

further control coronary angiography because of an acute coronary syndrome. Clinical, hematologic, and angiographic data were analyzed.

Results: Patients were divided into 3 tertiles according to the RDW values (12.9 ± 0.4 , 14.2 ± 0.4 and 16.3 ± 1.5 respectively). Stent thrombosis developed in 47 (40.9%) patients in the lowest tertile, 39 (37.9%) patients in the middle tertile and 60 (58.3%) patients in the highest tertile ($p=0.006$). Female gender ratio was significantly high in the highest tertile (13 (11.3%), 8 (7.8%), 24 (23.3%), $p=0.003$, respectively). The RDW (odds ratio:1.397, 95% CI: 1.177- 1.657, $p<0.001$), platelet count (odds ratio:1.008, 95% CI: 1.004-1.012, $p<0.001$) remained independent predictors of stent thrombosis after multivariate logistic regression analysis. Receiver-operating characteristic (ROC) curve analysis demonstrated a cut off value 13.9 for the RDW, predicted the development of stent thrombosis with a sensitivity of 57% and specificity of 52% (Area under the ROC curve: 0.59, 95% CI: 0.53 to 0.65, $p=0.007$).

Conclusion: High RDW values were found to be independently associated with the development of stent thrombosis in patients with ST-elevation MI.

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The Pharmacoeconomic Efficacy of Ivabradine and Nebivolol Treatment of Stable Angina Pectoris in Patients with Left Ventricular Dysfunction

Rasim Kutlu¹, Mehmet Erdem Memetoglu²

¹Gümüşhane State Hospital, Department of Cardiology, Gümüşhane, ²Siyami Ersek Educating and Training Hospital, Department of Cardiovascular Surgery, İstanbul

Background: We aimed to investigate the pharmacoeconomic efficacy of ivabradine and nebivolol in treatment of stable angina pectoris patients with left ventricular dysfunction.

Methods: This prospective study included 34 patients with a left ventricular ejection fraction (LVEF) $\leq 40\%$ that were followed-up by the cardiology department; 15 (44%) patients were male, 19 (56%) were female, and mean age was 61 ± 5.1 years. Patients treated with nebivolol (17 patients, 50%) formed nebivolol group, patients who could not tolerate nebivolol and treated with ivabradine (17 patients, 50%) formed ivabradine group. The parameters recorded included heart rates, LVEF, hospitalization rates, quality of life (QoL) based on the Seattle Angina Questionnaire (SAQ) scores, the Duke Treadmill Score (DTS). Pharmacoeconomic analysis was performed by using Cost Minimization Analysis (CMA), and Cost Effectiveness Analysis (CEA).

Results: After 6 months' treatment ivabradine (mean dose 12 ± 2.5 mg daily) reduced heart rate by (102 ± 8.9) to (66 ± 3.2) beat per minute (bpm), ($p<0.05$), and nebivolol (mean dose 4 ± 0.8 mg/day) reduced heart rate by (105 ± 9.1) to (67 ± 4.3) bpm ($p<0.05$). LVEF for the nebivolol group improved by (38 ± 6.5) to (41 ± 3.2), ($p>0.05$) and for the ivabradine group (37 ± 5.4) to (41 ± 2.3), ($p>0.05$). The mean MET value in the nebivolol group increased from (3.7 ± 1.2) to (5.5 ± 1.6), ($p>0.05$), versus from (3.6 ± 1.5) to (5.5 ± 1.4), ($p>0.05$) in the ivabradine group. After 6 months' treatment CMA results showed a difference in the total cost of treatment was \$ 5288.70 in favor of nebivolol.

Conclusions: The findings of this study suggest that nebivolol is more cost-effective than ivabradine in the treatment of stable angina pectoris in patients with left ventricular dysfunction.

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Association between Plasma Fibrinogen Level and Saphenous Vein Graft Patency

Sinan Cerşit¹, Serkan Çay¹, Yavuzer Koza², Sadık Kadri Açıkgöz¹, Gizem Çabuk¹, Bihter Şentürk¹, Pınar Doğan¹

¹Türkiye Yüksek İhtisas Hospital, Ankara, ²Atatürk University Faculty of Medicine, Erzurum

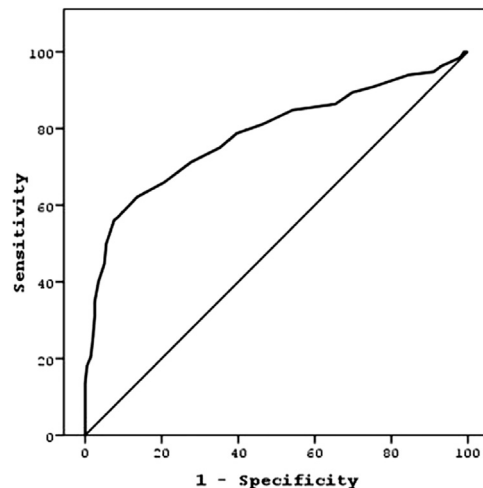
Background: Fibrinogen is related to pathogenesis of atherosclerosis. The inflammatory process in atherosclerosis may cause an increase in plasma fibrinogen level. Therefore, in this study we purposed to investigate whether plasma fibrinogen is associated with the patency of saphenous vein graft in patients at least 1 year after coronary artery bypass graft (CABG) surgery.

Methods: Patients who had undergone CABG surgery at least 1 year previously with at least one saphenous vein graft were included in the study. Patients were directed to cardiac catheterization for stable anginal symptoms or positive stress test results. Before coronary angiography, all patients had routine blood tests including plasma fibrinogen levels.

Results: Saphenous vein grafts were found to be patent in 199 patients and occluded in 132 patients. Plasma fibrinogen levels were significantly different between the two groups (2.85 ± 0.49 g/L vs. 3.62 ± 0.82 g/L, $p<0.001$, respectively). Although time after CABG operation differs significantly between the two groups ($p=0.004$), multiple logistic regression analysis showed that plasma fibrinogen levels were found to be significantly associated with the patency of vein graft (OR=0.27, 95% CI 0.16-0.48, $p<0.001$) (Table). In addition, a plasma fibrinogen value >3.45 g/L was determined to predict saphenous graft vein disease with a sensitivity of 57% and a specificity of 91% (AUC (area under the curve) =0.784) (Figure).

Conclusion: Our results demonstrated that plasma fibrinogen levels were higher in patients with an occluded saphenous vein graft. To prove this relationship between plasma fibrinogen values and saphenous vein graft patency, further investigations are needed.

ROC Curve



Multivariate regression analysis showing independent predictors of saphenous vein graft occlusion.

	Odds ratio	95% confidence interval	P value
Time after CABG surgery	0.93	0.87-0.99	0.04
MPV	0.26	0.17-0.39	<0.001
HDL cholesterol	1.04	1.01-1.08	0.012
Fibrinogen	0.27	0.16-0.48	<0.001

CABG, coronary artery bypass graft; HDL, high-density lipoprotein; MPV, mean platelet volume.

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Mediterranean Diet and Cardiovascular Diseases in an Turkish Population

Yeşim Hoşcan¹, Fatma Yiğit², Haldun Müderrisoğlu³

¹Baskent University Alanya Research Center, Ankara, ²Baskent University Adana Research Center, Ankara, ³Department of Cardiology, Baskent University, Ankara

Aim: Mediterranean diet (MD) is considered a model for healthy eating. However, prospective evidence in Turkey evaluating the relationship between MD and cardiovascular events is scarce. We surveyed the adherence of Turkish population to MD and its association with cardiovascular disease (CVD).

Methods-Results: Followed-up 900 participants (52 percent women) initially free of cardiovascular disease (CVD) during 5.1 years. The general dietary habits of study population were detected with a food frequency questionnaire. Data obtained from that questionnaire were tested with Mediterranean diet score in order to find out the relevance to Mediterranean diet. A MD score (scale 0-8) was computed reflecting high ratio of monounsaturated to saturated fat; high intake of alcohol, legumes, cereals, vegetables, and fruits; low intakes of meat and its products, milk and dairy products. Scoring <5 was defined as Low-MD consuming, while $5+$ as High-MD consuming. We observed 25 incident cases of CVD. Consumption of High-MD was 21% in men and 19% in women. The risk for myocardial infarction, coronary bypass, angioplasty, and any cardiovascular disease in men increased by 1.3 ($p=0.02$), 1.4 ($p=0.03$), 1.5 ($p=0.01$), and 1.3 ($p=0.02$), respectively, for each MD score decrease. In women, the risk for myocardial infarction and angioplasty increased by 1.3 ($p=0.02$) and 1.5 ($p=0.01$), respectively, for each MD score decrease. The risk for coronary bypass, and any cardiovascular disease in women, crude odds ratios ranged from 1.1 to 1.3 but were not statistically significant.

Conclusions: The current rate of MD in Turkey is fairly low. There is an inverse association between adherence to MD and the incidence of fatal and non-fatal CVD in initially healthy adults.