were grouped under AGP. ABO Blood grouping and Rh typing were performed with standard agglutination techniques in all the patients. Statistical analysis was performed with chi-square and 2 proportion test.

Results: Total of 708 patients were included in the present study with a mean age of the study population was 56.8 years. Out of 708 coronary angiograms performed 387 patients were grouped under AGP and 321 patients were grouped under AGN.

When we correlate the presence or absence of CAD by CAG with different ABO blood groups , there was no association for any particular blood group, by chi-square analysis (Pearson Chi-Square = 8.399, DF = 10 ,p=0.59 and Likelihood Ratio Chi-Square = 9.546, DF = 10, p= 0.48). This test is the appropriate test when multiple blood groups required to compare with CAD and it was confirmed with Chi-Square Goodness-of-Fit Test. Even when we classified blood groups as O group or non O group (as done in previous studies) and applied 2 proportion test there is no association between O blood group and CAD (Z = 1.44 P-Value = 0.148).

Conclusions: These findings suggest that blood group of the individual does not have any influence in the pathogenesis of coronary artery disease, even with more appropriate testing method (chi-square) contrary to previous studies.

Do environmental factors affect platelet aggregation in Asians?

K.V. Siva Krishna, M. Jyotsna, D. Seshagiri Rao, B. Srinivas, Rama kumari, R.C. Barik, A. Siva Prasad, Lalitha

Nizam's institute of medical sciences, Hyderabad, India

Aim: To study the effect of environmental factors which influence the platelet aggregation/inhibition in South Asian CAD pts who are undergoing PCI for obstructive Coronary artery disease.

Methods: We studied 141 chronic stable angina (CSA) pts who undergone PCI for obstructive CAD from our institution (from south India) in 2013. Age, Body mass index, presence of Diabetes mellitus and Hypertension (systolic and diastolic BP), cigarette Smoking, Alcohol consumption, plasma Cholesterol levels, HDL, Triglycerides, Hemoglobin and hematocrit were noted in all pts. Along with all above said factors, platelet aggregation was tested after 75 mg of aspirin and 75 mg of clopidogrel for at least 7 days , before PCI.We used 20 % ADA aggregation of platelets (PA) by reflectance aggregometry , represented as percentage and platelet inhibition (PI) is calculated as 100 minus PA.

Results: Out of 141 CSA pts, 29 were females. Mean age of study population was 54±10 yrs (min 21, max 77 yrs), BMI was 25.8±3.7 Kg/m2(min 16.8, max 40.8), Haemoglobin was 12.8±2 g/dl(min 7.6, max18.2), Haematocrit was 38.5±5.7 % (min 20, max 54) with mean PI was 55.6±23.7% (min 1, max 96). There was no correlation between the PI and Age (0.031,p= 0.719), Body mass index(0.042, p = 0.680), plasma Cholesterol levels(-0.132,p = 0.389), HDL (-0.056, p = 0.715), Triglycerides(0.024,p = 0.878), Systolic (-0.061, p = 0.719) and Diastolic(-0.149, p = 0.378) BP, Hemoglobin (0.073, p = 0.389) and hematocrit (0.065, p = 0.447). Regression analysis and Analysis of variance did not showed any association of PI and sex (p=0.078.0.08), presence of Diabetes mellitus(p=0.3,0.4) or Hypertension(p=0.1,0.2), LV dysfunction(p=0.6,0.5), Smoking (p=0.2,0.2) and Alcohol consumption(p=0.9,0.9).

Conclusions: In south Asians environmental factors are not playing major role in degree of platelet aggregation/inhibition. Probably genetic factors may be important in this population.

Prevalence of obesity and its influencing factors among rural and urban school children in Prakasam District of Andhra Pradesh, South India

Shaik Subhani, N. Rama Kumari, D. Seshagiri Rao

Nizam's Institute of Medical Sciences, Hyderabad, India

Background: The Prevalence of Obesity among the rural and urban school children aged between 5-16 years is not clearly known in India. Knowing the prevalence and identifying the factors influencing childhood Obesity may help preventing the development of childhood obesity.

Methods: A cross sectional study followed by a case control study was conducted between February and April 2014. A total of 4213 school children between 5 and 16 years of age were enrolled and data on family history of obesity, dietary habits and physical activity was collected. 1177 students were from rural schools and 3036 from urban schools.

Results: Out of 4213 school children, 182 were Obese. The prevalence of Obesity was 4.32%. Prevalence was more in urban school children (4.7%) than in rural school children (3.23%). Snacking of high energy food taken by urban school children was associated with obesity even if the intake was once a week (P<0.002), 2-3 times a week (P<0.001) or daily (P<0.000). Less physical activity was associated with obesity in urban school children (P<0.05).

Conclusion: The study concluded that obesity was statistically significant in urban school children than in rural school children. The childhood obesity was associated with consumption of high energy foods and sedentary life styles, brought into light new facts that eating habits and physical activity was not associated with childhood obesity in rural schools, where family history alone was significantly associated. In urban schools, however, consumption of high energy foods and reduced physical activity was significantly associated with childhood obesity.

Risk factors for degenerative aortic valve disease in India: A case control study

Rajesh Pandey, D.S. Chadha, S.K. Malani, P.K. Hasija, A.K. Ghosh, N. Bajaj

MH CTC, India

Background: Degenerative aortic valve disease is being increasingly recognised amongst Indians. It often co-exists with coronary artery disease (CAD) and the studies done in the western population have shown that it shares the same risk factors which cause CAD. However a little is known in this context among the Indian subjects.

Objectives: To study whether traditional cardiovascular risk factors are more common among Indian patients with aortic stenosis (AS) than age, gender and CAD status matched patients without AS.

Methods: Ninety one consecutive patients with severe AS reporting for left heart catheterization prior to valve replacement surgery at a tertiary care centre were recruited for the study. They were compared with age and sex matched controls selected from a database of 3200 patients referred for elective diagnostic left heart catheterization for suspected CAD. Following traditional cardiovascular risk factors were assessed in all patients: age, gender, family history of CAD, smoking history, presence of diabetes, hypertension and dyslipidemia.