

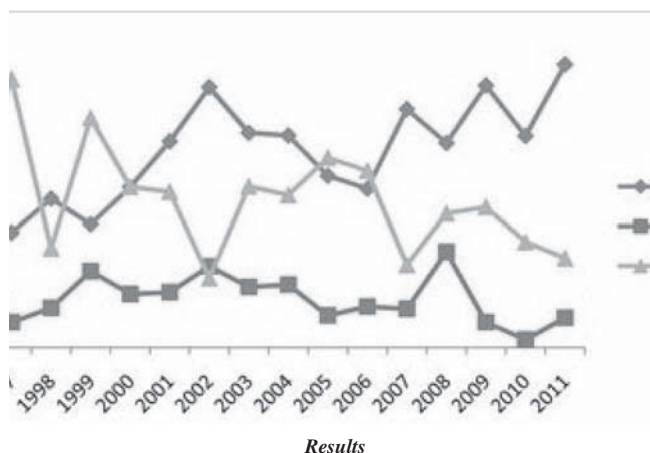
patients (pts). Although transport by the Emergency Medical Services (EMS) is strongly recommended, other ways of transportation continue to be used.

The aim of this analysis was to examine the evolution over time of the different ways of transport among the MIRAMI registry pts.

**Methods and Results.** From January 1995 to April 2011, 1353 pts were enrolled in the the MIRAMI (MonastIR Acute Myocardial Infarction) registry. Three ways of pre-hospital transport including self-transport, non medicalized ambulance and EMS were used in our population. The use of these ways over time was analyzed on the 17 year – study period and shown in the figure below:

A significant ( $p=0.002$ ) increase in the use of EMS was observed whereas a proportion of approximately one third of the population continues to use a self transport over the 17 year-study period.

**Conclusions.** In our MIRAMI registry STEMI Patients transported by EMS are significantly increasing during the last 17 years. However, approximately one third of these patients continue to use a self transport to get to the hospital.



## 063

**A single pre-hospital enoxaparine protocole for all STEMI admitted to ICU: one year experience and one year follow-up in Haut Lévêque cardiological hospital.**

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**Goal:** 30 day and 1 year follow up of a STEMI population homogeneously treated with prehospital enoxaparine who underwent angioplasty.

**Population and methods:** 203 patients were included from june 2007 to june 2008. 61 for the fibrinolysis group and 142 for the PPCI group. All patients benefited of a clopidogrel loading dose (300 mg or 600 mg) and aspirine (250 mg). Tenecteplase was the only fibrinolytic used. Enoxaparine was given with a fixed intravenous bolus (30 mg) and a subcutaneous dose

(0,1 mk/kg). 30 day and 1 year data were obtained using data analysis or phone call contact with patient, GP or cardiologist.

**Results:** 1 month mortality is 4,4% and 1 year mortality 5,9%. IIB/IIIa GPI have 81%

prescription rate. There is no significant difference in term of events between the PPCI group and the fibrinolysis group. Shock, severe bleedings, longer ischemia times were predictive for events in the follow up.

**Conclusion:** On a « real life » STEMI population, enoxaparine use shows very similar results to the one observed in studies and registry with enoxaparine

use in term of ischemic and hemorrhagic events. Thus , our enoxaparine protocol provide adequate anticoagulation simple to provide in pre hospitalary settings indifferently of the reperfusion treatment realised.

## 064

**Cytochrome P450 2C19 polymorphism in patients treated with clopidogrel after percutaneous coronary intervention**

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**Background:** Clopidogrel and low-dose aspirin have become the mainstay oral antiplatelet regimen to prevent recurrent ischaemic events after acute coronary syndromes or stent placement. The frequent genetic functional variant 681 G>A (\*2) of cytochrome P450 2C19 (*CYP2C19*) is an important contributor to the wide variability between individuals of the antiplatelet effect of clopidogrel. We assessed whether the *CYP2C19*\*2 polymorphism affected long-term prognosis of patients who were chronically treated with clopidogrel.

**Methods:** Between May 2009, and september 2010, 100 patients who underwent a percutaneous coronary intervention (PCI) and were exposed to clopidogrel treatment for at least one month, were enrolled in our study. They underwent *CYP2C19*\*2 determination. The primary endpoint was a composite of death, myocardial infarction, and urgent coronary revascularisation occurring during exposure to clopidogrel.

**Results:** Median clopidogrel exposure time was 6,67+/-6,38 months. Baseline characteristics were balanced between carriers (heterozygous \*1/\*2, n=23) and non-carriers (n=77) of *CYP2C19*\*2 variant. The primary endpoint occurred more frequently in carriers than in non-carriers (18,2% versus 5,3%  $p=0.075$ ). No significant differences were noted between the two groups regarding the occurrence of stent thrombosis.

**Conclusion.** The *CYP2C19*\*2 genetic variant is a major determinant of prognosis in patients who are receiving clopidogrel treatment after PCI.

## 065

**Mediterranean diet decrease homocysteine levels and increase thiolactonase activities in elderly patients at high risk of cardiovascular disease**

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**Background:** Food items might have a synergistic and antagonistic effect on health. The Mediterranean diet has long been associated with lower incidence of cardiovascular disease. Elevated blood homocysteine is a risk factor for cardiovascular disease. Thiolactonase; the antioxidant enzymatic component of HDL plays a crucial role in metabolizing homocysteine thiolactone and reducing homocysteine endothelial damages.

**Objective:** A total of 53 elderly coronary artery disease patient were recruited and divided into diabetic patient (n= 27; age= 68.3years) and non diabetics (n=26; age= 68.7 years). We evaluated plasma homocysteine levels (tHcy); thiolactonase activity (HTase) and studied the effects of adherence to a Mediterranean diet on them.

**Methods:** tHcy was determined by a validated highly sensitive and accurate capillary gas chromatography mass spectrometry method (GC-MS); HTLase was estimated by a commercially available kit assay. Dietary intakes were evaluated by a validated food frequency questionnaire

**Results:** Significantly higher tHcy levels were found in diabetic patients as compared to non diabetic (18,5  $\mu\text{mol/L}$  (15-24) vs. 15,8 (14-17);  $p=0.05$ ) associated to lower HTase activities (266,8U/L (162-365) vs. 327,4 (240 -406);  $p=0.05$ ). Moreover, in the diabetic tHcy levels were negatively associated with thiolactonase activities ( $r=-0.63$ ;  $p=0.00$ ). In this group, Mediterranean diet