K017

HYPERTENSION IN PREGNANCY: CHANGES DURING A 24-YEAR OBSERVATIONAL STUDY

We evaluated 864 pregnant women with hypertension observed during a 24-year period and assessed changes in the different forms of hypertension in pregnancy. Each patient included a clinical history, blood and urine analysis, and maternal-fetal morbidity and mortality. The control group consisted of 607 time-matched women with normotensive pregnancies. The observation time was divided into three periods for evolutive assessing: 1973-80, 1981-88, and 1988-96.

Women with hypertensive pregnancies were older than controls (29.6 ± 3.4 vs 28.6 ± 3.1 years, p<0.005) and derived from a higher fetal risk (7.3% vs 3.0%, p<0.001) and maternal (0.9% vs 0% mortality. Maternal deaths were observed during the last 11 years. The highest rates of preterm delivery and fetal mortality corresponded to eclampsia (65% and 21%, respectively) and pre-eclampsia superimposed on chronic hypertension (50% and 21%, respectively). The lowest fetal morbidity and mortality were observed in the gestational hypertensives (10% and 2%, respectively). The previous variables are shown as follows:

Hypertension form

<table>
<thead>
<tr>
<th>Year Period</th>
<th>Gestational *</th>
<th>Preeclampsia</th>
<th>Chronic</th>
<th>Chronic+peccampsia</th>
<th>Uncontrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>1973-1980</td>
<td>71 (30%)</td>
<td>50 (20%)</td>
<td>40 (17%)</td>
<td>19 (8%)</td>
<td>11 (5%)</td>
</tr>
<tr>
<td>1981-1988</td>
<td>61 (26%)</td>
<td>29 (12%)</td>
<td>30 (13%)</td>
<td>16 (7%)</td>
<td>10 (5%)</td>
</tr>
<tr>
<td>1988-1996</td>
<td>50 (20%)</td>
<td>22 (9%)</td>
<td>21 (8%)</td>
<td>11 (5%)</td>
<td>8 (4%)</td>
</tr>
</tbody>
</table>

*Odds ratio 1.5 (95% period = 3.2; p<0.001).
*Odds ratio 1.5 (95% period = 11.2; p<0.001).

Fetal mortality and combination treatment in 228 patients (52.3%). A mean daytime ambulatory BP monitoring. Ambulatory monitoring was carried out by means of Spacelabs 90207 monitors. The 436 enrolled patients (225 M, 181 F, mean age 61.3 ± 10.6 years) were left on their prescribed therapeutic regimen: monotherapy in 208 patients (47.7%) and combination treatment in 228 patients (52.3%). A mean daytime ambulatory BP ≤125/85 mmHg was defined as adequate BP control.

Summary logistic regression was performed to evaluate the variables (i.e. age, gender, therapeutic regime, dipper status) which could predict an adequate BP control. Multivariate analysis was performed by means of chi-square and logistic regression. Stepwise logistic regression was performed to evaluate the variables extracted by logistic regression and combination treatment in 228 patients (52.3%). A mean daytime ambulatory BP ≤125/85 mmHg was defined as adequate BP control.

Key Words: Hypertension in pregnancy, epidemiology, gestational hypertension.

K018

SEX-SPECIFIC ASSOCIATIONS OF HYPERTENSION WITH LIPID LEVELS IN A REPRESENTATIVE SAMPLE OF THE FRENCH POPULATION
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Through associations between hypertension (HT) and other risk factors, hypertensive subjects are burdened with a greater risk of premature cardiovascular disease (CVD) than that imposed by their blood pressure alone. The aim of this study was to investigate the relationship of HT with lipid levels in a random sample of the French population aged 35-64 years. Risk factors, hypertension, lipids, population

Key Words: hypertension, lipid, population.

K019

PREDICTIVE ROLE OF GENDER ON BLOOD PRESSURE CONTROL
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The purpose of this community based study was the evaluation of predictive role of different variables on adequate BP control. Family doctors and specialists (internists, cardiologists, nephrologists) were asked to send us a random sample of patients with essential hypertension (NYC VI stages) to undergo 24-hour ambulatory BP monitoring. Ambulatory monitoring was carried out by means of Spacelabs 90207 monitors. The 436 enrolled patients (225 M, 181 F, mean age 61.3 ± 10.6 years) were left on their prescribed therapeutic regimen: monotherapy in 208 patients (47.7%) and combination treatment in 228 patients (52.3%). A mean daytime ambulatory BP ≤125/85 mmHg was defined as adequate BP control.

We evaluated if gender, age, gender, therapeutic regime, dipper status could independently predict an adequate BP control. Mantel-Haeoszel odds ratios were computed on the variables extracted by logistic regression.

By means of chi-square and logistic regression, stepwise logistic regression was performed to evaluate the variables (i.e. age, gender, therapeutic regime, dipper status) which could predict an adequate BP control. Mantel-Haeoszel odds ratios were 1.49 (95% CI 1.1-1.6, p<0.01) and 1.33 (95% CI 1.1-1.5, p<0.01) for untreated and treated HT, respectively.

Key Words: Adequate BP control, gender, dip, ambulatory monitoring.

K020

CAROTID INTIMA-MEDIA THICKNESS AND CORONARY HEART DISEASE RISK FACTORS IN A LOW-RISK POPULATION
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Coronary heart disease (CHD) risk factors have been consistently related to an increase in carotid intima-media thickness (IMT) in selected populations. However, few studies were population-based and furthermore little attention has been given to the influence of CHD risk factors on IMT in low-risk populations.

We therefore examined the association between carotid IMT and CHD risk factors in a large (n=1013) and representative sample of middle-aged (35-64 years) men (n=536, 49.6 ± 8.6 years) and women (n=477, 49.7 ± 8.5 years) in one of the European populations with the lowest CHD risk. High-resolution B-mode ultrasonography of the common carotid arteries was performed. The IMT was measured at 6 points on each side, on the far wall exclusively, avoiding the site of plaque. The age at the 12 points were computed to produce an overall mean IMT. Age, smoking (NS in women), body mass index, waist to hip ratio, systolic and diastolic blood pressure, total and LDL cholesterol, triglycerides, glycemia, fibrinogen (NS in women), factor VII activity (NS in men), hematocrit (NS in men and women), fasting serum total cholesterol (TC), HDL-cholesterol (HDL-C), triglycerides (TG) and glucose were measured according to standard protocols in 1624 men and 1625 women from Northern, Eastern and South-western France in 1995-97. The prevalence of HT (blood pressure ≥160/95 mmHg and/or drug treatment) was 29.9% in men (14.2% untreated and 15.7% treated HT) and 24.9% in women (7.1% untreated and 17.8% treated HT). After adjustment for age, centre, body mass index, tobacco and alcohol consumption, glycemia and TG lowering drugs, untreated hypertensive women had higher levels of TC (6.14 vs 5.85 mmol/L, p<0.05), LDL cholesterol (3.05 vs 3.71 mmol/L, p<0.05), and TGs (1.07 vs 0.93 mmol/L, p<0.05) than nonhypertensive women; treated hypertensive women had lower levels of LDL-C (1.59 vs 1.67 mmol/L, p<0.05) than normotensive women.

Nonresponsive and hypertensive (untreated and treated) men had similar levels of TG, LDL and HDL cholesterol. In conclusion, the greater than normal CVD risk of hypertensive subjects could be partly due to abnormal lipid levels in a sex-specific manner. Further studies are needed to explain the HDL lowering effect of antihypertensive treatment.

Key Words: hypertension, lipid, population.

K021

SEX-SPECIFIC ASSOCIATIONS OF HYPERTENSION WITH LIPID LEVELS IN A REPRESENTATIVE SAMPLE OF THE FRENCH POPULATION
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Through associations between hypertension (HT) and other risk factors, hypertensive subjects are burdened with a greater risk of premature cardiovascular disease (CVD) than that imposed by their blood pressure alone. The aim of this study was to investigate the relationship of HT with lipid levels in a random sample of the French population aged 35-64 years.

Risk factors, hypertension, lipids, population

Key Words: hypertension, lipid, population.