characterize for these co-morbid diseases, young asymptomatic adults, who were screened for sleep disorder and were diagnosed as having OSAS.

**Methods:** A cross sectional case-control study was conducted over healthy subjects aged 25-45 who undergo a routine periodic health examination at a 3-5 years interval, which included complete medical history, physical examination and laboratory tests. The Berlin Questionnaire of daytime sleepiness and snoring was used to identify possible sleep disturbance and a confirmed diagnosis of OSAS was made after a complete sleep study. The control group was comprised of healthy subjects, who underwent the same periodic examination and found not to have any sleep disorder.

**Results:** Of the subjects who completed the sleep studies, we identified 121 subjects who were diagnosed with OSAS. None of them were previously treated nor had any sign or symptom related to OSAS on their previous periodic examination, taken 3-5 years earlier. The control group was comprised of 229 subjects, matched by age and gender. The two groups were similar regarding smoking and alcohol consumption habits. The table depicts the physical and metabolic features found on the examination. The data shows that subjects who suffer from OSAS generally weigh more, as indicated by a 3-kg/m2 difference in BMI. Regarding blood pressure, OSAS is associated with elevated diastolic BP only and not systolic BP. There is no metabolic difference between the two groups.

**Conclusions:** Diastolic BP rise, is the first deleterious effect to occur among subjects who suffer from OSAS for a relatively short period. Questionnaire-screening for sleep disorders might help not only to identify and treat OSAS at early stage but also to prevent its consequences, i.e.; high BP, hyperlipidemia and diabetes. Further follow up is required to assess the effects of early recognition and intervention on blood pressure.

### Table: Physical and Metabolic Features

<table>
<thead>
<tr>
<th></th>
<th>Age (cm)</th>
<th>Height (kg)</th>
<th>Weight (kg)</th>
<th>SBP (mg/ml)</th>
<th>DBP (mg/ml)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OSAS (N=121)</td>
<td>38.6 ± 5.5</td>
<td>175 ± 710</td>
<td>121 ± 81711*</td>
<td>204 ± 35</td>
<td>170 ± 98</td>
</tr>
<tr>
<td>Control (N=229)</td>
<td>38.9 ± 5</td>
<td>176 ± 7</td>
<td>120 ± 1377710</td>
<td>205 ± 39</td>
<td>154 ± 109</td>
</tr>
</tbody>
</table>

* P < 0.05.

Key Words: Obstructive Sleep Apnea, Screening, Risk Factors

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**P-527**

**EFFECT OF ROFECOXIB VS. NAPROXEN ON HYPERTENSION AND EDEMA RELATED EVENTS: A MULTIVARIATE ANALYSIS INVOLVING 5557 PATIENTS FROM THE ADVANTAGE TRIAL**


Dual cyclo-oxygenase (COX)-1 and COX-2-inhibiting NSAIDs and selective COX-2-inhibiting coxibs may cause increased blood pressure (BP) and edema in predisposed patients due to combined effects on renal blood flow and distal tubule function. We evaluated potential risk factors for hypertension (HTN) and edema in a large GI tolerability study. 5557 OA patients transitioned from prior therapy to naproxen (NAP) 500 mg BID or rofecoxib (ROF) 25 mg QD were assessed by interview and physical examination, including resting BP at baseline and study wks 6 and 12.

Risk factors studied: age (< or ≥65), race (black or not), body mass index (BMI), diabetes (by history), gender, creatinine clearance (< or ≥ 50 ml/min) and baseline HTN (prior use of anti-hypertensives). Adverse events (AEs) analyzed: edema-related and HTN-related. Increases in systolic (S) and diastolic (D)BP (SBP >140, increase >20; DBP >90, increase >15) were evaluated. Treatment effect was assessed for each outcome by univariate logistic regression; multivariate analysis was performed using all risk factors and treatment in a backward elimination approach.

ROF and NAP, respectively, were not significantly different (OR ROF:NAP) for predefined changes in SBP: unadjusted OR = 1.17 (CI: 0.98,1.40) or DBP: unadjusted OR = 1.13(0.83,1.53) even when adjusted for significant risk factors.

Age ≥65, increasing BMI, female gender, non-black race, and baseline HTN were all associated with edema-related events, but only baseline HTN was related to HTN-related adverse events. Comparing ROF to NAP, there were no significant differences in relative incidences of edema- or HTN-related events among patients when analyzing the total cohort either adjusted or unadjusted for significant risk factors.

**Key Words:** Rofecoxib, Hypertension, Edema

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**P-528**

**ASSESSING HEALTH AWARENESS IN PATIENTS WITH HYPERTENSION**

Deborah S. King, Marion R. Woford, Sharon B. Wyatt, George E. Habeeth, Kimberly G. Harkins, Thomas K. Harrell, Daniel W. Jones, Brandon Sacher, Sara L. Noble. Division of Hypertension, University of Mississippi Medical Center, Jackson, MS, United States.

Mississippi has the highest overall cardiovascular mortality rates among the 50 states. Even more alarming are the data for trends over the last 15 years, which show this disparity in disease outcome worsening. Mississippians have among the highest prevalence rates in the nation for several of the major modifiable cardiovascular disease risk factors. Even though these prevalence rates are increasing, public awareness of the dangers of risk factors, such as high blood pressure, has declined. Patients, including those receiving treatment and follow-up for cardiovascular disease and risk factors, are often unaware of normal or desired health numbers or values. Increasing patient awareness of desired values or goals for blood pressure, blood sugar, blood cholesterol, and body mass index is imperative and should be a first step in prevention and treatment strategies. Simple and effective measures, including awareness questionnaires, can help increase patient awareness and health consciousness.

A pilot study was undertaken to evaluate 1) the utility of employing a routine cardiovascular risk factor health awareness screening measure in a hypertension specialty clinic and 2) patient awareness of desired health numbers or values. Data was collected on a random sample of patients in a hypertension specialty clinic during a typical 2 week period. A survey instrument consisting of 5 questions assessing awareness of desired health numbers was requested and completed on 65 patients.

Eighty-six percent of the total correctly identified an appropriate blood pressure goal. Fifty-two percent of the total correctly identified both desirable blood sugar and cholesterol values. Of those patients with diabetes, 82% were able to identify a desirable blood sugar value, while only 44% of those patients with dyslipidemia were able to identify desirable cholesterol values. Though Mississippi leads the nation in obesity and 75% of this population total were overweight or obese, only 16% could identify an appropriate BMI goal.

Assessing awareness of healthy numbers or values via self-administered questionnaires offers one possibility for increasing provider recognition of the need for subsequent education efforts. Communication issues between providers and patients are highlighted by using the