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cardiovascular events—nationwide case-control studies

3 visits, without pre-defined MACEs at the first year (in 1996) were retrieved from
MACEs (MI, stroke, CHF, ESRD and PVD)
that, a further prospective study could be designed to test the causality of OA to
mental issue of hypertension relevant MACEs raised by the use of nonsteroidal
patients (aged 30-60 years) with essential hypertension to alleviate the funda-
associated with OA in a nation-wide study.

in patients with intensive medical treatment for acute aortic dissection.

The impact of osteoarthritis (OA) on major adverse cardiovascular
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Figure 1

Figure 1

Conclusions: Low levels of eGFR, females, and the presence of ulcer-like pro-
tection, not the Stanford classification were predictive of long-term outcomes
in patients with intensive medical treatment for acute aortic dissection.

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Maternal hypercholesterolemia during pregnancy is associated with severity of myocardial infarction in young adults
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Purpose:

Purpose:
The effect of LP(a) in patients with heterozygous familial
hypercholesterolemia on coronary plaque burden and calcium score determined by CT
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Rationale: People with heterozygous familial hypercholesterolemia (FH) have a
genetic predisposition for developing premature cardiovascular disease (CVD).
However the clinical phenotype of FH has a high variability which is due to
metabolic and environmental factors. One of the metabolic factors that increase
the risk for premature CVD might be Lp(a). Previous studies have identified Lp(a)
as an independent risk factor for cardiovascular disease. The goal of our study was
to analyze the association between calcium scores and coronary plaque bur-
er in relation with plasma Lp(a) levels in patients with FH and to study whether
this association was similar in men and women.

Methods and results:
From February 2008 until June 2011 145 (93 men, age 54±12 years) patients with a clinical diagnosis of FH visiting the outpatient clinic for lipid disorders in the Medical Centre were included. These patients underwent
a CT coronary angiography to determine the coronary plaque burden and cal-
cium score. From 131 (84 men, age 53±8) of these patients blood was collected
and Lp(a) levels were measured. Lp(a) levels were subsequently related to total
coronary calcium score (TCS) and coronary plaque burden. Coronary plaque bur-
den is described as diseased coronary segment score per patient (DSS), DDS
and TCS were analyzed in a group with low Lp(a) <0.300 g/L, and with high Lp(a)
>1.00 g/L levels, adjusted for sex, using the Mann-Whitney U test. In men no significant
differences in DSS (p=0.960) and TCS (p=0.400) were found if Lp(a)
determined. In women significantly higher DDS (p=0.029) and TCS (p=0.004)
who were found in the high-Lp(a) group.

Conclusion: Our data show a higher amount of DSS and TCS in women with high
Lp(a) levels compared with women with low Lp(a). In men no difference, in
diss and TCS is found between high and low Lp(a) groups. We show that serum
levels of Lp(a) is associated with disease severity in FH women and not in FH
men.

Clinical relevance: High Lp(a) levels in FH women are associated with advanced
subclinical atherosclerosis. Therefore, we can identify a high risk subgroup in
that we should attain an even more strict cardiovascular risk reduction.

P5173 | BENCH
Osteoarthritis is an independent risk factor for major adverse cardiovascular events—nationwide case-control studies
P5174 | BEDSIDE
Albuminuria significantly predicts cardiovascular events in patients with type 2 diabetes independently from the baseline coronary artery state
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Purpose: Albuminuria is an important indicator of cardiovascular risk. We have
recently shown that it is also associated with angiographically determined
coronary artery disease (CAD). Whether albuminuria predicts cardiovascular events
independently of the baseline coronary artery state in patients with type 2 dia-
abetes (T2DM) has not been investigated yet.

Methods: We measured urinary albumin and creatinine concentrations in 211
consecutive patients with T2DM undergoing coronary angiography for the eval-
uation of suspected or established stable CAD. Albuminuria was defined as a
urinary albumin to creatinine ratio (ACR) of ≥30 μg/mg or greater. Prospectively, we
recorded vascular events over 3.2±1.4 years.

Results: During follow up, 24.9% of our patients suffered cardiovascular events.
The cardiovascular event rate was significantly higher in patients with albumi-
uria (n=68) than in those with normoalbuminuria (36.5 vs. 17.5%; p=0.003). Cox
regression analysis adjusting for age, gender, BMI, smoking, systolic and dia-