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Is there a validity time for normal preoperative tests for another surgical intervention?

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Purpose: Cardiologists are frequently requested to perform the preoperative clinical evaluations prior to non-cardiac surgery. Several preoperative tests are routinely ordered to evaluate the clinical condition of the patient. On average, half of the patients have normal results. Since a paucity of data exists that delimits the validity period of these tests, they are frequently repeated in a matter of months if a second surgery is scheduled; thus, raising healthcare cost and the time before the second surgery can be performed. The aim of this study was to determine the temporal probability for change in normal preoperative tests and its relation to in-hospital evolution.

Methods: A total of 1,034 patients (946 female; 49.7±12.3 years) with a neo- plasm, who required surgical reintervention under general anesthesia were evalu- ated. All the patients were submitted for complete preoperative tests on both interventions, which included an ECG, chest X-ray, and blood tests. All patients had two sets of preoperative tests. The tests for the first intervention were compared with those of the second. The patients were divided in two groups: up to and over 50 years. The possible contribution of the following factors was analyzed as test modification determinants: age, surgical risk (ASA); prior chemotherapy or radiotherapy; and presence of co-morbidities. In-hospital evolution was followed.

Results: The mean interval between procedures was 41.2±32.7 months (6-191 months). From total of sample, the probability of change in any one of the tests was 1.4% (CI 0.6-2.2) for 12 month interval, 4.6% (CI 3.2-6.0) for a 24 month interval, and 8.3% (CI 6.1-10.5) for a 36 month interval. The probability of change in any one of the tests was 1.6% (CI 0.6-2.6) for a 12 month interval, 2.7% (CI 1.1-4.3) for a 24 month interval, and 5.7% (CI 3.8-8.1) for a 36 month interval for patients up to 50 years. For patients older than 50 years, the probability of change in any one of the tests was 1.2% (CI 0.2-2.1) for a 12 month interval, 7.1% (CI 4.4-9.8) for a 24 month interval, and 11.9% (CI 8.2-15.6) for a 36 month interval. Among the variables analyzed, age (P = 0.001), surgical risk (P = 0.001), QT (P = 0.001), and co-morbidities (P < 0.001) correlated with the probability of test changes. No correlation was found between in-hospital outcome and the presence of test changes.

Conclusions: Our results demonstrate that the probability preoperative test changes during the initial postoperative years are rare; furthermore, when they occur, they do not have any significant impact on the postoperative outcome.

P3351 | BENCH
Estimation of the effectiveness of apixaban in non valvular atrial fibrillation in anticoagulant suitable population in Argentina


Purpose: To estimate the effectiveness of apixaban relative to warfarin in NVAF anticoagulant suitable population in Argentina.

Methods: A literature review was undertaken to study epidemiological, clinical atrial fibrillation, and stroke data in Argentina. Data of interest was efficacy and safety of apixaban and warfarin, and quality of life in NVAF and stroke. Two Delphi Panels conformed by 6 and 7 experts representing the 3 main health subsectors (private, public and social security) were used to review and validate findings from published literature. All data were used to populate and adapt a global Excel based Markov decision tree cost-effectiveness model. Apixaban 5 mg BID and warfarin (5 mg QD, INR adjusted) were allocated into a simulated cohort of 1,000 patients per treatment group over a lifetime horizon. Utilities were derived from an EQ 5D questionnaire. The effectiveness findings from the analysis are reported.

Results: In Argentina, the use of apixaban compared to warfarin in NVAF patients could reduce the burden of disease and related costs and improve patient’s survival and quality of life by reducing stroke and major bleeding events.

Conclusion: Based on the model estimations, using epidemiological data from Argentina, the use of apixaban compared to warfarin in NVAF patients could reduce the burden of disease and related costs and improve patient’s survival and quality of life by reducing stroke and major bleeding events.

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Determinants of blood pressure control in hypertensive patients receiving a disease management program receiving a community health center in China

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Purpose: Community health center (CHC) in China is always regarded as a good facility of providing primary medical care and prevention. It has also been sug- gested important in the management of chronic non-communicable diseases, such as hypertension. This study was aimed to investigate the effectiveness of a community-based program for blood pressure (BP) control and the associated factors in patients with hypertension.

Methods: This cohort study enrolled 3191 patients (70±10 yrs, 43% males) in a hypertension management program provided by the Yulin CHC (Chengdu, Sichuan), who had at least 1 month of data in the program. And the last follow-up was completed in Jan-May, 2012. The program mainly consisted of structured face-to-face follow-up at the CHC including BP monitoring, symptom assessment, patient ed- ucation and prescription. By comparing the BP at entry and the recent BP (i.e. the highest in the 2012), the reduction in BP readings and improvement in BP control (defined as systolic<140 and diastolic<90mmHg) were identified. A multivariate logistic regression model was used to find out the associated factors of the recent BP status (controlled BP as OR=1 and uncontrolled as OR=1).

Results: The mean BP was 33±25 months. 1196 (38%) patients participated in the program for >24 months, 1544 (48%) patients for 24- 60 months, and 451 (14%) patients for >60 months. When compared with the BP at entry, the recent BP at program completion was significantly lowered (148±17 vs. 133±8mmHg; 83±11 vs. 75±6mmHg) and the BP control rate achieved was dra- matically increased as well (32% vs. 89% <0.01). The age>70yrs [Odds Ratio (OR) 1.440, female gender (OR 0.784), duration of stay in the program (OR 0.993), doctor-in-charge (OR 0.960), uncontrolled BP at entry (OR 1.768) and the use of a calcium channel blocker (OR 1.442) or a diuretic (OR 1.713) appeared significant (all p<0.05).

Conclusion: The team-based multi-intervention management program for com- munity hypertensive patients, reinforced by national health care reform policy and participation of CHC in China, shows its effectiveness to achieve a higher control rate in a more general patient population. However, it would be affected by age, gender, adherence of the patients and practice behavior of the doctors.

P3353 | BEDSIDE
Effect of exercise testing on NOx, ADMA and SDMA in patients with coronary artery disease

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Purpose: To assess the impact of exercise testing on Nitric Oxide (NOx), asym- metric (ADMA) and symmetric dimethylarginine (SDMA) production in patients with coronary artery disease.

Methods: Overall, 83 subjects were enrolled: 25 of them coronary artery disease patients (CAD group), 20 age and sex-matched controls with Cardiovascular Risk Factors (CVRF group), and 38 healthy controls (C group). In all subjects, Exercise Stress test Echocardiography (ESE) was performed on a bicycle ergometer, and Wall Motion Score (WMS) before and after ESE was calculated. NOx, ADMA and SDMA concentrations were determined in plasma, from venous blood samples, taken just before and after termination of ESE.

Results: NOx decreased during ESE in CAD group, but increased both in CVRF and C group (P<0.01 both). Both ADMA and SDMA were significantly higher in baseline, and after ESE, in CAD group and in CVRF group compared to healthy controls (P<0.001), and significantly increased during ESE in all groups (P<0.001 CAD group, P<0.05 CVRF group, P<0.01 C group). ADMA and SDMA correlated significantly in CVRF group (P<0.05, R=0.45 and P<0.05, R=0.52 before and after ESE respectively) and C group (P<0.001, R=0.68 and P<0.001, R=0.66 before and after ESE respectively). Workload and exercise duration were significantly lower in CAD group compared to CVRF and C group (P<0.001).

Conclusion: In patients with coronary artery disease, exercise testing decreased NOx while NOx increased in subjects with risk factors and healthy controls. This stress induced impairment of endothelial function is also expressed through signifi- cant increase of ADMA and SDMA after exercise testing, which was more