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 regimes 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. Combination 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, confirm “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 surveys.

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

G040
MAJOR GENETIC ALTERATION IN HYPERTENSION: EPIDEMIOLOGICAL BASIS


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 included 140 subjects and NF 127 cases: all subjects were grouped 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. Following our proposal of low RBC K as an intermediate phenotype in hypertension, we performed pedigree analysis

CCHS is a longitudinal epidemiological study of cardiovascular risk in a random population sample of both genders aged 20 and above from Copenhagen, Denmark. Blood pressure (BP) was measured by a standardized 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 analyses. Substantial decreases in glucose levels and smoking rates 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 lifestyle reflecting in decreased risk factor levels occurred, while only small changes in BP levels were observed. Population Blood Pressure seems resistant to time and changes.

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

Ralofoxifene 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 many 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-