Conclusions: Electrocardiographic abnormalities in this population are domi-
nated by repolarisation, conduction defects and left ventricular hypertrophy, and
are more related to blood pressure indices than diabetes specific factors.

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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 coro-
nary 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
glycaemia was 5.9 mmol/l (2.1), 155 pts (19.8%) were smokers, mean blood pres-
sure 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 cho-
lesterol 124 mg/dl (39) and median triglycerides were 147 mg/dl [IQR 109-197].
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 and >0.35; ≤0.35), duration of CAD, ankle-brachial index (>0.9; ≤0.9 and
>0.6; ≤0.6), history of chronic obstructive pulmonary disease or stroke and coro-
nary 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 inci-
dence 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 inci-
dence 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 [95% CI: 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 clin-
ical risk markers were not associated with AFoccurrence 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-diabe-
tic 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 associa-
tion 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 ex-
cluded from the study. The MS was defined according to ATP III. Hyperuri-
cemia 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 concen-
trations; 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 pro-
files among adults in Great Tunis region

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Abstract: The present study aimed to determine the prevalence of pre-
hypertension (pHTN) 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