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NATURE AND CONSEQUENCES OF STRESSFUL LIFE EVENTS IN URBAN YOUNG BLACK MEN WITH HYPERTENSION
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The purposes of this study were (1) to describe stressful life events experienced by urban young black men (YBM) with HBP over time and (2) to examine the effect of cumulative stressful life events on a variety of outcome variables. Using a prospective study design, data were collected on 230 YBM with HBP over a 24-month period. The most prevalent events that were reported at two or more 6-month points during the 24-month period were death of family member or close friend (34.8%), change in residence (17.4%), difficulty finding a job (15.2%), having been fired or laid off from work (10.9%), and a new, close personal relationship (10.9%). One or more of the following involvement with the crime or legal matters (i.e., major/minor violation of the law, being a violence victim, or being arrested or held in jail) were also reported more than twice during the period by 6.5% of men. A cumulative stressful life events score, as calculated by summing the number of life events experienced at 6, 12, 18, and 24-month follow-ups, was significantly (p < 0.05) correlated with illicit drug use (r = 0.19), alcohol intake (r = 0.13), depression (r = 0.25), and several domains of quality of life such as psychological general well-being (r = 0.27), cognitive function (r = 0.15), and symptom bother (r = 0.15) at 24 months. The results indicate that stressful life events pose a high risk for substance use, depression, and poor quality of life in YBM with HBP, and necessitate additional study to elucidate the mechanisms that underlie these relationships. Interventions for YBM with HBP should focus on assisting individuals in managing distress related to stressful events and providing them with specific skills (e.g., education on financial management skills) and community resources.

Key Words: Stressful Life Events, Black Men, Hypertension

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HYPERTENSIVE TARGET ORGAN DAMAGE ASSOCIATED TO HYPERURICEMIA IS STRONGLY DEPENDENT ON LOW URINARY URIC ACID EXCRETION
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Hyperuricemia (HU) is due to increased uric acid (UA) production, renal hypoexcretion, or both. A increased prevalence of hyperuricemia has been described in essential hypertensive patients due to a decreased renal capacity for urinary urate excretion. HU is associated with hypertension-related target organ damage (TOD) and predictor of cardiovascular disease (CVD).

Our objective was to assess the influence of urinary UA excretion in the association between UA, renal function and hypertension severity in a cohort of 1549 patients aged 35 to 60-y with essential hypertension (asymptomatic) Hispanic population. Subjects with any active disease condition, moderate to severe hypertension (HT), serum creatinine > 2 mg/dl, presence of renal or liver disease, history of cardiovascular or metabolic disease were excluded from the study. A total of 234 consecutive subjects were studied. The following prevalence of risk factors was observed in this population: overweight 78%, sedentarism 68%, hyperinsulinemia 64%, high LDL 27%, low HDL 40%, high triglycerides 41%, HT 12%, glucose intolerance 19% and undiagnosed type 2 diabetes mellitus in 5%. SS testing was conducted by increasing salt intake to >270 mg/day for one week, followed by lowering salt intake to <40 mg/day for an additional week. BP values during high salt minus BP values during low salt were employed to determine presence or absence of SS. SS was defined as decreases in MBP > 10 mmHg when going

Urinary UA Hypoexcretion is strongly related to hypertensive damage in HU patients, but this relationship is not through decreased renal function. Urinary UA excretion could improve the clinical predictive value of serum UA as a marker of hypertensive damage and cardiovascular risk.

Key Words: Hyperuricemia, Urinary Uric Acid Excretion, Hypertensive Target Organ Damage

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BLOOD PRESSURE EFFECTS ON PLASMA HOMOCYSTEINE IN ARTERIAL HYPERTENSION

Arterial hypertension is often accompanied by increased plasma homocysteine (HOM), an independent cardiovascular risk factor. The relationship of hypertension severity to HOM levels has not been elucidated.

We studied 1074 consecutive untreated patients with uncomplicated essential hypertension and 90 matched healthy controls. HOM had higher values in hypertensives (13.2 vs 10.9 μmol/L, p<0.0001). Systolic blood pressure (SBP) was similarly related to HOM in hypertensives and controls (r = 0.40 and 0.40) as was diastolic (DBP) (r = -0.34 and -0.39) and pulse pressure (PP) (r = -0.49 and 0.56). After age correction, DBP was related to HOM weakly in hypertensives and more strongly in controls (r = -0.09 and -0.41).

In hypertensives, HOM levels increased with increasing SBP quantities (10.5 to 11.2 to 13.6 to 16.3, F=68 p<0.0001) and PP quantities (10.1 to 11.3 to 13.4 to 16.8, F = 90 p<0.0001), but did not so with DBP quantities (17.3 to 12.3 to 12.0 to 11.7). Thus, patients with isolated diastolic hypertension (n = 303) had the lower HOM levels, patients with systolodiastolic hypertension (n=500) had higher HOM values, and patients with isolated systolic hypertension (n=210) had the highest HOM measurements (10.7 to 12.9 to 17.5 μmol/L, F=113 p<0.0001).

It is concluded that in essential hypertension HOM levels are increased and elevation of SBP and PP increase HOM values, while DBP is inversely related to HOM.

Key Words: Blood Pressure, Plasma Homocysteine, Arterial Hypertension

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SILENT CARDIOVASCULAR RISK FACTORS ASSOCIATED WITH SALT SENSITIVITY IN HEALTHY SUBJECTS
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The prevalence of silent cardiovascular risk factors and their association with the state of salt sensitivity (SS) was investigated in a healthy (asymptomatic) Hispanic population. Subjects with any active disease condition, moderate to severe hypertension (HT), serum creatinine > 2 mg/dl, presence of renal or liver disease, history of cardiovascular or metabolic disease were excluded from the study. A total of 234 consecutive subjects were studied. The following prevalence of risk factors was observed in this population: overweight 78%, sedentarism 68%, hyperinsulinemia 64%, high LDL 27%, low HDL 40%, high triglycerides 41%, HT 12%, glucose intolerance 19% and undiagnosed type 2 diabetes mellitus in 5%. SS testing was conducted by increasing salt intake to >270 mg/day for one week, followed by lowering salt intake to <40 mg/day for an additional week. BP values during high salt minus BP values during low salt were employed to determine presence or absence of SS. SS was defined as decreases in MBP > 10 mmHg when going