

including thrombin time (TT), activated partial thromboplastin time (aPTT), prothrombin time (PT), international normalized ratio (INR), and fibrinogen (FIB).

RESULTS Two patients, one was a 78-year-old female, another a 71-year-old male, took oral dabigatran etexilate 110mg bid or 150mg bid for stroke prevention. The remarkable prolongation of TT and mild prolongation of aPTT were detected during treatment, while the INR and FIB were normal. The longest TT was 147 seconds (upper limit of normal 21 seconds). The extended TT and aPTT returned to normal three or five days after dabigatran etexilate discontinued. The female one received dabigatran etexilate again, and Then, TT, aPTT prolonged again. The patient also occurred subcutaneous hemorrhage. After dabigatran etexilate was reduced to 55 mg qd, TT prolongation was shorten and aPTT became to normal.

CONCLUSIONS Oral dabigatran etexilate can cause remarkable prolongation of TT and mild prolongation of aPTT. It is suggested that TT and aPTT could be used for monitoring and evaluating the anticoagulant effects of dabigatran etexilate.

GW26-e4376

The effect of long-term application of small doses atorvastatin in elderly patients with hyperlipidemia on serum uric acid

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OBJECTIVES To explore the effect of long-term application of small doses atorvastatin in elderly patients with hyperlipidemia on serum uric acid (UA).

METHODS 220 elderly patients with hyperlipidemia June 2008 - October 2012 were randomly divided into 10mg/d atorvastatin group and 20 mg/d simvastatin group. Blood uric acid and lipid before and after treatment were observed.

RESULTS Serum total cholesterol (TC), low density lipoprotein cholesterol (LDL-C) and triglyceride (TG) levels were significantly decreased, high-density lipoprotein cholesterol (HDL-C) increased in both groups after 12 months treatment. Blood uric acid levels were significantly decreased, and high-density lipoprotein cholesterol (HDL-C) increased in atorvastatin group compared to simvastatin group.

CONCLUSIONS Atorvastatin can effectively reduce elderly patients with hyperlipidemia lipid levels, also had reduced the level of UA. Atorvastatin reduced the level of UA independent of the lipid-lowering effect, which could play a certain role in reducing the incidence of cardiovascular events.

CARDIAC REHABILITATION

REHABILITATION FUNCTIONAL ASSESSMENT

GW26-e3993

The Association Between Pre-operative Physical Performance and Length of Stay in Hospital after Coronary Artery Bypass Graft Surgery

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OBJECTIVES To determine whether patient pre-operative physical performance was associated with length of stay in hospital after coronary artery bypass graft surgery (CABG).

METHODS Our study population comprised 50 subjects (mean \pm SD age: 63.0 \pm 7.3 years; 62% men) who were undergoing CABG. All patients were assessed for several simple physical parameters, including muscle strength (hand grip strength test), balance (functional reach test), mobility (4-meter walk test) and functional capacity (6-minute walk test) before surgery.

RESULTS In multivariate analysis, after adjusting for sex, age, body mass index, severity of coronary heart disease, history of other diseases, daily living activity, smoking and drinking status, psychological conditions and surgery situations, we found that decreased

performance in the muscle strength test (grip OR 11.08, 95%CI 1.39-18.69), balance test (functional reach test OR 9.43, 95% CI 1.04-25.95), mobility test (4-meter walk test OR 9.53, 95%CI 1.37-16.38) and functional capacity test (6-minute walk test OR 15.49, 95%CI 1.18-34.09) were independently associated with longer hospital stays after CABG.

CONCLUSIONS We conclude that pre-operative performance-based physical assessments may be useful predictors of outcomes in patients undergoing CABG.

MEDICAL REHABILITATION OF CARDIOVASCULAR DISEASE

GW26-e4518

The diversity of BMI and WC on cardiac damage in patients from a cardiac rehabilitation program after acute coronary syndrome

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OBJECTIVES One of the purposes of cardiac rehabilitation (CR) after acute coronary syndrome (ACS) is to monitor and control weight of the patient. Our study is to compare the different obesity indexes, body mass index (BMI) and waist circumference (WC), through one well-designed CR program (CRP) with ACS in Guangzhou city of Guangdong Province, China, in order to identify different effects of BMI and WC on organ damage.

METHODS In our work, sixty-one patients between October 2013 and January 2014 fulfilled our study. We collected the vital signs by medical records, the clinical variables of body-metabolic status by fasting blood test, and the organ damage variables by Sub-Maximal exercise treadmill test (ETT) and Ultrasonic cardiogram (UCG) both on our in-patient and four-to-five weeks of out-patient part of CRP after ACS. We mainly used two-tailed Pearson's test and liner regression to evaluate the relationship of BMI/WC and organ damage.

RESULTS There were five key findings:

- 1) Obesity assessed by increasing WC was significantly associated with lower HDL-C, higher LVSD, and higher LVPWD in patients from a CRP after ACS. However, the associations were insignificant when the obesity was assessed by BMI.
- 2) WC had a highly linear correlation with indices that reflected cardiac structure alteration while BMI not.
- 3) WC was the only significant factor remaining in the model when a multiple linear regression analysis was performed to estimate the effects of WC and BMI on cardiac structure alteration.
- 4) After adjusted by age, smoking, hypertension, diabetes, TC, and HDL-C, WC still kept in significant correlation with cardiac structure alteration.
- 5) Obesity assessed by increasing BMI was significantly associated with higher SBP and DBP in patients from a CRP after ACS. However, when the obesity was assessed by WC, the associations were significant only for the subjects after CRP but not for the subjects before CRP.

CONCLUSIONS Our results confirmed that WC could be more accurate than BMI to evaluate the cardiac function through the changes of left ventricular structure on the CRP after ACS cases. It makes sense of early diagnosis, valid evaluation and proper adjustment to ACS in CRP of the obesity individuals in the future.

GW26-e1569

Relationship between catestatin and heart rate recovery after acute myocardial infarction

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OBJECTIVES To investigate the relationship between catestatin level and heart rate recovery in patients with acute myocardial infarction treated with direct emergency PCI.

METHODS The population of our study comprised 80 consecutive patients with STEMI who were admitted to the ward of cardiology department in Peking University Third Hospital from October 2011 to March 2013. The levels of plasma catestatin and norepinephrine (NE) were detected by ELISA. All the patients were conducted cardiopulmonary exercise testing (CPET) evaluation within 45 days after acute myocardial infarction, and heart rate recovery at 1min and 2 min after CPET (HRR₁, HRR₂) were calculated. Data analysis were performed with SPSS 20.0.