epidemiological and experimental findings indicate that nitrates do play a part in death and arterial ischemic diseases.

Key Words: Antianginals; nitrates; NO donors; calcium channel blockers; cardio-cerebrovascular accidents

G034
INTRAHOSPITAL COMPLICATIONS OF ACUTE MYOCARDIAL INFARCTION IN HYPERTENSIVE PATIENTS. A RETROSPECTIVE CASE-CONTROL STUDY

Recent clinical trials described in AMI a poorer in-hospital prognosis of hypertensives (H) in comparison to normotensives (NT) due to more prevalent ischaemic, arrhythmic, and functional complications. However, H pts are more often of female sex and advanced age than NT ones, and the negative prognostic impact of these factors is well known. Aim of the present study was to evaluate the clinical patterns concomitant diseases and risk factors, and the in-hospital complications in H pts with AMI. From our database of 3924 patients consecutively admitted to our I.C.C.U., over the period 1987–1998, we selected 791 pts with history hypertension, 433 males and 358 females, mean age 69.1 ± 9.3 years. As control group we evaluated 791 NT pts coupled for sex and age. It was not found any significant difference between controls and H, as regards the site of AMI, but the last group showed a significantly higher prevalence of post-AMI angina (9.9 vs 7.6%, p < 0.01) and paroxysmal AF (7.1 vs 3.8%, p < 0.01), cardiogenic shock (2.9 vs 8.6%, p < 0.01), silent myocardial ischemia (1.4 vs 0.6%, p < 0.01) and paroxysmal AF (7.1 vs 3.8%, p < 0.01) as well as a significantly lower prevalence of deaths (5.2 vs 13.7%, p < 0.01) and of previous AMI (32.1 vs 23.5%), diabetes (7.8 vs 5.2%), renal failure (4.4 vs 1.2%), peripheral arterial disease (2.7 vs 1.1%), dyslipidemia (33.3 vs 21.8%), CVD (3.9 vs 1.6%) and chronic obstructive lung disease (8.6 vs 4.4%). As regards in-hospital complications, H pts had a significantly (p < 0.01) higher number of ST depression at the entry (65.2 vs 42.3%) and of non Q wave AMI (83.5 vs 37.8%), as well as of previous AMI (32.1 vs 23.5%), diabetes (7.8 vs 5.2%), renal failure (4.4 vs 1.2%), peripheral arterial disease (2.7 vs 1.1%), dyslipidemia (33.3 vs 21.8%), CVD (3.9 vs 1.6%) and chronic obstructive lung disease (8.6 vs 4.4%). As regards in-hospital complications, H pts showed a significantly higher prevalence of post-AMI angina (9.9 vs 7.6%, p < 0.05), silent myocardial ischemia (1.4 vs 0.6%, p < 0.01) and paroxysmal AF (7.1 vs 3.8%, p < 0.01) as well as a significantly lower prevalence of deaths (5.2 vs 13.7%, p < 0.01), cardiogenic shock (2.9 vs 8.6%, p < 0.01), A-V block (3.3 vs 5.1%, p < 0.05) and VT and VF (3.2 vs 4.5%, p < 0.05). No significant difference has been found in LV failure, reinfarction, endoventricular thrombosis, pericarditis or concomitant stroke between the 2 groups. We conclude that H patients with AMI, when excluding confounding factors such as sex and age, show a better in-hospital prognosis than NT perhaps due to a less severe extension of the infarctual area and to the different pathophysiological pattern.

Key Words: Acute Myocardial Infarction; Arterial Hypertension; ST Depression; Non-Q Wave AMI; Post-AMI Angina Pectoris; Silent Myocardial Ischemia; Death; Cardiogenic Shock; Paroxysmal Atrial Fibrillation; A-V block

G035
REFERENCE VALUES OF AMBULATORY BP IN CHILDREN AND ADOLESCENTS
E. Lurbe, B. Cremades, M.I. Torro, C. Rodriguez, V. Alvarez, J. Redon. Pediatric Nephrology, Hospital la Fe and Hospital General; Hypertension Clinic, Hospital Clinico. University of Valencia. Spain

Objective: To assess reference values of ambulatory BP in normotensive children and adolescents.

Subjects and methods Twenty-four hour non-invasive ambulatory BP monitoring was carried out in 750 healthy normotensive children (438 girls), aged 4 to 18 years. The subjects were subdivided in eight height-sex groups (from 100 to 180 cm). Ambulatory BP was performed using an oscillometric device (Spacelabs 90207/90217), and appropriate cuff size, during a regular school/working day. BP was measured every 20 min from 06:00 to midnight, and thereafter every 30 min. Average of SBP, DBP and HR for 24hour, daytime (08:00 to 22:00) and nighttime (midnight to 06:00) were calculated. For each specific height-sex group, mean, P50, P90 and P95 were calculated.

Results. A progressive increase in SBP across the height range was observed in both sexes, for daytime and nighttime. The P50 and P95 (the upper limit of normality) for boys (△) and girls (●) are in the figure. In DBP no changes were observed across the height range.

Conclusion. The present values provided an useful information in establishing reference ambulatory BP values for pediatric population.

Key Words: Ambulatory BP; children; adolescents; reference values

G036
THE IMPACT OF DIFFERENT ECHOCARDIOGRAPHIC AND ULTRASONOGRAPHIC DIAGNOSTIC CRITERIA ON THE PREVALENCE OF LEFT VENTRICULAR AND CAROTID HYPERTROPHY IN A SELECTED HYPERTENSIVE POPULATION