Conclusions: Achieving BP control in the majority of elderly women with CAD can be accomplished with an electronic system, but requires combination drug therapy and doses that are higher than those commonly prescribed. There remains a subset of women with uncontrolled BP, despite the system suggesting an up-titration of doses.

Key Words: Hypertension; Coronary Artery Disease; Electronic Prescribing

A019
EFFECTS OF ANTIHYPERTENSIVE THERAPY ON QT DISPERSION IN ESSENTIAL HYPERTENSIVE PATIENTS
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We assessed the relationship between blood pressure (BP) level and QT dispersion in patients with essential hypertension. 40 untreated essential hypertensive subjects were treated with antihypertensive drugs for 8 weeks. 21 were treated with ACE inhibitor (imidapril, 10 mg, s.i.d.; group I). 11 were treated with alpha 1 blocker (bunazosin, 3, 6 or 9 mg, s.i.d.; group II). 8 were treated with beta blocker (metoprolol, 120 mg, s.i.d.; group III). BP and heart rate were measured for 48 hours every 30 minutes by ambulatory BP monitoring device (TM-2425, A&D Co.) before and after treatment. Standard 12-lead electrocardiogram (ECG) and echocardiography (UCG) was performed before and after treatment. QT dispersion (the difference between the maximum and minimum QT interval in different leads) was measured. Left ventricular hypertrophy (LVH) was assessed by ECG and UCG. Diurnal and nocturnal BP were decreased, and maximum and minimum QT interval and QT dispersion were shortened in group I. Diurnal BP was decreased, but QT dispersion did not change in group II. Diurnal BP was decreased, and maximum and minimum QT interval and QT dispersion prolonged in group III. Antihypertensive therapy with imidapril reduced QT dispersion and left ventricular mass index. We conclude that long-term imidapril treatment of hypertensive patients with LVH improves LVH and reduces the dispersions of QT. This effect may be important in preventing sudden cardiac death in hypertensive subjects.

Key Words: QT dispersion; hypertension; ACE inhibitor

A020
THE EFFECT OF ANTIHYPERTENSIVE DRUGS IN PREGNANCY

Aim: To analyze the effects of treatment with diet, Atenolol (Ate), Methyldopa (M.D) or more than one drug (>1 D), on the indices of fetal growth and maturation (Capurro test).


Results: One hundred sixty eight women were included in the analysis. The type of treatment used and the obstetric outcome were as follows:

<table>
<thead>
<tr>
<th>n</th>
<th>Weight (Kg)</th>
<th>gestation (w)</th>
<th>Capurro (w)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diet</td>
<td>76</td>
<td>2972 ± 749</td>
<td>36.9 ± 3.1</td>
</tr>
<tr>
<td>Ate</td>
<td>24</td>
<td>2421 ± 685</td>
<td>35.5 ± 3.2</td>
</tr>
<tr>
<td>MD</td>
<td>30</td>
<td>2753 ± 993</td>
<td>36.3 ± 3.1</td>
</tr>
<tr>
<td>&gt;1 D</td>
<td>38</td>
<td>1952 ± 931</td>
<td>32.2 ± 4.5</td>
</tr>
</tbody>
</table>

1ANOVA p < 0.000 between groups of diet vs Ate, >1 D and MD vs >1 D.
2ANOVA p < 0.000 between groups of diet, MD, vs >1 D.
3ANOVA p < 0.000 between groups of diet, M.D, Ate. vs >1 D.

Conclusions: According to these data, the effects of hypertension on fetus increased with a more intensive treatment. The use of more than one drug or Atenolol produced a higher grade of fetal growth retardation.

Key Words: Hypertension in pregnancy; Methyldopa; Atenolol

A021
SHORT-TERM TREATMENT WITH ANGIOTENSIN II RECEPTOR ANTAGONIST DOES NOT CHANGE LEFT VENTRICULAR DIASTOLIC FUNCTION, MASS, AND AORTIC STIFFNESS IN ESSENTIAL HYPERTENSION
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Even short-term treatment with angiotensin converting enzyme inhibitor in essential hypertension has been known to improve left ventricular (LV) diastolic function and aortic compliance. The purpose of this study was to examine the effects of angiotensin II receptor antagonist (Losartan) on LV diastolic function, LV mass, and aortic stiffness in essential hypertension. Sixteen patients (age 60 ± 6 years) without cardiac, renal, neurologic disease, or diabetes were studied. Before and 12 weeks after monotherapy with Losartan 50 mg q.d., (1) supine arterial blood pressure by sphygmomanometry, (2) interventricular septum and LV posterior wall thickness, and LV end-diastolic dimension by M-mode echocardiography, (3) mitral E and A wave, deceleration time (DT) by doppler echocardiography, (4) pulse wave velocity (PWV) in the descending aorta from aortic arch to the bifurcation by doppler echocardiography were measured with single-blind method. Twelve weeks after treatment, blood pressure was significantly, p < 0.05, decreased. However, E/A ratio, DT, LV mass, and PWV were unchanged. In conclusion, short-term treatment with Losartan decreases