GW25-e361

Sodium Tanshinone IIA Sulfate Reduces Elevated Serum High Sensitivity C-Reactive Protein in Patients with Coronary Heart Disease: a Prospective Randomized Open-label Blinded End Point Trial

Li Stiming1,2, Wang Qiang1, Li Chen1, Guo Xue-rui1, Tong Ren Hospital, China Academy of Chinese Medical Sciences (2012XL022-2). 72 patients were randomized into two groups: atorvastatin 40mg/day group and rosuvastatin 20mg/day group, which received standardized treatment as guidelines recommend. After admission they were seperated into two groups: atorvastatin 40mg/day group and rosuvastatin 20mg/day group, and would continue to take the medicine for 30 days. The primary end point was the reduction of serum LDL-c levels, all-cause mortality, re-AMI, readmission rate within 30 days. Secondary endpoint were serum transaminases, bilirubin, serum creatinine, urine protein.

Results: There was no significant difference between the two groups (0.32±1.36, 0.40±1.13, P=0.737) about the reduction of serum LDL-c levels and primary clinical endpoint of all-cause mortality (P=0.699), the incidence of re-AMI, readmission rate within 30 days was lower in rosuvastatin group than in atorvastatin group (P=0.005, 0.018, respectively). There is no significant difference on alanine aminotransferase and total bilirubin between the two groups. However, the urinary protein levels increased more in rosuvastatin group than in atorvastatin group (0.10±0.03 vs 0.17±0.05, P=0.009), while serum creatinine levels had the same trend (0.3±0.29 vs 0.17±0.66, P=0.030). After multivariate analysis, it is not statin used but BNP level had a significant impact on all-cause mortality.

Conclusion: This study investigated whether it is the same by application of rosuvastatin 20mg or atorvastatin 40mg on effectiveness and safety in patients with acute myocardial infarction (AMI). The results showed that there was no significant difference in all-cause mortality, re-AMI, readmission rate, and other endpoints between the two groups. However, serum creatinine levels increased more in rosuvastatin group than in atorvastatin group. Further study is needed to explore the impact of these two drugs on the prognosis of patients with CHD.

GW25-e3396

Analysis of Anticoagulation Therapy in Very Elderly Patients with Nonvalvular Atrial Fibrillation

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Objectives: To investigate the current status of thromboembolism risk and antithrombotic treatment in very elderly patients(ages ≥ 80) with nonvalvular atrial

Results: There was no significant difference in the two groups (0.32±1.36, 0.40±1.13, P=0.737) about the reduction of serum LDL-c levels and primary clinical endpoint of all-cause mortality (P=0.699), the incidence of re-AMI, readmission rate within 30 days was lower in rosuvastatin group than in atorvastatin group (P=0.005, 0.018, respectively). There is no significant difference on alanine aminotransferase and total bilirubin between the two groups. However, the urinary protein levels increased more in rosuvastatin group than in atorvastatin group (0.10±0.03 vs 0.17±0.05, P=0.009), while serum creatinine levels had the same trend (0.3±0.29 vs 0.17±0.66, P=0.030). After multivariate analysis, it is not statin used but BNP level had a significant impact on all-cause mortality.

Conclusion: This study investigated whether it is the same by application of rosuvastatin 20mg or atorvastatin 40mg on effectiveness and safety in patients with acute myocardial infarction (AMI). The results showed that there was no significant difference in all-cause mortality, re-AMI, readmission rate, and other endpoints between the two groups. However, serum creatinine levels increased more in rosuvastatin group than in atorvastatin group. Further study is needed to explore the impact of these two drugs on the prognosis of patients with CHD.

GW25-e5282

Beneficial effect of Qishen Capsule on serum resistin levels in unstable angina

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Objectives: Resistin is a novel adipokine that is involved in inflammatory conditions and atherosclerosis. In this study we aimed to investigate the beneficial effect of Qishen Capsule on serum resistin levels in unstable angina.

Methods: Six RCTs with 316 participants were included in the meta-analysis. The effects of Qishen capsule in combination with anti-platelet drugs on platelet aggregation and bleeding time were used as analysis indexes. A meta-analysis was performed by RevMan 5.0.

Results: Both therapeutic regimens reduced resistin levels; combined treatment group resulted in a greater decrease in resistin levels (4.17±1.52 vs 2.05±0.92 ng/ml) when compared with regular treatment group (3.95±1.46 vs 2.39±0.91 ng/ml) (P=0.05). None of the patients experienced adverse events.

Conclusion: Results showed that combined treatment group resulted in a greater reduction in resistin levels than regular treatment group alone.

GW25-e0828

The effects and safety of high-dose Atorvastatin and Rosuvastatin in Acute myocardial infarction patients

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Objectives: To investigate whether it is the same by application of rosuvastatin 20mg or atorvastatin 40mg on effectiveness and safety in patients with acute myocardial infarction (AMI).

Methods: A total of 130 AMI patients enrolled in the study, all patients underwent standard medical treatment as guidelines recommend. After admission they were separated into two groups: atorvastatin 40mg/day group and rosuvastatin 20mg/day group, and would continue to take the medicine for 30 days. The primary end point was the reduction of serum LDL-c levels, all-cause mortality, re-AMI, readmission rate within 30 days. Secondary endpoint were serum transaminases, bilirubin, serum creatinine, urine protein.

Results: There was no significant difference between the two groups (0.32±1.36, 0.40±1.13, P=0.737) about the reduction of serum LDL-c levels and primary clinical endpoint of all-cause mortality (P=0.699), the incidence of re-AMI, readmission rate within 30 days was lower in rosuvastatin group than in atorvastatin group (P=0.005, 0.018, respectively). There is no significant difference on alanine aminotransferase and total bilirubin between the two groups. However, the urinary protein levels increased more in rosuvastatin group than in atorvastatin group (0.10±0.03 vs 0.17±0.05, P=0.009), while serum creatinine levels had the same trend (0.3±0.29 vs 0.17±0.66, P=0.030). After multivariate analysis, it is not statin used but BNP level had a significant impact on all-cause mortality.

Conclusion: This study investigated whether it is the same by application of rosuvastatin 20mg or atorvastatin 40mg on effectiveness and safety in patients with acute myocardial infarction (AMI). The results showed that there was no significant difference in all-cause mortality, re-AMI, readmission rate, and other endpoints between the two groups. However, serum creatinine levels increased more in rosuvastatin group than in atorvastatin group. Further study is needed to explore the impact of these two drugs on the prognosis of patients with CHD.