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RELATIONSHIP BETWEEN CARDIOVASCULAR TREATMENT AND INTESTINAL POLYPS: A STUDY BASED ON SELF-REPORTED DATA
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This study formed a part of a project on a cohort intended to describe the morbidity of subjects chronically treated for cardiovascular conditions and the relationship between these treatments and the observed health disorders. The study used data from 5 self-administered questionnaires, each questionnaire described current treatment, and morbidity over a 1-year period. The pooled repeated observation method was used to analyse the data. Of the totals 17 244 subjects, 357 reported intestinal polyps. Drug treatment for hypertension, hyperlipidemia, diabetes mellitus, the main pharmacological classes of these treatments, prescribed diets, smoking and alcohol consumption, body mass index, and gallbladder status were examined for their relationship with intestinal polyps. The design was cross-sectional.

Factors that were statistically associated with polyps in pooled univariate Mantel-Haenszed analyse were then analysed by a pooled regression logistic procedure that takes in consideration the correlation inherent to the study design based on repeated observations. The results of this analyse showed that the subgroup of subjects with prevalent gallstones (0.7% of the population) had a 3.6-fold more intestinal polyps in five pooled 1-year periods than those without. Users of calcium channel blockers, a class of drugs used by 1.2% of the population the first year of the study and by 3.1%, 6 years later, had twice as many polyps (statistically significant) as subjects not taking such drugs. Subjects on a diet prescribed for hyperlipidemia, about 10% of the population studied, had 1.6 times more polyps than subjects not on this diet. Men had 2.1-times as many polyps as women; those whose alcohol consumption was excessive had more polyps (significant statistically) and those on lipid-lowering drug were border line.

Multivariate analyse taking in consideration significant univariate determinants for polyps showed that the strongest association of polyp rate with gallstones (OD, 3.9; 95% CI, 2.0-7.7),after correcting for other factors. Calcium channel blockers were associated with a 70% increase in intestinal polyp rate (OD, 1.7; 95% CI, 1.0-2.9) after correcting for sex, gallstones and alcohol consumption. Additional correction for an anti-hyperlipidemia diet had no effect.

In conclusion our results thus suggest that a regular intake calcium channel blockers may favorise the development of intestinal tumors.

Key Words: Intestinal Polyps, Cardiovascular Drugs, Calcium Channel Blocker

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HYPERTENSION-RELATED ORGAN DAMAGE AND LOW EDUCATION
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Hypertension (HT) and its organ damage are frequently ignored by patients with little education. Many people with hypertension are unaware of their condition and many more go untreated or inadequately treated.

We have established the awareness of HT and the importance to evaluate the possible hypertension-related organ damage in a cohort of 424 sanitation engineers (399 men and 25 women, mean age 40±8 years), working as street sweepers in the suburb of Caserta (Italy). All had low educational level.

For each patient we evaluated clinical and biochemical parameters such as age, sex, BMI, smoking habit, systolic and diastolic blood pressure, glycaemia, total cholesterol and triglycerides. The clinical examination included questions on living conditions, life-style and prescribed medication. Subjects with HT were questioned about their awareness of cardiovascular complications by evaluating their perception of health care needs, and to have an overall check up in a tertiary centre. The questions were posed by the same physician using an oral interview.

There were 74 hypertensives, equal to 18% of the whole sample. Despite a large proportion of subjects (71%) who knew that their blood pressure was high, only a low percentage (20%) was informed about the risks of HT and of the importance of an effective and continuous treatment. In fact, only 15 subjects were already in therapy, and of these, only 4 patients had well-managed blood pressure and none underwent exams to detect target organ damage. Subjects with HT were older (p= 0.004) and had higher BMI (p= 0.0001) than patients without HT.

Much of the adversity associated with lower socio-educational status can be eliminated with systems that overcome such barriers to health care and adoption of healthier lifestyles. We emphasize the importance of a sound sanitary policy using all possible screening programs able to reach the uneducated, to eliminate social inequalities in the managing of HT.

Our purpose is to organize a detailed program of health education in urban and rural communities to enhance the knowledge, detection and treatment of HT and its related organ damage, particularly through the collaboration between general practitioners, tertiary centres, medical scientific societies and regional political institutions.

Key Words: Hypertension, Target Organ Damage, Education

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DR CHIP, EDUC,& COSEHC: A TRIPLE PUBLIC HEALTH STRATEGY TO REDUCE MORTALITY IN A HIGH CARDIOVASCULAR RISK COMMUNITY
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The Dan River Region Cardiovascular Health Initiative Program (DR CHIP), a COSEHC Cardiovascular Center of Excellence is dedicated to reducing cardiovascular(cv)mortality in Pittsylvania County, VA, a county among those with the highest incidence of coronary artery disease mortality.Is also a NHLBI Enhanced Dissemination and Utilization Center(EDUC) and a COSEHC Cardiovascular Center of Excellence. Case managers are utilized to implement and to evaluate a three part community strategy to improve cv health. These are (1)outpatient cv disease screening, (2) public health nurses teaching middle public school classes on healthy lifestyles over three years, (3)public and physician education programs. The outpatient screening program includes measurement blood pressure, cholesterol, weight, blood sugar, BMI and body fat. Community cv screenings reveal an average of over 40% of screened individuals having Stage 1-3 hypertension,over 20% having total cholesterol over 200mg/dl, and 25% with non-fasting glucose equal or greater than 140 mg/dl. The middle school public health nurses program provides three years of healthy lifestyle education and serial cv health assessment for students in grades 6-8. After one year the student knowledge based on pre-post testing demonstrated approximately a 25% increase in cv knowledge confirmed. The incidence of obesity among these 11-12 year old individuals was over 75%, and 8% of them was hypertensive using age adjusted values after three serial bp measurement.

The physician education program involves a focused continuing medical education program that utilizes serial self assessment quizzes and a variety of CME educational formats with extensive participant feedback for continuous quality improvement of the learning process among primary care physicians and nurse practitioners. The average score on the initial 10 question quiz on diagnosing hypertension was 43%. Knowledge will be reassessed after educational interventions. Case managers also assess care provided by physicians screened by the DR CHIP program as part of the physicians education evaluation.

We conclude from this data that there is a high prevalence of cv risk factors in this community, a need for physician education on basic cv education.