RESULTS The average D2B time of the group receiving clinical pathway was obviously reduced (P<0.05) compared to the group not receiving clinical pathway, and the rate of D2B time reaching the standard of the former group is prominently improved (P<0.05). Of the group receiving clinical pathway, the peak value of CK-MB during hospitalization and the incidence rate of intraoperative ventricular fibrillation decreased (P<0.05), the average days of hospitalization shortened obviously (P<0.05), the TIMI Flow Grading after myocardial infarction intervention and the rate of creatine kinase-MB lVEF over 50% within one week after surgery enhanced significantly (P<0.05), and the rate of ECG ST-segment falling back by over 50% within 2 hours after surgery and the rate of normal creatine kinase-MB LVDD didn’t undergo obvious change compared to the other group. Between the two groups, such indicators as the quality of life (EQ-5D and EQ-VAS) in the first year after operation and the rate of regular exercise, quality of life and medication compliance within a year after surgery, there was no notable difference between the two groups (P>0.05).

CONCLUSIONS The average D2B time of the group receiving clinical pathway was significantly reduced. The peak value of CK-MB during hospitalization and the incidence rate of intraoperative ventricular fibrillation decreased prominently. The average days of hospitalization were significantly shortened. The post-surgery the TIMI Flow Grading after myocardial infarction intervention and the rate of creatine kinase-MB LVEF over 50% in the first week after operation both increased significantly. There was no significant change in both the rate of ECG ST-segment falling back by over 50% within 2 hours after surgery and the rate of normal creatine kinase-MB LVDD. The quality of life and medication compliance within a year after surgery was enhanced significantly, while the change of the incidence rate of MACE within a year after surgery wasn’t notable.

GW26-e2194
Optimal cutoff of Waist-to-Hip Ratio for Predicting Cardiovascular Risk Factors among Han Adults in Xinjiang
Shuangshuang Li,1,2 Fen Liu,1 Yitong Ma1,3
1Department of Cardiology, First Affiliated Hospital of Xinjiang Medical University, Urumqi, People’s Republic of China; 2Xinjiang Key Laboratory of Cardiovascular Disease Research, Urumqi, People’s Republic of China

OBJECTIVES The optimal cutoff of WHR among Han adults in Xinjiang which is located in the center of Asia was largely unknown. We aimed to explore the relationship between different waist-to-hip ratios (WHR) and cardiovascular risk factors among Han adults in Xinjiang, and determine the optimal cutoff of WHR.

METHODS The Cardiovascular Risk Survey (CRS) was conducted from October 2007 to March 2010. 14618 representative participants were selected using of 4-stage stratified sampling method, 5757 Han participants were in the study. The present statistical analysis was restricted to the 5595 Han subjects who had complete anthropometric data. The sensitivity, specificity, optimal cutoff and ROC curve in each WHR level were calculated. The shortest distance in the ROC curve was used to determine the optimal cutoff of WHR predicting cardiovascular risk factors.

RESULTS In women, WHR levels were positively associated with systolic pressure, diastolic pressure and serum concentration of total serum cholesterol. The prevalence of hypertension and hypertriglyceridemia increased as the WHR increased. The same results were not noticed among men. The optimal WHR cutoffs predicting hypertension, diabetes, dyslipidemia and ≥2 of these risk factors for Han adults in Xinjiang were 0.92, 0.92, 0.91, 0.92 in men and 0.88, 0.89, 0.89, 0.89 in women, respectively.

CONCLUSIONS Higher cutoffs for WHR were needed in the identification of Han adults aged ≥35 years with high risk of cardiovascular diseases in Xinjiang.