investigated on a large scale. The level of neopterin elevated in patients with advanced systolic heart failure compared with control subjects. The present study assessed the relationship between neopterin, a novel marker of monocyte activation, and risk of hospitalization for HF and mortality.

**Methods:** The examined group was composed of 54 patients with NYHA class III and IV advanced heart failure and 44 healthy volunteers. All patients medical history was taken. Physical examination and echocardiographic examinations were performed. Neopterin concentration in blood serum was determined with a radioimmunological assay. Twelve months after the patients had left the hospital, their hospital administration, clinical symptoms of heart failure and mortality were evaluated.

**Results:** The mean neopterin levels were significantly higher with heart failure patients compared with control group. The concentration of neopterin was statistically higher at twenty nine (53,7%) patient whom administer to hospital with decompased heart failure attacks during follow up (p=0,028). Concentration of neopterin in patient with class IV NYHA of heart failure was significantly higher than in group of patient with class III (p=0,001). The neopterin levels were statistically higher at patients who died (35,1%), (p>0,01). On multiple regression analysis, neopterin levels (p=0,02), ejection fraction (p>0,001), and hospital administration (p>0,001) were independent predictors of adverse events.

**Conclusions:** Serum neopterin is an independent predictor of morbidity in patients with advanced heart failure. This marker of macrophage activation may be useful determination prognosis in patients with advanced heart failure patients.

### Echocardiography

**OP-180**

**Prognostic Role of Incidental Pleural Effusion Diagnosed During Echocardiographic Evaluation**

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**Aim:** The purpose of this study is to determine the long-term prognostic implications of incidental pleural effusion (PE) detected during echocardiographic examination and its relationship with concomitant diseases.

**Methods:** The study was performed by evaluating patient (n=251) records in whom PE was incidentally detected during echocardiographic examination in a tertiary hospital between 1999-2012. The patients were classified according to the concomitant primary diseases into four major groups; cardiovascular diseases, malignity, renal dysfunction and pulmonary diseases. The total lifetime is obtained from hospital records for patients died at hospital and social security institution records for patients having out-of-hospital death.

**Results:** Prognostic data of PE according to concomitant illness are as follows: For those PE concomitant with heart failure (n=151) patients life expectancies for one-year was 81% and five-year was 70%. For patients with malignancies (n=45) life expectancies for one-year was 53% and five-year was 44%. For patients with pulmonary diseases (n=37) life expectancies for one-year was 89% and five-year was 78%. For patients with renal diseases (n=18) life expectancies for one-year was 100% and five-year was 83%. Except PE associated with malignancies other PE concomitant with heart failure, renal disease, and pulmonary disease have similar (p>0,05 for all) and favorable outcome than PE concomitant with malignancies (p<0,001).

**Conclusion:** The prognosis of incidental diagnosis of PE by echocardiography is the worst for concomitant with malignancies, PE associated with non-malignant diseases including heart failure, pulmonary and renal diseases have similar and favorable outcome.

### Epidemiology

**Tuesday, October 29, 2013, 10:15 AM–11:30 AM**

**Hall: BISHKEK**

**Abstract nos: 181-186**

**OP-181**

**Predicting the Development of Diabetes in Men with Different Cardiovascular Risk**

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**The aim of the study:** Identification and assessment of the risk of diabetes in patients with different risk of cardiovascular complications in cardiology practice.

**Materials and methods:** The study included 300 men aged 40 to 69 years with low-to-moderate (<5% on the scale of SCORE, n=100), high (5-10% on a scale of SCORE, n=101) and very high (>10% on the scale of SCORE, n=99), cardiovascular risk without clinical manifestations of CVD and diabetes. Questioning the patients was conducted by Russian version of a standard questionnaire ARIC (Atherosclerosis Risk in Communities). Predicted risk of developing T2DM in the next 10 years was determined by questionnaire FINDRISC. All patients underwent tool (BP measurement, calculation BMI, waist circumference) and laboratory (lipsid, C reactive protein, uric acid, immunoreactive insulin, fasting glucose and 2 hours after taking 75 g of glucose) study.

**Results:** In the studied cohort of men with different levels of cardiovascular risk by SCORE scale in 28% of cases, revealed a low risk of developing T2DM, with 32.3% of those found moderately-high risk, whereas about 40% of men at the time of examination of a very high risk of developing T2DM. Among men with high and very high risk of developing T2DM in 53.8% of cases are of a very high cardiovascular risk. The men in the low-to-moderate cardiovascular risk pre-diabetes is detected in 21% of cases in individuals at high cardiovascular risk in 40% of cases, while 62% of men with very high cardiovascular risk is diagnosed early disorders of carbohydrate metabolism. Predicted risk of diabetes has the highest correlation with the level of fasting and after load blood glucose, immunoreactive insulin, with the cardiovascular risk by SCORE, BP, total cholesterol, HDL cholesterol and triglycerides. Mild but significant correlation was found between the risk of developing diabetes and uric acid, C-reactive protein, HDL cholesterol, left ventricular hypertrophy.

**Conclusion:** Thus, the application of the scale FINDRISC significantly expands the capabilities of primary care physicians to identify at-risk of developing diabetes. In the future, conducting advanced diagnostics in the form of glucose tolerance test to determine the tactics of prevention and medical correction to slow down and prevent diabetes in men with high and high cardiovascular risk.

**General**

**OP-182**

**Increased Epicardial Fat Tissue is a Marker of Subclinical Atherosclerosis in Patients with Psoriasis**

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**Background:** Carotid intima-media thickness (CIMT) is a potential indicator of subclinical atherosclerosis in patients with psoriasis. Epicardial fat thickness (EFT) is proposed as a new cardiometabolic risk factor. We evaluated the association between EFT and CIMT in patients with psoriasis.

**Methods:** The present study was cross-sectional and observational, 65 patients with psoriasis and 50 age- and sex- matched control subjects were included the study. Data about echocardiographic EFT, CIMT, anthropometric measurements, and metabolic profile were obtained.

**Results:** The EFT and CIMT were significantly increased (7.3±0.5 mm vs. 6.5±0.5 mm; p<0.001; 0.5±0.1 mm vs. 0.60±0.07 mm; p<0.01, respectively) in patients with psoriasis compared with the controls. EFT significantly correlated with CIMT (r=0.66, p<0.001). In a multiple linear regression model in which EFT was independently associated with age (β=0.37, p<0.01), CIMT (β=0.49, p<0.01), body mass index (BMI)(β=0.33, p=0.01), high-sensitive C reactive protein (β=0.39, p<0.01), duration of disease (β=0.35, p=0.03).

**Conclusion:** We have demonstrated increased EFT and CIMT in psoriasis patients, and echocardiographic EFT closely correlated with CIMT in patients with psoriasis.