preinfarction angina, age > 65 years, gradual onset, severe pain, witness onset, going to see doctor quickly, taking symptoms seriously.

Conclusions: Age, gradual onset, witness onset, severe pain, preinfarction angina, emotional responses and inadequate coping strategies are the independent factors associated with PDT in patients with STEMI. Programs to reduce PDT must take into account of emotional responses and coping strategies of patients.

Key Words: Acute Myocardial Infarction, Decision Making Factor

P-583
A MODEL FOR IMPROVING BLOOD PRESSURE CONTROL IN ELDERLY HYPERTENSIVE PATIENTS: THE LIFESTYLE UNIVERSITY PROJECT
Ihab M Hajjar, Brandy K Frost, Jennifer L Blackledge. Center for Senior Hypertension, Palmetto Health Richland, Columbia, SC; School of Medicine, University of South Carolina, Columbia, SC.

Elderly hypertensive patients have the poorest rate of blood pressure control in the US. Multiple patient, physician, and system related factors have been implicated in the underlying cause, such as poor access to healthcare, unhealthy lifestyle habits, suboptimal physician-patient interaction, poor disease education and health disparities. We address these factors through a “group-education” format, the Lifestyle University (LU) through the Center for Senior Hypertension (CSH). “Faculty” included a cardiovascular dietician, an exercise specialist, a geriatric pharmacist, a stress-management specialist, a geriatric social worker, and a geriatric-hypertension specialist. We identified patients with poorly controlled hypertension and poor lifestyle through our community outreach program, which partnered with faith-based organizations, barbers and beauticians, and senior residential communities. To date, we have screened 139 patients (Age range: 24-87, 88 Females, 78 African Americans, % control: 77%) and those who agree are referred to LU. At LU, both group and one-on-one sessions are conducted, an overall assessment is conducted, and an individualized plan is developed. Classes include education and counseling on diet, physical activity, stress, hypertension disease education, community resources, and patient-physician interaction. Multiple theoretical models will be used such as stages of change, social networking, and preceed-proceed models. In addition, Community Health Advisors are used to provide additional support for the participants. Patients kept appropriate diaries for the respective domains. LU will last three months with classes two hours in length being offered every other week and with a monthly field trip to provide demonstration. A pilot group (N=7, mean age=82, 1 male, 1 African American) to test feasibility was conducted. Preliminary opinion of patients and faculty suggested a high degree of acceptability and enjoyment. Specific dietary, feasibility was conducted. Preliminary opinion of patients and faculty suggested a high degree of acceptability and enjoyment. Specific dietary, physical activity, weight, and hypertension education showed overall improvement. If proven to be effective, this model of care can be applied in various settings and accomplish an improved hypertension control in the elderly population.

Key Words: Lifestyle Intervention for Hypertension Control, Multi-Disciplinary Approach to Hypertension, Older Adults and Hypertension

P-584
BLOOD PRESSURE REDUCTION PROGRAMS FOR AFRICAN AMERICAN WOMEN
Leah S Jorgensen, Syed M Mohiuddin, Theola M Cooper, Dennis J Esterbrooks, Christina N Hadley, Daniel E Hilleman, Mark A Williams. Medicine, Creighton University, Omaha, NE.

African Americans (AA) have a higher prevalence of hypertension and worse cardiovascular and renal outcomes than white Americans. The purpose of this study was to evaluate blood pressure (BP) reduction effectiveness of a two tiered, culturally sensitive, cardiovascular disease (CVD) risk reduction program in moderate and low risk groups of AA women. Participants were assigned to one of two interventions based on the number of CVD risk factors present. The first tier, low level intervention, subjects were AA ≥ 19 years old with a BP ≥ 120/80 who attended free 10-week CVD risk reduction classes led by AA peer health educators. BP and weight were checked weekly. The second tier, higher risk / intensive intervention, subjects were AAs ≥ 40 years with a BP ≥ 120/80 and 1 + additional CVD risk factor(s). These subjects received evaluation, instruction, and follow up with a Nurse Practitioner, Health Educator, and Dietitian in addition to participation in the peer class series. Subjects from both tiers were referred back to their primary care providers for all medication management as needed.

300 AA women attended the peer-led classes. Of those, 47 fit study criteria and consented to have their results tracked. Tier 2 intensive intervention subjects (n=20, mean age = 54.7 ± 9.7) had higher baseline mean BPs (SBP 153.6 ± 28.5 mmHg; DBP 94.7 ± 18.1 mmHg) compared to Tier 1 subjects (n = 27, mean age = 56.7 ± 10.3), whose mean values were SBP 135.9 ± 12.2 mmHg and DBP 94.7 ± 8.1 mmHg (SBP p = 0.006; DBP p<0.0001). Results indicate that hypertensive and prehypertensive Tier 2 subjects had the greatest benefit, with a SBP reduction of 23.0 ± 25.2 mmHg (p = 0.001) and a DBP reduction of 15.2 ± 16.5 mmHg (p < 0.001). Hypertensive and prehypertensive Tier 1 subjects achieved a mean SBP reduction of 3.6 ± 12.9 mmHg (NS) and DBP elevation of 2.9 ± 9.5 (NS). Both groups experienced a significant weight loss (Tier 2: 3.4 ± 6.6 lbs, p=0.03; Tier 1: 2.7 ± 3.9 lbs, p = 0.001) although BP reduction did not correlate with weight loss in either Tier.

Conclusions: 1) A high intensity risk reduction program effectively achieved significant BP reduction in the high-risk AA females. 2) Lower risk prehypertensive and hypertensive AA women may benefit from more intensive intervention to achieve equivalent BP reduction.

Key Words: African American Women, Blood PressureReduction, Community Health Workers

P-585
IMMEDIATE CARDIOVASCULAR ADAPTATION IN RESPONSE TO A GLASS OF RED WINE IN HEALTHY SUBJECTS
 Begonia Monge, Rosa Fabregate, Eva Fernandez, Martín Fabregate, Judith Marquez, Olivia Sanchez, Arturo Ugalde, Alejandro Amador, Jose Saban-Ruiz. Endothelial Pathology Unit, Ramon y Cajal Hospital, Madrid, Madrid, Spain.

Introduction: In recent years many studies have focused on the well-known relationship between wine consumption and cardiovascular risk. Wine exerts its protective effects through changes in lipids, coagulation and fibrinolytic cascades, platelet aggregation and endothelial function. One of its ingredients, resveratrol, inhibits LDL oxidation, suppresses platelet aggregation and reduces myocardial damage during ischemia-reperfusion. Not many studies analyze the immediate cardiovascular effect of drinking a glass of red wine, although a vasodilatation and hypotensive mechanism has been hypothesized. AIMS: 1. To evaluate the vascular effects of a small account of wine. 2. To study the acute cardiac response.

Methods: N=10 healthy subjects, 4M, 6F, aged 26.9±1.52. BMI: 22.65±2.4 Kg/m2. Systolic and diastolic blood pressure, pulse pressure, large and small artery elasticity index (ml/mmHgx100), systemic vascular resistance , total vascular impedance, average pulse rate, stroke volume (ml/beat), stroke volume index (ml/beat/m2), cardiac ejection time (msec), all evaluated by the HDI/PulseWave CR-2000. Alcohol intake consisted of a glass (200 ml) of red wine at midday (>4h fasting).

Cardiovascular Profiling System assessment was performed three times running before and twenty minutes after drinking. Medium basal and small artery elasticity index (ml/mmHgx100), systemic vascular resistance, total vascular impedance were analyzed. Statistical analysis: Mann-Whitney U non-parametric, Wilcoxon signed ranks, Two-related-samples sign test.

Results: 1. Systolic and diastolic blood pressure, pulse pressure, large and small artery elasticity index systemic vascular resistance total vas-