were the drugs of choice in most pts (89, 52.7%). A mean
daytime ambulatory BP ≤ 135/85 mmHg was defined as
adequate BP control. Chi-square tests were used to assess
differences in adequate BP control between therapeutic re-
gimes and gender subgroups.

Adequate BP control was found in 74 pts (43.8%). BP
control was not statistically different between male (44/99
pts), 44.4%) and female (30/70 pts, 42.9%) subgroups. Com-
bination treatment was less effective than monotherapy in
obtaining an adequate BP control (39/102 pts, 38.2% vs.
35/67 pts, 52.2%), but the difference did not reach statistical
significance (p = 0.1).

We conclude that the figures of BP control in elderly
hypertensives, as assessed by ambulatory monitoring, con-
firm “the rule of halves”, regardless of treatment regimes
and gender. The bias of a selected population sample with a
good compliance to therapy (mainly ACE-inhibitors) could
provide an explanation for the higher rate of BP control we
observed in comparison with large-scale population sur-
veys.

Key Words: BP control; gender; treatment regime ABPM;
ACE-inhibitors

G040
MAJOR GENETIC ALTERATION IN HYPERTENSION:
EPIDEMIOLOGICAL BASIS
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Following our proposal of low RBC K as an intermediate
phenotype in hypertension, we performed pedigree analysis
in 12 hypertensive (HF) and 12 normotensive (NF) families
to assess the inheritance of a possible major genetic disorder.
Family study begun with the hypertensive subject followed
by their parents and sibling, spouses and children. HF in-
cluded 140 subjects and NF 127 cases: all subjects were
enrolled according age, sex, race, presence of hypertension
(HT), Diabetes (D), Coronary Artery Disease (CAD) and
Stroke, all documented in our clinic or by their physicians.
For each family the number of deceased, age and cause of
death were accurately obtained. 12 hypertensive subjects
disclosed data for 12 HF (24 parents, 74 siblings, 6 spouses
and 24 children =128) with large number of HT and CV
disease: a) Parents: 9 hypertensive and 3 diabetic HT (50%
incidence) with 3 AMI, 3 Stroke, 1 CRF and 10 CV deaths at
age 58±7 y; b) Siblings: 38 out of 74 had HT (52 %; range
33–90%); 7 Stroke, 4 D, CAD 4, 10 CV deaths at age 58±10 y;
c) Spouse HT 33 %, children: <30 y. old (2 out 15 = 13% HT),
≥30 y, 2 out of 9 = 22% HT). From 12 HT parents were born
50 HT (5 CV deaths, 45 survivors aged 52±6) and 4 HT
grand children. In contrast, in 12 normotensive data (24
parents, 76 siblings, 6 spouses and 21 children =127): a)
Parents: 2 HT (8%), 2 AMI, 1 CAD, 1 D, 13 no CV deaths at
age 73 ±7 y.; Siblings: 4 HT (5.2 %), 7D, no CV, no deaths, all
alive aged 52±9.7, c) spouses HT 29%, children 8 % HT. From
12 NT parents were only born 4 HT subjects and 2 HT
grand children. This study suggests the presence of a major
genetic component in subjects with essential HT.

Key Words: Genetics; epidemiology; essential
hypertension

G041
CHANGES IN POPULATION BLOOD PRESSURE
DURING 15 YEARS OF FOLLOW UP: THE
COPENHAGEN CITY HEART STUDY (CCHS)
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CCHS is a longitudinal epidemiological study of cardio-
vascular risk in a random population sample of both gen-
ders aged 20 and above from Copenhagen, Denmark. Blood
pressure (BP) was measured by a standarized method (LSH
Sphygmomanometer) during 3 cross sectional surveys:
1976–78 (n =14000), 1981–83 (n =12675) and 1991–94
(n =9661). Data were analyzed comparing age- and sex-
adjusted mean values (ANOVA) and by multivariate analy-
es. Substantial decreases in glucose levels and smoking
were observed during the follow-up. Body mass index (BMI)
was substantially unchanged. Minor changes occurred in BP
levels. In the last survey, age-adjusted mean systolic BP have
decreased by 2–4 mm Hg (p =0.04–0.000) as compared to
the levels 15 years earlier (Fig. 1 and 2) and age-adjusted
mean diastolic BP increased by 1–3 mm Hg (p =0.007–
0.000) in the age groups from 40 to 60 years during the same
period. Adjusting for the effect of BMI and changes in BP-
medication, BP levels remained constant. The possibility
of methodological problems inherent in this type of study
should be considered.

Conclusion: During the observation period, considerable
changes in life style reflecting in decreased risk factor levels
occurred, while only small changes in BP levels were ob-
erved. Population Blood Pressure seems resistant to time
and changes.

Key Words: Blood pressure; epidemiology; risk factors;
body mass index

G042
RALOXIFENE EFFECTS ON CARDIOVASCULAR RISK
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Raloxifene first SERM as determined by preclinical and early
clinical trials shows estrogen-like effects on bone and lipid
but estrogen antagonism at the uterus and the breast. It’s
known, however, that HRT show meany other beneficial
effects on the cardiovascular system in addition to altering
lipid. Aim of this study was to investigate if raloxifene modify profile of blood pressure and endothelium depen-