ambulatory BP monitoring (even for short periods) is critical in the diagnosis of systolic hypertension.

Key Words: Systolic Hypertension, Isolated Systolic Hypertension, Ambulatory Blood Pressure Monitoring

**P-50**
RETROSPECTIVE COMPARISON OF CARDIAC AND RENAL EFFECTS BETWEEN CELECOXIB AND ROFECOXIB IN OLDER HYPERTENSIVE PATIENTS

Paul J. Nietert, Steven M. Ornstein, Lori M. Dickerson, Ralph J. Rothenberg, Scott D. Goldfarb. Medicine, Medical University of South Carolina, Charleston, SC; Family Medicine, Medical University of South Carolina, Charleston, SC; Rheumatology Associates, Youngstown, OH; Global Health Outcomes, Pharmacia Corporation, Peapack, NJ.

Background: COX-2-specific inhibitors (coxibs) may have adverse cardiac and renal effects on older patients with hypertension. PPRNet, a research network of ambulatory care practices that share a common electronic medical record, offered an ideal usual-practice setting for comparing outcomes in hypertensive patients treated with celecoxib or rofecoxib.

Methods: Using a retrospective design, stable hypertensive patients 55 years and older were identified from 31 ambulatory care practices. Patients were included if they were prescribed a coxib between 7/1/1999 and 6/30/2000. Patients prescribed a nonspecific non-steroidal anti-inflammatory drug (NSAID) in the 3-month period prior to the coxib index date were excluded, as were patients with a history of congestive heart failure. Patients prescribed an NSAID or additional coxib after the coxib index date were not excluded from the analyses; however blood pressure (BP) measurements for such patients were censored after the initiation of these new medications. Baseline and logistic regression models, which all adjusted for age, sex, baseline comorbid conditions, baseline current anti-hypertensive medications, and certain model-specific baseline measures.

Results: Baseline characteristics of patients receiving celecoxib (n = 517) and rofecoxib (n = 443) were similar. No significant difference was observed in the proportion of patients whose systolic BP increased 20 mm Hg, whose diastolic BP increased 15 mm Hg, or who were prescribed a new anti-hypertensive medication. Patients on rofecoxib were significantly more likely (odds ratio = 1.68, 95% confidence interval = [1.09 - 2.60]) to have had their anti-hypertensive medication dose increased than patients on celecoxib, and this increase occurred sooner (p < 0.05) than with patients receiving celecoxib. New onset comorbidity, number of physician visits, and changes in body weight and laboratory values were similar across groups.

Conclusions: Cardiac and renal outcomes between celecoxib and rofecoxib patients were comparable. However, significantly more rofecoxib than celecoxib-treated patients had the dosage increased for their existing antihypertensive medication. When treating older hypertensive patients with coxibs, blood pressure should be monitored regularly.

Key Words: COX-2-specific inhibitors

**P-52**
CORRELATION BETWEEN SYMPTOMS REPORTED IN ACTIVITY DIARIES AND BLOOD PRESSURE (BP) VARIATIONS FOUND BY AMBULATORY BLOOD PRESSURE MONITORING (ABPM)

Fernanda Nobre, Daniel Lemos, Maria Camila C Miranda, Tafak IM Geleitele, Luciana AC Santos, Eduardo B Coelho. Internal Medicine, Faculty of Medicine of Ribeirão Preto - USP, Ribeirão Preto, São Paulo, Brazil.

One of the advantages of ABPM is to correlate symptoms during the test with BP variations. However, there are doubts regarding this benefit. Therefore, this study aimed at evaluating BP variations at the moment of the symptoms and immediately before and after them, comparing them with the reference value of 140 x 90 mm Hg and the 24-hour average blood pressure obtained by the test. Three hundred and six tests of the ABPM Laboratory of the Clinical Hypertension Unit - HCFMRP - USP were analyzed randomly and retrospectively between June and December, 2002. This study aimed at observing symptoms reported by patients and correlating them with blood pressure variations at the moment they occurred and an hour before and after them, as well as comparing BP at this moment with 24-hour average BP. In 43 of these tests (14%), 17 different kinds of symptoms that repeated 80 times were reported. BP > 140 x 90 mm Hg was observed only at the moment of occurrence of 34 symptoms (42.5%). In all symptoms observed, BP was found to be higher than the 24-h average BP in the test only in 41 occasions (51.2%). Just at the report moment of 39 symptoms (48.8 %), BP was observed to be lower than the 24-h average BP. There was no correlation of blood pressures lower than the 5 percentile with the symptoms. By these observations, it was concluded that BP obtained by ABPM did not correlate with symptoms reported by the population analyzed according to their activity diaries. Therefore, it should be reconsidered how useful it is for this specific purpose.

Key Words: Ambulatory blood pressure monitoring, symptoms, diagnosis

**P-53**
REPRODUCIBILITY OF NIGHTTIME BLOOD PRESSURE FALL IN UNTRATED AND UNCOMPLICATED HYPERTENSION

Aud E Stenehjem, Vladimir Bulatov, Ingrid Oh. Department of Nephrology, Ulleval University Hospital, Oslo, Norway; Department of Pharmacotherapeutics, Sechenov Medical Academy, Moscow, Russian Federation; Department of Pharmacotherapeutics, University of Oslo, Oslo, Norway.

The purpose of the study was to investigate how reproducible the dipping pattern is in hypertensive subjects. All 79 patients (average age 48 years, range 26 to 67, 24 women) that entered the study had newly diagnosed