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THE IMPACT OF ECHOCARDIOGRAPHY AND CAROTID ULTRASONOGRAPHY ON RISK EVALUATION IN PEOPLE WITH HIGH-NORMAL AND HIGH BLOOD PRESSURE; RESULTS FROM ICEBERG STUDY

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Background: Accurate detection of organ damage poses a problem in the management of hypertensive patients, and an important part of the patient’s status remains hidden like the underwater part of an ICEBERG. The screening of patients by echocardiography (Echo) and carotid ultrasonography (USG) might improve accurate risk classification.

Objectives: The primary purpose of Intensive / Initial Cardiovascular Examination regarding Blood pressure levels: Evaluation of Risk Groups (ICEBERG) study protocol is to determine the impact of different laboratory tests on cardiovascular risk stratification of subjects with blood pressure levels ≥130/85 mmHg. This report focuses on the impact of Echo and carotid USG on risk evaluation.

Methods: This report includes the data of subjects with BP ≥130/85 mmHg, enrolled at 20 cardiology centers. 164 subjects were included in the analysis. All subjects were assessed by Echo and carotid USG (evaluated by two blinded experienced observers). Left ventricular hypertrophy (LVH) was defined as left ventricular mass index (LVMI) ≥125 g/m² for male (M) and ≥110 g/m² for female (F). Vascular target organ damage was defined as carotid intima media thickness (CIMT) ≥0.9 mm and/or atherosclerotic plaque presence.

Results: The study subjects were 50.1 ± 11.3 years old (F/M ratio 1.3). 42.4% of the subjects were interpreted as having LVH by Echo. Increased CIMT or the presence of atherosclerotic plaque was detected in 39.7% of the men and 13.8% of the women. 82.8% of the subjects were classified into high (H) or very high (VH) added risk group, initially. Further 4.9% switched from lesser risk groups to VH added risk group, when Echo was performed. This proportion increased by 6.8%, when carotid USG was taken into account.

Conclusion: Since the presence of any target organ damage changes the risk class of the people with high normal and high blood pressure, screening with Echo and carotid USG might prevent them from being undertreated.

* on behalf of ICEBERG investigators

Key Words: Carotid USG, Echocardiography, Risk Assessment

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PROVIDER AWARENESS OF CARDIOVASCULAR COMPLICATIONS ASSOCIATED WITH NON-STEROIDAL ANTI-INFLAMMATORY THERAPY

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Recently published studies suggest a potential drug interaction between cardioprotective doses of aspirin and specific NSAIDs. In addition, cardiovascular complications associated with certain COX-2 inhibitors have been highlighted in the literature and prompted manufacturer action. To determine the awareness of these issues in the general healthcare community, a survey was developed and administered to physicians, pharmacists, and nurse practitioners. Various venues including mail, phone, and personal contact were utilized for data collection. Demographic data collected included age, gender, area of health care, and number of years in practice. Specific survey questions regarding NSAID therapy were designed to determine the clinical impact, assess the significance and influence of potential interactions and complications, and evaluate the influence on individual patient recommendations and management. Over 600 completed surveys were returned. There was no consensus among providers as to the cardiovascular adverse effect profile associated with COX-2 inhibitor therapy. The majority of providers did not know if COX-2 inhibitor cardiovascular complications were a class effect or not (physicians, 57%; pharmacists, 42%; nurse practitioners, 50%). More pharmacists (34%) felt that COX-2 inhibitor complications were a class effect compared with physicians (20%) or nurse practitioners (18%). Of all providers, 59% were more likely to recommend non-selective NSAIDs, while 21% were more likely to recommend celecoxib. Though more comfortable overall with COX-2 inhibitor use compared to non-specific NSAIDs, all providers were less comfortable with concurrent cardioprotective aspirin use as duration of therapy increased (1-2 times/month, 1-2 times/week, scheduled daily dosing). History of gastric events and costs were the primary factors influencing recommendations for specific NSAID use. These survey results indicate a lack of consensus among providers regarding NSAID recommendations as well as both awareness and influence of recent COX-2 inhibitor-associated cardiovascular complications.

Key Words: Adverse Effects, Cox-2 Inhibitors, Medications

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THE IMPACT OF ECHOCARDIOGRAPHY ON THE DETECTION OF LEFT VENTRICULAR HYPERTROPHY IN PEOPLE WITH HIGH-NORMAL AND HIGH BLOOD PRESSURE: RESULTS FROM ICEBERG STUDY

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Background: Accurate detection of organ damage poses a problem in the management of hypertensive patients, and an important part of the patient’s status remains hidden like the underwater part of an ICEBERG. The detection of left ventricular hypertrophy (LVH) by echocardiography (Echo) might provide a more accurate risk classification of the patients.

Objectives: The primary purpose of Intensive / Initial Cardiovascular Examination regarding Blood pressure levels: Evaluation of Risk Groups (ICEBERG) study protocol is to determine the impact of different laboratory tests on cardiovascular risk evaluation and stratification of subjects with blood pressure levels ≥130/85 mmHg. This report focuses on the impact of Echo on the detection of LVH.

Methods: ICEBERG is a healthcare organization-based epidemiological study. This report includes the data of subjects with BP ≥130/85 mmHg, enrolled at 20 cardiology centers. The subjects were evaluated for the presence of LVH by ECG and Echo. All ECG and Echo recordings were evaluated centrally by two blinded experienced observers.

A total of 164 subjects were included in the analysis. ECG criteria for LVH were the presence of Sokolow-Lyons (>38 mm) or Cornell (>2440 mm,ms) indexes. LVH was defined as left ventricular mass index (LVMI) ≥125 g/m² for male (M) and ≥110 g/m² for female (F) by Echo.

Results: The study subjects were 50.1 ± 11.3 years old with a F/M ratio of 1.3. Only 0.7% and 2.7% of the subjects had positive Sokolow-Lyons and Cornell index, respectively. The proportion of subjects with LVH...