was associated with increased mortality only among men patients with LVEF <50%.
Deaths due to arrhythmias and worsening HF contribute to the substantial mortality of patients with LVEF <45% and may be targets for future interventions in this population.

Body mass index, at any age, was not significantly associated with 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 hazards models (p-value set at 0.05 for risk factors).

Results: Among 1459 patients (mean age 75+7 years; 38% male) who met the study criteria, incident stroke occurred in 102 patients (7%) over mean follow-up time of 4.2 ± 3.3 years. Univariate predictors of stroke were age, hypertension, heart failure, myocardial infarction (MI), diabetes mellitus (DM), carotid artery disease, transient ischemic attack (TIA), LAVI, LAD, left ventricular (LV) wall thickness, and LV fractional shortening.

Conclusions: Age is a powerful independent predictor of first stroke in older adults. It appears to be superior to LAD in the discrimination of stroke risk, even among the lower quartiles of LA size distribution, and thus may allow better stroke risk prediction and prevention.

11:15 a.m.

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

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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 aggregation 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 30 to 92 years with a mean of 66. Aggregation was found to increase with advancing age, but only among the ACS patients. In multivariate analysis, age was the best predictor of decreased aggregation (Beta = -558, F = 353, p<0.001) among the patients with ACS. Age was also the best predictor of decreased platelet labeling with FV4 and GP IIbIIIa, an antibody against the platelet alpha IIb/IIIa receptor (Beta= -561, F = 276, p<0.001) and of decline in platelet surface P-selectin (Beta= -142, F=240, p<0.001). Age did not predict total GPIIIa/Fila 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 GPIIIa/Fila and P-selectin. The absence of an age-related decrease in expression of total GPIIIa/Fila, and of platelet-leukocyte aggregates, suggests 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 hemorrhagic complications in the elderly following fibrin 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

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Background: Thoracic aortic distensibility (AOD) decreases with aging and is a major predictor of left ventricular afterload. Several lines of evidence suggest that age-adjusted reduction in AOD may play a role in heart failure (HF) in the elderly, the majority of whom have preserved systolic function. Methods: We examined AOD by echocardiography in a case-control analysis of 857 participants (pts) (438 HF pts and 419 controls) in the population-based Cardiovascular Health Study. Results: Pts were 78±6 years old (range 66-96) and 52±% were women. Age-adjusted mean (± SE) AOD was 1.30 X 10^-3 (± 0.12 X 10^-3) mm Hg^-1 in normal pts without cardiac disease (CVD), 1.02 X 10^-3 (± 0.08 X 10^-3) in pts with subclinical CVD, 0.83 ± 10^-3 (± 0.14 X 10^-3) in pts with established CVD but not HF, and 0.77 ± 10^-3 (± 0.08 X 10^-3) in pts with HF (p<0.001, difference across groups). Thus, there was a stepwise decrease in aortic distensibility with increasing CVD burden. The reduction in AOD was similar in HF pts with preserved vs. reduced systolic function. Reduced AOD was significantly associated with prevalent HF (as the time of the study) and was a significant predictor of the development of incident HF over 3 years of follow-up (odds ratio 1.3 ± 0.06 for both, confidence limits 1.1 to 1.5, p<0.01, adjusted for age and gender). When the components of AOD were examined in univariate analysis models, mean aortic change velocity (MVAV) was the variable regarding HF that was independent of pulse pressure. Conclusion: Aortic distensibility is reduced among elderly pts with either diastolic HF or systolic HF and is a significant predictor of incident HF. Aortic stiffening may play a role in the development of HF in the elderly.

11:45 a.m.

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

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Background: Elderly pts facing 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 1,058 pts aged >70 yrs (mean 76 yrs) with significant CAD at cardiac catheterization from 8/96 to 4/01 at Duke. We compared baseline and 1 yr status