aged 60±8.0 in average. Mortality was obtained from routine statistics and median follow-up was 7.2 years. The association of adiponectin with mortality was determined by a cox proportional hazard model.

**Results:** Adiponectin (mean: 5.6±4.3 microg/mL) was significantly associated (p=0.001) with RHR (mean: 63.8±11.9 beats/min) and LVEF (median: 55%, p=0.001) but not with the severity of coronary lesions (Gensini and Jeopardy scores). After multivariable adjustment for age, tobacco consumption, physical activity, history of diabetes, hypertension and dyslipidaemia, waist girth, ApoA1, length of CHD and severity scores, adiponectin remained significantly associated with mortality HR: 1.05 (1.01-1.09), p=0.008. In people with RHR ≥65.1 beat/min and LVEF <40% HRs increased significantly from 2.70 (0.93-7.84) when adiponectin was below median (4.4 microg/mL) to 7.29 (3.60-14.7) when it was above. The increased risk was similar when RHR was below 65.1 microg/mL and LVEF below 40%, (from 2.66 (0.73-9.77) to 6.80 (2.48-18.6)) or in men with RHR ≥65.1 microg/mL and LVEF ≥40%, although the strength of the relationship was smaller (from 1.22 (0.59-2.51) to 2.79 (1.43-5.41)).

**Conclusion:** High adiponectin levels were associated with long term mortality in French men suffering from CHD after multivariable adjustment. This prognostic value remains significant whatever the severity of CHD.

### 315

Framingham risk score for coronary heart disease is elevated in Tunisian psoriatic patients

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**Background:** Patients with psoriasis would be exposed to a high risk of atherosclerosis. This study aimed to assess ten-year cardiovascular risk for coronary heart disease in Tunisian psoriatic patients and to test the role of psoriasis severity and duration on cardiovascular risk.

**Methods:** A case-control study included 202 psoriatic patients and 216 healthy controls. Risk of coronary heart disease was estimated using the Framingham risk score algorithm.

**Results:** Psoriatic patients had higher ten-year Framingham risk score (12.7±3.81 vs. 7.45±6.66; p<0.001) than controls. Besides, a high risk score (20% to 40%) was more frequent in psoriatic patients compared with controls (18.3% vs. 6.5%; p<0.001) and a very high risk (>40%) was noted in 5.9% of psoriatic patients versus 0% in controls. The cardiovascular risk trend to increase with severity of psoriasis (10.05±11.22, 14.32±13.97 and 15.46±16.26 for low, high and very high risk levels, respectively). But, no sex difference was observed.

**Conclusion:** Tunisian psoriatic patients have significantly greater risk of developing coronary heart disease than controls. The more severe is the psoriasis; the higher the risk. Patients with psoriasis should be closely followed for cardiovascular disease and preventive measures specific interventions should be initiated according to guidelines in psoriatic patients.

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Resting heart rate in first year survivors after myocardial infarction and long term mortality: a community study

Patricia Jabre [Orateur] (1), Veronique Roger (2), Frederic Adnet (3), Benoit Vivien (4), Remy Cheikh Rouhou (2), Moncef Feki (3), Touradj Benoit (2), Xavier Jouven (5)

**Purpose:** Elevated resting heart rate (HR) during the hospitalization for acute myocardial infarction (MI) is an independent predictor of mortality. However, there is no study that ascertained HR at early follow-up visit after the introduction of beta blockers (BB), during the first year after MI. Thus, our aim was to evaluate the prognostic impact of resting HR at early follow-up visit after MI in first year survivors, independently of BB use.

**Methods:** In an MI incident cohort (1983-2007), resting HR at early follow-up (range 1 to 12 months) after MI was retrieved from an ECG database. First year survivor patients were followed from MI until death or last follow-up. The patient’s population was divided into 5 categories according to the HR level. Proportional hazards regression examined the association of HR with mortality after adjustment for confounders, particularly BB.

**Results:** The mean follow-up of the 1587 included MI patients in sinus rhythm (mean age 65±14 years, 62% men) was 9 years with 627 deaths. Patients with elevated HR had a worse baseline risk profile. Elevated HR at early follow-up was associated with an increased risk of death (table). In patients taking or not BB, similar results were obtained (table).

**Conclusion:** Elevated resting HR at early follow-up visit after MI identifies patients at increased risk of death, independently of BB use. This knowledge may help physicians to identify high-risk subjects easily.

**Resting HR at early follow-up (in BPM) in First Year Survivors after MI and Death (Adjusted Hazard Ratio (95% CI))*

<table>
<thead>
<tr>
<th>HR</th>
<th>All (n=1587)</th>
<th>BB at hospital discharge (n=1131)</th>
<th>No BB at hospital discharge (n=456)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HR&lt;60</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>60&lt;HR&lt;70</td>
<td>1.5 (1.2-1.9)</td>
<td>1.5 (1.1-2.0)</td>
<td>1.5 (1.0-2.3)</td>
</tr>
<tr>
<td>70&lt;HR&lt;80</td>
<td>1.6 (1.3-2.1)</td>
<td>1.4 (1.0-1.9)</td>
<td>1.9 (1.2-2.8)</td>
</tr>
<tr>
<td>HR&gt;80</td>
<td>2.1 (1.6-2.7)</td>
<td>1.8 (1.3-2.7)</td>
<td>2.2 (1.4-3.5)</td>
</tr>
<tr>
<td>HR&gt;90</td>
<td>2.2 (1.7-2.9)</td>
<td>1.9 (1.3-2.9)</td>
<td>2.5 (1.6-3.9)</td>
</tr>
</tbody>
</table>

*Adjusted for age, sex, body mass index, smoking status, hyperlipidemia, hypertension, heart failure, reperfusion/revascularization procedures, comorbidity as measured by the Charlson index. Adjustment also for BB at discharge in All population.

### 317

Prevalence and determinants of electrocardiographic abnormalities in sub-Saharan African individuals with type 2 diabetes

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**Aims:** Recommendations of the African Type 2 Diabetes Practice Guideline for the use of electrocardiogram in the monitoring of people with diabetes are non-specific. We assessed the prevalence and determinants of electrocardiographic abnormalities in people with diabetes in two referral centers in Cameroon.

**Methods:** A total of 420 patients with type 2 diabetes (49% men) receiving chronic care at the Douala General and Yaounde Central hospitals were included. Electrocardiographic abnormalities were investigated and related to potential history, clinical and biological determinants with the use of logistic regression models.

**Results:** The mean age and median duration of diagnosed diabetes were 56.7 years and 4 years respectively. The main (prevalence ~%) electrocardiographic abnormalities were: T waves alterations (20.9%), left ventricular hypertrophy according to the Cornell product criteria (16.4%), atrial fibrillation (16.2%), ischemic heart disease (13.6%), conduction defects (11.9%), QTc prolongation (10.2%) and ectopic beats (4.8%). Blood pressure variables (systolic, diastolic and pulse pressure) were consistently associated with all abnormalities. Diabetes specific factors were associated to some, but not all abnormalities.
Conclusions: Electrocardiographic abnormalities in this population are dominated by repolarisation, conduction defects and left ventricular hypertrophy, and are more related to blood pressure indices than diabetes specific factors.

January 14th, Saturday 2012

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Benefits of statin therapy on long term prognosis in coronary artery disease
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Purpose: In a large contemporary non experimental cohort of patients (pts) with known CAD, we assessed long term prognosis associated with statin therapy.

Methods: 783 consecutive male pts hospitalized in 2001-2004 for coronary artery disease were considered. The median follow-up was 7.17 years. Total mortality was predicted with a Cox proportional hazard model.

Results: Mean age (SD) was 60.2 (8.1), 144 pts (18.4%) were diabetic, mean glycemia was 5.9 mmol/l (2.1), 155 pts (19.8%) were smokers, mean blood pressure was 139 (20) / 84 (11) mmHg and median heart rate was 61 bpm [Interquartile range (IQR)] [57-70]. Mean HDL cholesterol was 43 mg/dl (11), mean LDL cholesterol 124 mg/dl (39) and median triglycerides were 147 mg/dl IQR [109-171]. Mean Cockcroft-Gault creatinine clearance was 87 ml/min and 11 pts (1.4%) had a severe chronic renal failure (lower than 30 ml/min). Mean left ventricular ejection fraction was 0.53 (0.13), 88.5% were on antiplatelet therapy, 75.2% on beta-blocker, and 54.8% on ACE inhibitors or ARB.

Statin therapy was given to 507 pts (66%). The cumulative seven-year total mortality rate was 17.9% in the whole sample. It was 14.1% in the statin group but reached 25.2% in pts without statin therapy (p<0.001).

After multivariate adjustment for age, diabetes, tobacco consumption (none ; ≤40 pack-years; >40 pack-years), heart rate, left ventricular ejection fraction (≥0.5; ≤0.5 or >0.5; ≤0.53; ≤0.55), duration of CAD, ankle-brachial index (≤0.9; >0.9 and ≤0.6; >0.6), history of chronic obstructive pulmonary disease or stroke and coronary revascularization, all-cause death was reduced by 46% (95% CI [23%; 65%] p=0.001) in the group with statin therapy compared to the group without.

Conclusion: In this large observational cohort of non-selected coronary pts, risk of all-cause death is decreased by more than 50% in pts under statin therapy.

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The 3 city study-COVADIS: determinants of atrial fibrillation incidence in an elderly contemporary French cohort
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Background: Epidemiological studies data indicate that the incidence of AF, a rapidly growing epidemic burden, varies from 10 to 20 per 1000 person-years in subjects aged 65 or over. Age is the more potent AF risk factor, due to combined risk factors and/or predisposing cardiac conditions for AF.

Aims: We aimed to evaluate the clinical and ECG predictors of the incidence of AF in a large contemporary French population-based prospective cohort study. The clinical evaluation and ECG was realized at admission and after 4 years of follow-up.

Methods: The study is part of the Three City Study (COVADIS), which included subjects aged - 65 years and not institutionalised. The incidence was investigated during a mean follow-up period of 3.65 years.

Results: The overall incidence rate was 4.4/1000 persons per years. Based on multivariable analyses, the HR was 2.32 (95% CI: 1.41-4.00), p=0.001) for male gender. Age above 75 years (HR 2.34 [CI 95%: 1.21-4.74], p=0.015), hypertension (HR 1.84 [95% CI: 1.10-3.10], p=0.02) and history of AF (HR 3.34 [95% CI: 1.12-8.89], p=0.03) were associated with an increased incidence of AF. ECG-derived parameters, including LV hypertrophy, and the usual clinical risk markers were not associated with AF occurrence at follow-up.

Conclusion: In a contemporary cohort of elderly subjects, hypertension, age, history of previous AF and gender are predictors of AF occurrence at midterm follow-up. No ECG variables were predictors of AF.

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Relationship between uric acid and metabolic syndrome in non-diabetic and non-hypertensive in a Tunisian population
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Objective: Serum uric acid (UA) is reported as an important marker of hypertension, coronary heart disease, and diabetes. We examined the association of serum uric acid (UA) with metabolic syndrome (MS) in a Tunisian population.

Material and methods: The study included 2712 subjects (1228 men and 1484 women), aged from 35 to 70 years and living in the Great Tunis region. Patients with a history of CVD and Chronic Kidney disease (CKD) were excluded from the study. The MS was defined according to ATP III. Hyperuricemia was defined as a serum UA value >7.0 mg/dL, for males or >6.0 mg/dL for females.

Results: The prevalence of hyperuricemia, and metabolic syndrome, were 6.1% (9.8% in men and 2.8% in women), and 12.8% (10.2% in men and 15.2% in women), respectively.

Serum uric acid concentrations were significantly and positively correlated with body mass index, diastolic blood pressure and serum triglyceride concentrations; and statistically significant and inverse correlations were noted for serum uric acid and serum HDL-C concentrations. The prevalence of MS increased in men and in women according to the quartile of serum uric acid (p<0.0001). After adjusting for age, smoking status and BMI, multivariate logistic regression analysis revealed that there was a significant association between third-quartile uric acid levels and prevalence of metabolic syndrome in men and in women.

Conclusion: An increase of uric acid constitutes a risk factor for metabolic syndrome in Tunisian population. Uric acid may be a useful index for initial risk stratification of patient non-diabetic non hypertensive.

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Prevalence of prehypertension and associated cardiovascular risk profiles among adults in Great Tunis region
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(1) CHU la Rabta, Laboratoire de Biochimie, Tunis, Tunisie – (2) CHU la Rabta, Research Laboratory LR99ES11, Biochemistry Laboratory, Tunis, Tunisia

Abstract: The present study aimed to determine the prevalence of prehypertension (preHTN) and its cardio-metabolic profile in Tunisians, and to estimate the risk for coronary heart disease (CHD) according to blood pressure status. A total of 2712 individuals, aged 35 to 69 years were included. The