after >5 days (p=0.004). A significant interaction was observed between time since symptom onset and both troponin elevation and persistence of EDRV/EDLV diameter ratio>1 at 48h. The negative predictive value of troponin elevation was 85% in patients treated within 5 days of symptoms, but fell to 70% in those admitted >5 days after symptom onset (p=0.002). Positive troponin was an independent predictor of adverse outcome (OR=1.43 [1.08-5.56]). ROC curves show that prognostic value of positive troponin test was higher in pts referred ≤5 days than in pts referred >5 days after symptom onset (p=0.01).

Conclusion: There is a significant relation between troponin elevation and time since symptom onset in patients with intermediate-risk PE. Negative predictive value of troponin elevation is adequate in pts treated early (≤5 days) but is suboptimal in pts treated >5 days after symptom onset.

Table – Results

<table>
<thead>
<tr>
<th></th>
<th>&lt;=5 days since symptom onset</th>
<th>&gt;5 days since symptom onset</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensitivity</td>
<td>72% (61.3-82.7)</td>
<td>51% (42.4-59.6)</td>
<td>0.005</td>
</tr>
<tr>
<td>Specificity</td>
<td>42% (44.5-49.5)</td>
<td>47% (39.1-54.9)</td>
<td>0.33</td>
</tr>
<tr>
<td>PPV</td>
<td>26% (18.4-33.6)</td>
<td>30% (22.2-37.8)</td>
<td>0.81</td>
</tr>
<tr>
<td>NPV</td>
<td>85% (78.4-91.6)</td>
<td>70% (63-77)</td>
<td>0.002</td>
</tr>
</tbody>
</table>

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Management of hypertension by telemedicine: feasibility study and results on 100 patients

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Introduction: According to the results of the national Health and study conducted in 2006-07, the prevalence of hypertension among 18 to 74 years old population is estimated at 31%. Among them, 20% are not treated. Among the ones who are treated, 49% are not controlled.

Objectives: The goal of this observational study is to assess the feasibility to follow up blood pressure by telemedicine for 100 hypertensive patients to know the blood pressure profile and to adapt the treatment in real time to improve control. This work won the award “1 Mission 1 million”.

Protocol of the study: The follow up by telemedicine of the blood pressure figures is done by self measurement with 6 daily measures for not controlled hypertensive patients. The follow up is organized in 3 phases: inclusion, observation, treatment. Blood pressure is measured by oscillometry, result are transmitted directly and available for consultation on a secure web site.

Patient profile: Mean age is 68 years old, 44 men and 56 women, 19% are not treated. 18% are treated for atrial fibrillation. Blood pressure at inclusion is 175/92.

Observational Phase: 2 groups: 19 patients with a normal blood pressure (135/75), 81 patients not controlled (163/86) who continue the follow up by telemedicine during the treatment phase.

Treatment Phase: The adaptation of the treatment is achieved within 11 days with an average of 178/93 at inclusion, 163/86 during the observational phase and 144/78 after the last therapeutic adaptation. The decrease in blood pressure between the 2 phases is 19 mm HG for the systolic blood pressure and 8 mm for the diastolic one. It is obtained by adding another drug (47%) or changing the therapeutic class (22%) with an increase in dosage. 46% reach the objectives (<140) and 54% stay with 154 systolic on average.

Conclusion: Telemedicine is a simple method for follow up of blood pressure allowing a rapid adaptation of treatment to improve blood pressure control. Telemedicine implies an active participation of the patient.

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Is the clinical measurement of blood pressure sufficient to estimate the control of hypertension in type 2 diabetic patients? Contribution of the ambulatory blood pressure in 100 patients

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Hypertension is frequently associated with type 2 diabetes. It accelerates progression to micro and macro-angiopathy and is often not easy to control.

Aim: Evaluate the frequency of controlled hypertension among type 2 diabetes patients with known and treated hypertension, also describe the associated factors with poor blood pressure control.

Patients and method: Prospective study concerning 100 patients, who have received a physical examination including a clinical measurement of Blood pressure, a biological assessment and a 24 hours ambulatory blood pressure monitoring (ABPM).

Results: The mean age was 60.8±8.1 years, the sex ratio (M / F)=0.59. Hypertension was well controlled in only 37% patients, 21% had masked hypertension and 14% a white coat hypertension. The concordance rate between clinical measurement and ABPM was good: 62%. Subjects with poorly controlled hypertension were significantly older (p=0.001), smoking (p<0.02), and android morphotype (p <0.05). 45% of patients have lost the circadian rhythm, and were significantly more present in the uncontrolled group (p=0.008), the morning peak of blood pressure was noted in 55% of patients, and would also be more associated with uncontrolled hypertension (p<0.001).

Conclusion: Clinical measurement alone is not sufficient to estimate the quality of blood pressure control, a systematic ABPM would be highly desirable in patients at high cardiovascular risk particularly to customize their anti-hypertensive treatment and improve their cardiovascular prognosis.