLR function, including endocytosis and degradation in the LDL-R gene. Although the patient's TC and LDL-C concentrations were reduced by 28% and 6%, respectively, with a combination of cholesterol-lowering drugs (10mg atorvastatin, 5mg ezetimibe plus 0.5mg probucol per day), both levels remained higher than their target values. Clinical imaging data collected over seven years showed that the left chamber of the patient's heart was persistently dilated and with mitral insufficiency (from mild to severe between 2007 and 2013), myocardial ischemia due to multiple coronary artery stenoses, and multivessel plaque formation

Conclusions: Based on prevalences between 1/500 and 1/200, between 14 and 34 million individuals worldwide have FH. In China, there are approximately 2.6 million potential FH patients. However, FH patients are underdiagnosed and undertreated in China because both doctors and patients lack knowledge of FH. From our case report, we can found the atherosclerosis has progress quickly in this HoFH child even if the cholesterol-lowering drugs were given. We can image that the Chinese FH population will have poor outcomes if we continue overlook this population, and this will also potentially increasing costs for the country. Therefore, we hope our report will encourage the government to devote more attention to this disease.

GW25-e2435

The relationship between breastfeeding and cardiovascular fitness in 7 to 8 years old children

Mohammadreza Vafa¹, Javad Heshmati¹, Farzad Shidfar¹, Hamidreza Baradaran², Behzad Heidarpour³

¹Nutrition Department, School of Public Health, Iran University of Medical Sciences, Iran, ²Epidemiology Department, School of Public Health, Iran university of Medical Sciences, Iran, ³Internal Medicine Department, School of Medicine Kermanshah University of Medical Sciences, Iran **Objectives:** Based on burden of disease study in Iran, cardiovascular disease is the most important cause of death and disability and proper nutrition in early life is one of important determinant of prolonged health. This study was conducted to investigate the relationship of infant feeding variables with cardiovascular fitness in 7 to 8 years old children.

Methods: In a historical cohort study, 246 children age 7 to 8 years in both sexes were selected. Children have no history of cardiovascular, renal or liver diseases. According to the health file, nutrition of children in childhood determined and categorized into three groups; children who breastfed more than 6 month, children who breastfed less than 6 month and children which was formula fed and did not breastfeeding. Cardiovascular fitness determined with a treadmill ergometry. Regression analysis in single and a 2-level linear regression models was used for examining the independent relationships of infant-feeding variables, and cardiovascular fitness.

Results: Breastfeeding more than 6 month have a significant relation with cardiovascular fitness (p< 0.001). This relation was significant also with control of confounders (birth weight, children BMI, mother BMI, Physical activity, diet and fat mass).

Conclusions: Results of this study show that breastfeeding increase cardiovascular fitness in children. Cardiovascular fitness and food pattern in childhood is modifiable and attention to breastfeeding is important in children.

GW25-e3216

Prevalence of Metabolic Syndrome among Iranian People Referring to Heart Centre

Mohammad Hassan Eftekhari¹, Zahra Sohrabi¹, Nader Parsa²
¹School of Nutrition and Food Sciences, Shiraz University of Medical Sciences, Shiraz, Iran, ²Heart Research Centre, Shiraz University of Medical Sciences, Shiraz, Iran

Objectives: Metabolic syndrome as a group of cardiovascular risk factors including central obesity, dyslipidemia, hypertension and insulin resistance and an important threat to human health is correlated with obesity. This study was done to determine the prevalence of metabolic syndrome in "healthy heart house" of Shiraz University of Medical Sciences.

Methods: 350 patients from those referring to "healthy heart house" of Shiraz University of Medical Sciences were recruited. Those who were 20-65 years old were included and those with secondary obesity as the result of drugs, genetic or endocrine disorders were excluded. Weight and height were measured for calculating body mass index. Waist circumference was also recorded. Blood pressure was measured and for laboratory measurements, blood samples for participants were taken after an overnight fasting. Plasma glucose, serum HDL-c and triglyceride were analyzed. Presence of metabolic syndrome was determined using ATPIII criteria. SPSS 15 was used for analyzing the data. Results were reported as mean ± SD and percentage for prevalence.

Results: According to the criteria, 37% of the participants had metabolic syndrome. Most of the afflicted participants were obese and overweight. Waist circumference was high in 57 percent of the participants. High serum triglyceride, low HDL-C and hypertension were seen in 54.4%, 0.3% and 37.5% of the participants, respectively. Conclusions: A high prevalence of metabolic syndrome seen in the study population may be correlated with abdominal obesity. Yet, abdominal obesity can affect components of metabolic syndrome such as hypertension and fasting glucose.

Metabolic Syndromes

GW25-e0873

Lipid-lowering therapy and lipid goal attainment in patients with metabolic syndrome in China: subgroup analysis of the Dyslipidemia International Study-China (DYSIS-China)

Wang Fan¹, Hu Dayi², Zhao Shuiping³, Wang Yongjun⁴, Mu Yiming⁵, Yu Bilian³, Yan Xiaowet⁶, Li Zhanquan⁷, Wei Yidong⁸, Baishali M. Ambegaonakr⁹, Min Yin¹, Ping Ye¹

¹Department of Geriatric Cardiology, Chinese PLA General Hospital No. 28, Fuxing Rd, Haidian District, Beijing 100853, China, ²Department of Cardiology, Peking University People's Hospital No. 11, Xi Zhi Men Nan Da Jie, Xicheng District, Beijing 100044, China, ³Department of Cardiology, Second Xiangya Hospital, Central South University No. 139, People Street (M.), Changsha 410011, China, ⁴Department of Neurology, Beijing Tiantan Hospital, Capital Medical University No. 6, Tiantan Xi Li, Dongcheng District, Beijing 100050, China, ⁵Department of Endocrinology, Chinese PLA General Hospital No. 28, Fuxing Rd, Haidian District, Beijing 100853, China, ⁶Department of Cardiology, Peking Union Medical College Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College No. 1, Shuai Fu Y, ⁷Department of Cardiology, The People's Hospital of Liaoning Province No. 33, Wen Yi Rd., Shenhe District, Shenyang 110016, China, ⁸Department of Cardiology, Tenth People's Hospital of Tongji University No. 301, Yanchang Rd. (M), Shanghai 200072, China, ⁹Merck & Co., Inc.; Whitehouse Station, NJ, USA