Decreased ability/frequency to perform sexually was the most common symptom of hypogonadism among these men, reported by 55.8% \((P=0.014\) vs eugonadal group).

Men presenting to the primary care office with a history of hypotension have a higher crude prevalence of hypogonadism than men without a history of hypertension. The decrease in ability/frequency to perform sexually was statistically significant in hypogonadal versus eugonadal hypertensive men. Based on these results, it may be prudent to obtain blood testosterone concentrations in hypertensive men.

Key Words: Epidemiology, Hypertension, Hypogonadism

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HISTORY OF HYPERTENSION IS ASSOCIATED TO 5-YEAR NON SUDDEN CARDIOVASCULAR MORTALITY IN PATIENTS WITH ACUTE MYOCARDIAL INFARCTION WITHOUT HEART FAILURE

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Influence of history of hypertension (HT) over long-term mortality after myocardial infarction (MI) is uncertain. Since presence of heart failure (HF) is crucial for treatment and prognosis of MI, we investigated whether HT influences mortality in the patients with and without HF. This is a prospective study on 505 consecutive, unscreened patients with definite MI in north Italy. HF was evaluated according to Killip classification (class 1-4) on the first week from admission. All patients completed 5 years follow up (global mortality, non sudden cardiovascular mortality (non-SCVM), sudden death (SD) and non-CV mortality (non-CVM) were considered as outcomes). Baseline variables were age, gender, diabetes, HT, history of hypercholesterolaemia, history of angina or MI, CK-MB peak, revascularization, ACE-I and β-blocker therapy. Three hundred and ten patients (mean age 63.1±11.9 years, 20% female, 43% HT) had no HF and 195 (mean age 71.9±10.2 years, 43% female, 52% HT) had. Among no-HF patients, global mortality rate was 18% in NT and 29% in HT \((p=0.02)\) and non-SCVM was 6% in NT and 16% in HT \((p=0.002)\). Among HF-patients, global mortality rate was 53% in NT and 65% in HT (ns) and non-SCVM was 29% in NT and 49% in HT \((p=0.003)\).

At bivariate analysis, HT was associated to global mortality only in the patients without HF \((RR=1.7, CL=1.1–2.7, p=0.02)\) while it was associated to non-SCVM both in no-HF \((RR=3.0, CL=1.5–6.6, p=0.002)\) and HF group \((RR=2.0, CL=1.3–3.2, p=0.003)\). No associations were found between HT and SD and non-CVM. After adjustment, HT remained independently associated to non-SCVM \((RR=2.3, CL=1.1–5.4, p=0.03)\) along with age \((p=0.0002)\) and diabetes \((0.0003)\), while HT was no longer associated in the HF patients.

Conclusion: HT is independently associated to 5-year non-SCVM in the patients with MI without HF. This observation strengthens the link between HT and the worsening of the atherosclerotic vascular disease.

Key Words: Heart Failure in Myocardial Infarction, History of Hypertension, Mortality

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SECULAR TRENDS IN HEART RATE, BLOOD PRESSURE COMPONENTS AND HYPERTENSION PREVALENCE IN YOUNG ADULTS, 1949 TO 2004: ANALYSES OF CROSS-SECTIONAL STUDIES

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As few studies have comprehensively examined hemodynamic cardiovascular risk factors in youth, this study was designed to investigate the trends in blood pressure, pulse pressure, heart rate levels and hypertension prevalence in young adults between 1949 and 2004.

We studied 5 240 (55% male and 45% female) students who entered Queen’s University Belfast (QUB) as first year undergraduates between 1975 and 2004. These students comprised a 13% random sample of all students who entered university between 1975 and 1992, and a further 834 undergraduates (7%) who were randomly selected from all first year undergraduates who registered with University Health Centre from 2001-2004. Although original student records from 1949 to 1974 were destroyed, aggregate unadjusted findings from 1949-59 were available from previously published studies. Among students aged 16-24 we estimated the trend in mean heart rate, systolic and diastolic blood pressure and pulse pressure using linear regression analysis with year of entry as a categorical, and also as a continuous variable. \(\chi^2\) test for trend was used to assess the change over time in the proportion of hypertensive \((\geq 140/90\) mm Hg) and normotensive individuals \(<140/90\) mm Hg).

The earlier observations showed that blood pressure, pulse pressure and heart rate declined between 1949 and 1959 in both sexes. After controlling for age, BMI height, smoking and physical activity there was strong evidence to indicate that these declines continued to the late 1980s in males \((p<0.001)\). These trends were also generally observed in female students although diastolic blood pressure remained stable over the period. These favourable downward trends reversed thereafter, showing a deleterious increase to 2004 \((p<0.001)\). Hypertension prevalence showed a similar pattern, declining between 1949 and late 1980s, followed by a subsequent rise to 2004 in both sexes.

The decline in heart rate from 1949 observed in our study may account for some of the reduction in cardiovascular disease seen in the latter half of the 20th century. However the observed recent increase in these cardiovascular risk factors in young men and women is of concern and may have adverse implications for future patterns of cardiovascular disease.

Key Words: Cardiovascular Disease, Hemodynamics and Hypertension, Secular Trends

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PREVALENCE OF TINNITUS IN A POPULATION OF HYPERTENSIVE PATIENTS REFERING TO A HYPERTENSIVE CLINIC

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Background: Tinnitus is still a major clinical problem due to the difficulties concerning its etiology, pathogenesis and possibility to find an effective therapy. A previous epidemiology survey carried out in Italy showed that the prevalence of tinnitus in the general population is 14%. To our knowledge, no data are reported in the literature about the prevalence of tinnitus in the hypertensive population and its relationship with blood pressure (BP) values.

Objective of the Study: The aim of the present study was to evaluate the prevalence of tinnitus in a population of hypertensive patients referring to our Hypertensive Clinic.