Body mass index, at any age, was not significantly associated with stroke. LAVI, LAD, left ventricular (LV) wall thickness, and LV fractlonal shortening, and remained statistically significant to age 70 years with risk ratios in the range of 1.46-2.10 and from a0.88 to 1.56 for prior evidence of IHD. The risk ratios for atrial fibrillation and from a10 down to 1.56 for prior evidence of IHD. The risk ratios were significant at p <0.05.

Conclusions: Recognition of the varying effect of these risk factors with age is important in the identification of men at high risk for stroke.

887FO-4 Platelet Function in the Elderly: The Difference Between Stable and Unstable Angina


Background: The functional status of platelets in older patients with acute coronary syndromes (ACS) may be reduced, in contrast to increased platelet activity seen in stable older subjects. Methods: Platelet functional status was assessed using light-transmittance aggregometry with ADP and flow cytometric assay of platelet surface membrane markers in 55 patients presenting with ACS and 41 patients presenting with stable angina each of whom had demographic and medication data recorded. Multiple regression analysis on each platelet function variable was used to define independent predictors: Results: Patients ranged in age from 38 to 92 years with a mean of 66. Aggregation was found to decrease with advancing age, but only among the ACS patients. In multivariate analysis, age was the best predictor of decreased aggregation (Beta = -588, t = -14.4, p <0.001) among the patients with ACS. Age was also the best predictor of decreased aggregation in platelet labeling with P-selectin, an antibody for the GP IIb/IIIa receptor (Beta=-561, t=2.76, p<0.001) and of decline in platelet surface P-selectin (Beta=-442, t=2.40, p<0.001). Age did not predict total GPIIb/IIIa expression in either ACS or stable patients, nor platelet-leukocyte aggregates (co-labeling with antibody to CD 151 and CD 14). Conclusion: In older patients with ACS there is decreased platelet activity at presentation, indicated by an age-related decrease in ADP aggregation and decreased platelet surface expression of the active conformation of GP IIb/IIIa and of platelet-leukocyte aggregates, suggesting a complex interaction between age and platelet physiology.

Decreased activation of GP IIb/IIIa in older patients with ACS may relate to the observed increase in hemorhagica complications in the elderly following IIB/IIIa inhibitors therapy, as well as thrombolytic therapy, and suggests a rationale for age-adjusting the dosage of these drugs.

11:30 a.m.

887FO-5 Reduced Aortic Distensibility and Congestive Heart Failure Among the Elderly in a Population-Based Study: The Cardiovascular Health Study

Dalane W. Kitzman, John S. Gottlieb, Gerard P. Aurigemma, Alice M. Arnold, Cheryl Egger, Karen Fowlie, Jeffrey C. Hill, Wake Forest University School of Medicine, Winston Salem, NC, St. Francis Hospital, New York, NY

Background: Thoracic aortic distensibility (AOD) decreases with aging and is a major determinant of left ventricular stiffness. Several lines of evidence suggest that age-related decline in platelet labeling with PAC.1, an antibody against the GP IIb/IIIa active site, decreased aggregation in older patients with ACS may relate to the observed increase in hemostatic complications in the elderly following IIB/IIIa inhibitors therapy, as well as thrombolytic therapy, and suggests a rationale for age-adjusting the dosage of these drugs.

Background: Aortic stiffness aggregometry with ADP and flow cytometric assay of platelet surface membrane

depth aggregometry with ADP and flow cytometric assay of platelet surface membrane markers. Results: Patients ranged in age from 38 to 92 years with a mean of 66. Aggregation was found to decrease with advancing age, but only among the ACS patients. In multivariate analysis, age was the best predictor of decreased aggregation (Beta = -588, t = -14.4, p <0.001) among the patients with ACS. Age was also the best predictor of decreased aggregation in platelet labeling with P-selectin, an antibody for the GP IIb/IIIa receptor (Beta=-561, t=2.76, p<0.001) and of decline in platelet surface P-selectin (Beta=-442, t=2.40, p<0.001). Age did not predict total GPIIb/IIIa expression in either ACS or stable patients, nor platelet-leukocyte aggregates (co-labeling with antibody to CD 151 and CD 14). Conclusion: In older patients with ACS there is decreased platelet activity at presentation, indicated by an age-related decrease in ADP aggregation and decreased platelet surface expression of the active conformation of GP IIb/IIIa and of platelet-leukocyte aggregates, suggesting a complex interaction between age and platelet physiology.

Decreased activation of GP IIb/IIIa in older patients with ACS may relate to the observed increase in hemostatic complications in the elderly following IIB/IIIa inhibitors therapy, as well as thrombolytic therapy, and suggests a rationale for age-adjusting the dosage of these drugs.

11:30 a.m.

887FO-6 Elderly Patients Have Better Functioning, Less Angina at One Year With Coronary Artery Bypass Graft

Karen P. Alexander, Barbara Lytle, Yun Li, Eric Peterson, Duke Clinical Research Institute, Durham, NC

Background: Elderly pts tooing CABG or PCI are concerned with quality as well as quantity of life. Yet, there is limited empirical data regarding longitudinal functional outcomes in elderly pts.

Methods: We evaluated 1,059 pts aged >70 yrs (mean 76 yrs) with significant CAD at cardiac catheterization from 8/98 to 4/01 at Duke. We compared baseline and 1 yr status

was associated with increased mortality only among HF patients with LVEF <40%.

Deaths due to arrhythmias and worsening HF contribute to the substantial mortality of patients with LVEF<40% and may be targets for future interventions in this population.

887FO-2 The Modifying Effect of Age on Risk Factors for Stroke: The Minnesota Follow-Up Study

T.E. Cutty, Robert B. Tate, Dennis J. Bayomi, T. K. Young, University of Minnesota, Winnecon, MN, Canada

Background: The Minnesota Follow-Up Study, initiated in 1948, is a prospective investigation of cardiovascular disease in a cohort of 3,983 men. The present investigation is the effect of age on traditional risk factors for stroke.

Methods: Over a 50 year follow-up period physical examinations including blood pressure measurements and electrocardiograms have been recorded. Selected measurements from examinations at 5 year age intervals between 30 and 70 years of age for each man were related to the incidence of definite stroke and to all cerebrovascular events (definite stroke plus transient ischemic attacks) using Cox proportional hazard models (p-value set at 0.05 for risk factors).

Results: During 163,933 person years of observation, a total of 552 men experienced cerebrovascular events, including 316 men with definite strokes. Across ages from 30 to 70 years, significant risk ratios for definite stroke associated with a 10 mm Hg difference in DBP ranged between 1.18 to 1.29 and between 1.26 to 1.50 for the same change in DBP. Risk ratios for diabetes mellitus ranged between 1.81 to 3.40, between 2.24 to 3.11 for atrial fibrillation and from >10 down to 1.56 for prior evidence of IHD. The risk ratios for SBP were greatest between age 45 and 55 years. Age specific risk ratios were greatest in models for definite strokes than in models for all cerebrovascular events while the effects of these traditional risk factors: blood pressure, atrial fibrillation and prior IHD decline in magnitude with age, the effect of smoking did not significantly vary with age, and remained statistically significant to age 70 years with risk ratios in the range of 1.46 to 1.94. Body mass index, at any age, was not significantly associated with stroke.

Conclusions: Recognition of the varying effect of these risk factors with age is important in the identification or men at high risk for stroke.

11:00 a.m.