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AMBULATORY PULSE PRESSURE AND HYPERTENSIVE TARGET ORGAN DAMAGE
Lisong Liu, Hua Qi. Department of Cardiology, Xuan Wu Hospital, Capital University of Medical Sciences, Beijing, China.

To investigate the relationship between ambulatory pulse pressure and target organ damage of hypertension. There were 337 untreated subjects from the Department of Cardiology, Xuan Wu Hospital, Capital University of Medical Sciences, Beijing, China. The patients were divided into four groups according to their ambulatory pulse pressure, group A: pp≤40mmHg; group B: 40mmHg<pp≤50mmHg; group C: 50mmHg<pp≤60mmHg; group D: pp>60mmHg. They were also divided into 2 groups according to the level of left ventricular mass index (LVMI), namely, group with left ventricular hypertrophy (LVH) and group without. The ambulatory pulse pressure was significantly positively correlated with age (r=0.406; p<0.01), LVMI (r=0.277; p<0.01) and arterial stiffness index (r=0.668; p<0.01); Ambulatory pulse pressure was significantly higher in group with LVH than group without LVH (49.0±10.2 vs 44.7±8.9 mmHg, P<0.001). With increasing age, pulse pressure increased, especially after 50-60 years old. Increased arterial stiffness is the main reason leading to pulse pressure augmentation; and increased pulse pressure is one of the important determinant factors of LVH.

Key Words: Elderly, Ambulatory blood pressure monitoring, hypertension

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IS DIABETES AND HYPERTENSION CARE IMPROVING IN CATALONIA?
Mar Piqueras, Antoni Dalfo, Mencia Benitez, Susana Perez, Gustavo Losada, M Antonio Vila. EAP Gotic, ICS, Barcelona, Catalonia, Spain; EAP Gotic, ICS, Barcelona, Catalonia, Spain; EAP Gotic, ICS, Barcelona, Catalonia, Spain; EAP Gotic, ICS, Barcelona, Catalonia, Spain; EAP Gotic, ICS, Barcelona, Catalonia, Spain.

Aims: To evaluate blood pressure (BP) control among patients diagnosed of hypertension and diabetes attending primary care in Catalonia (Spain) in relationship to the control in 1996.

Design: Multicentric before-after study in primary care.

Measurements and Interventions: Random sample of clinical courses (306) and primary care centers (12). External audit of clinical course with retrospective analysis of 2001 data. Following variables were considered: age, sex, body mass index (BMI), systolic (SBP) and diastolic (DBP) blood pressure, time of hypertension diagnosis, number of blood pressures measurements before diagnosis and mean measurements if available. Other measurements were: screening for and availability of other cardiovascular risk factors and existence of any medical visit in the previous 6 months.

Methods: About 59,2% were women and mean age was 68,1 (10,8). Mean SBP and DBP were 145,9 (15,65) and 82,7 (12,68) mm Hg respectively. Only 31,9% of the patients had SBP <140 and DBP <90 mm Hg, a significantly higher percentage than in 1996 (24,7%; IC95% for the difference [0,6; 13,9]).

Degree of control achieved varied depending on the criteria applied (Table 1).

Degree of Control Depending on Criteria Applied

<table>
<thead>
<tr>
<th>Criteria Applied</th>
<th>Blood Pressure Criteria (mmHg)</th>
<th>Percentage Difference</th>
<th>IC 95%</th>
</tr>
</thead>
<tbody>
<tr>
<td>World Health Organization (WHO)/Joint National Committee VI (JNC-VI)</td>
<td>&lt;130/85</td>
<td>6,7</td>
<td>10,3,41</td>
</tr>
<tr>
<td>British Hypertension Society (BHS)</td>
<td>&lt;130/80</td>
<td>4,8</td>
<td>8,83,3</td>
</tr>
<tr>
<td>Canadian Medical Association (CMA)</td>
<td>&lt;140/80</td>
<td>9,3</td>
<td>19, 8,65</td>
</tr>
</tbody>
</table>

Conclusions: Though some improvement has been achieved in the degree of control of hypertension, figures are still modest. More work is needed in order to reach a satisfactory control of hypertension among diabetic patients.

Key Words: Diabetes, hypertension, control improving

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THE RELATIONSHIP OF OFFICE AND AMBULATORY SYSTOLIC BLOOD PRESSURES AND PULSE PRESSURES TO CARDIAC STRUCTURAL PARAMETERS IN NEVER TREATED HYPERTENSIVE SUBJECTS
George A Mansoor, William B White. Section of Hypertension and Clinical Pharmacology, University of Connecticut School of Medicine, Farmington, CT.

Epidemiological data for 30 years and recent trials results suggest that systolic is a better predictor than diastolic blood pressure (BP) of cardiovascular outcome particularly in middle aged and older persons. Furthermore, it has also been suggested that pulse pressure may be an...