new approach to lowering blood pressure. Further studies are needed to confirm these findings and establish the effective dose range.

Key Words: Systolic Hypertension, Vascular Compliance, Novel Drug

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CONTINUOUS IMPROVEMENT OF ARTERIAL COMPLIANCE BEYOND BLOOD PRESSURE DECREASE AFTER THREE YEARS OF ANTIHYPERTENSIVE TREATMENT

Pulse wave velocity (PWV) is a reliable marker of arterial compliance. Large and elastic arteries’ stiffness leads to a faster propagation of pulse wave. Studies concerning the long term effects of antihypertensive treatment on PWV are scarce.

The aim of the study was to evaluate long term changes in arterial compliance due to treatment inhibiting the renin-angiotensin-aldosterone system (RAAS), and its relationship with systolic (SBP) and diastolic (DBP) blood pressure decrease. We determined PWV (COMPLIOR®), SBP and DBP, at baseline and throughout 60 months, in 55 previously untreated hypertensive patients (17 men and 38 women, aged 53.3 ± 9.6 years, range 38-73 years at baseline). All patients received either angiotensin converting enzyme inhibitors or angiotensin receptor blocker agents at useful doses to control blood pressure. All patients were followed-up during 60 months. The statistical analysis was performed by means of ANOVA with α=0.05. SBP and DBP decreased during the first year without significant changes thereafter. PWV showed a continuous and significant decrease throughout the follow-up period, but its rate of reduction since the third year was more evident than the decrease of SBP and DBP (p<0.0001 to SBP and p<0.03 to DBP).

Anti-hypertensive treatment blocking the RAAS results in decrease of PWV independently of its effect on BP after the third year. This observation could be related with changes in arterial remodeling due to ACE inhibition.

Key Words: Arterial Compliance, ACE Inhibition, Pulse Wave Velocity

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EFFECT OF INHIBITION OF HMG-CO-REDUCTASE ON CAROTID INTIMA-MEDIA THICKNESS (C-IMT) AND SISTEMIC INFLAMMATION PARAMETERS IN TYPE 2 DIABETIC PATIENTS
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C-IMT and serum PCR levels are important markers of cardiovascular disease and good predictors of morbidity and mortality in diabetic patients. The purpose of the study was to evaluate the effect of Pravastatin, a potent HMG-Co reductase inhibitor, on C-IMT and systemic inflammation in patient with type 2 Diabetes Mellitus (DM) and Hypercholesterolemia. 248 patients (146 males; 102 females; age 60.35±7.42) were enrolled and received Pravastatin 40 mg once daily for 24 months. Hypertensive patients with a good pharmacological Blood Pressure (BP) control (SBP<135 mmHg; DBP<85 mmHg); all patients were treated with ACE-I, ARB, long acting CCB, Alfa-blockers, Diuretics alone or in combination) after 6 months of treatment continued the study. Exclusion criteria were: 1) Abitual smokers; 2) Artery plaques; 3) Age ≥75; 4) Malignant or grade 3 hypertension (JNC VII); 5) Diabetic Nephropaty; 6) Chronic renal failure (creatinine clearance <60 ml/min); 7) Congestive heart failure; 8) NYHA class III; 9) BMI ≥32; 9) Chronic inflammatory disease or cancer; 10) HbA1c ≥10.5%, C-IMT was measured at baseline (T0) and after 12 months (T1) and 24 months (T2) by high resolution B-mode ultrasonography; BP was monitored at baseline and every 6 months by a Spacelabs 90207 (a non invasive automatic BP measuring device); PCR (as marker of systemic inflammation), LDL-Chol, HDL-Chol, HbA1c serum levels dosed at baseline and every 6 months. 62 patients did not concluded the study; in the remaining patients LDL-Chol (from 154.3±18.4 to 118.4±9.2 mg/dl - p <0.001), HDL-Chol (from 37.6±7.2 to 41.6±5.3 mg/dl - p<0.001), Microalbuminuria (from 498±46 to 264±31.9 µg/day - p<0.001) and PCR serum levels (from 14.7±3.4 to 6.3±1.8 mg/dl - p<0.005 ) decreased significantly; C-IMT reduced (from 1.09±0.3 to 1.01±0.16 - p<0.5 ) but not significantly. HbA1c was stable. Our data suggest that Pravastatin reduces systemic inflammation and stabilize C-IMT without signification of the more important metabolic parameters. This effect is even more pronounced for patients with a good pharmacological BP control.

Key Words: Pravastatin, Inflammation, Carotid Intima-Media Thickness

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THE ASSOCIATION BETWEEN FASTING PLASMA GLUCOSE AND SUBCLINICAL VASCULAR DAMAGE IN ESSENTIAL HYPERTENSION DO NOT IMPROVE WITH THE PRESENCE OF METABOLIC SYNDROME CRITERIA
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Patients with criteria of metabolic syndrome (MS) show an increased cardiovascular risk due to the presence of atherosclerotic vascular disease. However, the relationship with other risk factors and the clinical role of MS diagnosis is not completely known.

Our aim was to determine if diagnosis of MS could improve the association between subclinical vascular damage and the classification according fasting plasma glucose (FPG) in normal, impaired FPG (100-125 mg/dl) or diabetes (FPG>125).

Therefore, we designed a prospective cross-sectional study including 160 essential hypertensive patients consecutively attended in our Hypertension Unit, aged 40 to 70 years, without previous cardiovascular events. The presence of subclinical vascular damage was evaluated in all patients through the measurement of pulse wave velocity (PWV) by Compilor system.

According FPG, 38 patients were classified as normal, 93 as impaired FPG and 29 as diabetics. The PWV was significantly different according FPG classification (normal vs. impaired FPG, p<0.05, and impaired FPG vs. diabetic, p<0.01). However, the presence of MS according NCEP III criteria was not associated with any difference in PWV, neither in the overall, nor in the subgroups according FPG (see table).