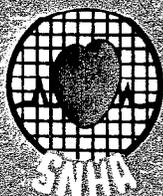
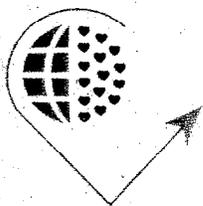


ABSTRACT BOOK

ORGANISED BY



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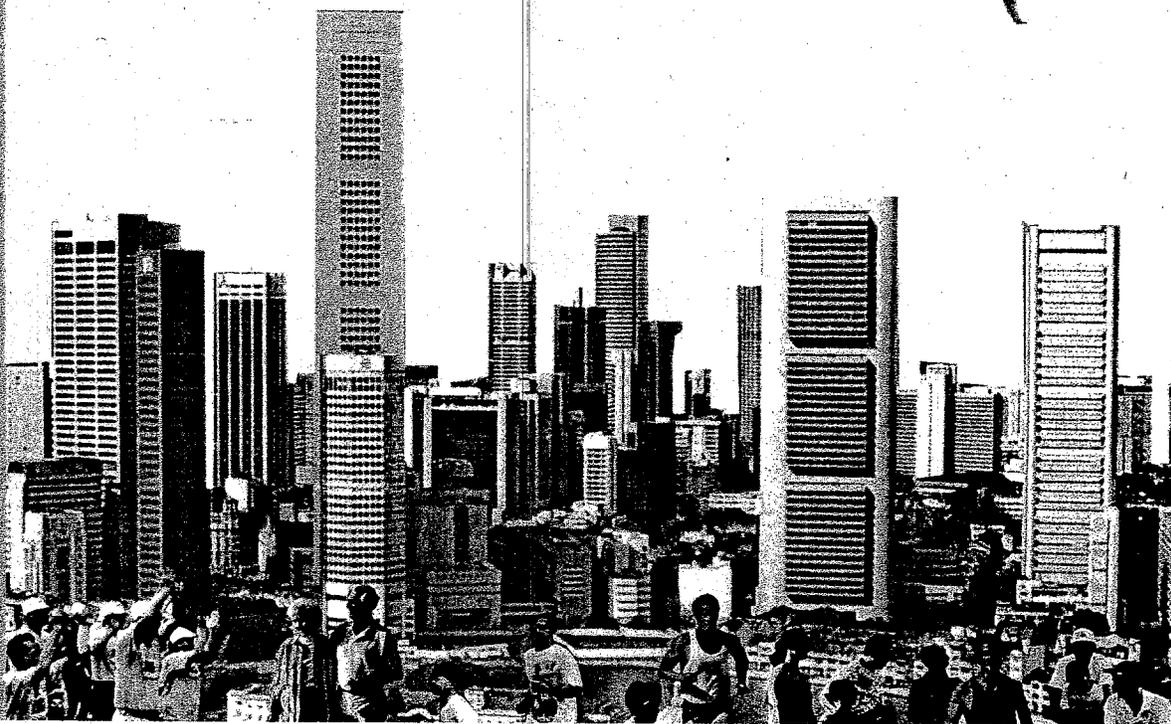
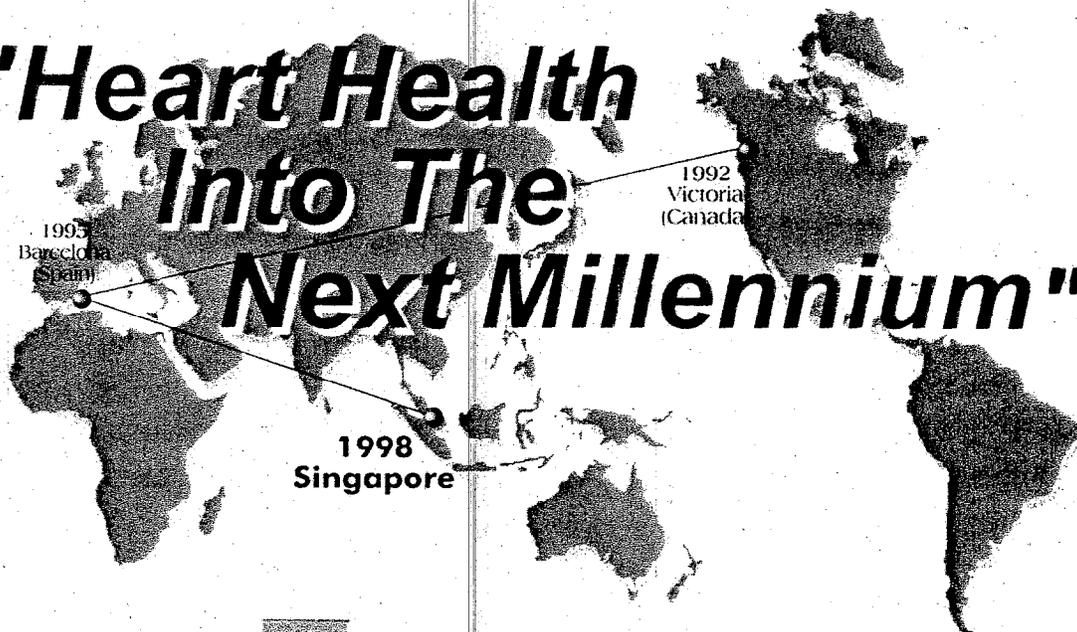
MINISTRY OF HEALTH SINGAPORE



**ASIAN-PACIFIC SOCIETY OF
ATHEROSCLEROSIS AND
VASCULAR DISEASES**

Under The Auspices Of The Victoria
Declaration Implementation Group

"Heart Health Into The Next Millennium"



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Monday, 31 August 1998

HYPERTENSION

Ambulatory Blood Pressure In Hypertensive Subjects Diagnosed By Office Blood Pressure In A Latin American Population

Granero R., Linfa-Homes G., Flores-Finizola A., Moran Y.

PP001

Objective: Ambulatory blood pressure (ABP) could enhance the health care of hypertensive patients. However, ABP measurements could vary according to several factors such as ethnicity, subject non extensively documented in Latin American.

Method: Subjects were recruited from the out-patient clinic of ASCARDIO (Barquisimeto, Venezuela) with casual DBP>95 mmHg. After a two week period without drug treatment, patients were admitted if DBP was between 95 and 115 mm Hg. Office blood pressure was taken with mercury esfigmomanometer. 24 hours ABP was done at the end of the two weeks period, using ABP-2000, oscillometric equipment by Biotrac Inc., Largo, Fl. USA., previously validated in our population according to international standards.

Result: 89 subjects were included. ABP results in mean and (standard deviation) mmHg for systolic = MABPS, for diastolic = MABPD.

Office BP	All	Only DBP>95	DBP>95 + SBP>140
N	89	11	78
Age and % male	44 (10), 54%	42 (7), 82%	45 (9), 50%
24 hours	MABPS MABPD	MABPS MABPD	MABPS MABPD
Day (1600-2000)	138 (19) 92 (17)	133 (16) 93 (13)	139 (19) 95 (17)
Night (0000-0600)	142 (19) 99 (17)	138 (16) 96 (13)	143 (19) 99 (18)
	128 (17) 85 (12)	122 (13) 84 (11)	129 (17) 85 (13)

In day time, 46% had MABPS<140 and 32% had MABPD<94. At night, 46% had MABPS<125 and 12% had MABPD<76.

Conclusions: Our results are different from similar studies. That is particularly true for DBP. This differences enhance the need to gather more reliable data from populations in the northern part of Latin America.

The Efficacy Of Lisinopril In Hypertensive Patients With Or Without Obstructive Sleep Apnea

Zhang Jian, Xie Jinxiang, Hui Rutai, Liu Lisheng

PP002

Abstract: The present clinical trial aimed to evaluate antihypertensive effect of Lisinopril in the patients with obstructive sleep apnea and hypertension coexisting. Sixty hypertensive patients were enrolled in the study and among them there are 20 patients accepted the polysomnography (PSG) and ambulatory blood pressure (ABP) monitoring consecutively. After 8 weeks' treatment, the Trough/Peak (T/P) ratio on the profiles of systolic blood pressure and diastolic blood pressure were 72.07% and 72.61%, respectively. The apnea and hypopnea times were deduced from 72.88 to 46.00, but there was no statistical significance. The main side-effects were cough and dizziness that disappeared during the four weeks and the patients' tolerance is well. The antihypertensive drug, lisinopril, is available to treat the hypertensive patients with obstructive sleep apnea.

Key Words: Lisinopril, Hypertension, Obstructive Sleep Apnea, Trough/Peak ratio

A Clinical Trial Investigating The Effects of Oat (B-Glucan) Fibers On Hypertension

Keenan J., Pins J., Frazel C., Morin A., Turnquist L.,

Huang Z.

PP003

18 patients were randomised into either an oat fiber group (5.52 g/d of B-glucan) or a low fiber cereal control group (less than 1g/d of total fiber) for the six week duration of the trial. All patients were determined to be untreated hypertensives with elevated fasting insulin levels (greater than 10uU/mL). In addition to glucose and insulin assessments, we measured

Keenan J, Pins J, Frazel C, Morin A, Turnquist L, Huang Z, 1998. A clinical trial investigating the effects of oat (B-Glucan) fibers on hypertension. Abstract Book. Third International Heart Health Conference. Singapore: PP003

pre- and post- lipids, side effects, weekly.

No baseline differences existed between the groups on any measured variables. The oats group experienced a 7.5 mmHg reduction in SBP (P=0.001) while there was virtually no change in the SBP of the control group. Additionally, a significant difference was observed when comparing the change in SBP between the groups (P=0.019). A similar pattern was observed for DBP with a 5.5 mmHg reduction in the oats group (P=0.020). A trend also emerged for the change in DBP between the groups (P=0.055). In addition to BP changes, the oats group experienced changes in total cholesterol, LDL-C, triglycerides, and post-prandial insulin levels. In the oats group, total cholesterol was reduced by 16.2 mg/dL (P=0.030) and LDL-C by 15.8 mg/dL (P=0.025). Insulin changes observed in the oats group (OGTT) could not be confirmed by the Bergman Minimal Model estimation of insulin sensitivity (P=0.321). This failure to note changes in insulin sensitivity was most likely due to limited power (small sample size) and short treatment intervention. Recent data suggests that six weeks is too short a time frame in which to expect changes in insulin sensitivity.

Data from this pilot trial suggests that oat (B-glucan) fibers exert a significant blood pressure lowering effect in hypertensives with elevated plasma insulin concentrations. Moreover, a substantial daily intake of these fibers yields a significant reduction in both total and LDL cholesterol, findings congruent with numerous other oat trials. Our data suggests that the above noted changes in blood pressure might be modulated through improved insulin metabolism, but a mechanistic study of longer treatment duration and larger sample size is needed to confirm this trend.

Association Between Insulin And Blood Pressure In An Industrial Population From Northern India

Lakshmy R., Prabhakaran D., Shah P., Reddy K.S.

PP004

Objective: There is a conflicting evidence of a link between circulating insulin levels and blood pressure. Aim of this study was to investigate this relationship in an industrial population from Northern India.

Design and Method: A total of 2548 subjects were screened. Glucose tolerance was assessed with a 75g oral glucose tolerance test. To study independent association between fasting and 2 hr insulin levels, and blood pressure, subjects with BMI>25, WHR>0.95, impaired glucose tolerance and history of diabetes were excluded. 430 subjects were eligible with this exclusion criteria. Tertiles of circulating fasting and 2 hr insulin levels were defined in these subjects, and the mean systolic and diastolic blood pressure was studied across these tertiles.

Results: There was an evidence of increasing systolic blood pressure across the tertiles of the 2 hr serum insulin levels (p=0.049, F-Statistics=3.006). An increase was also evident in the mean diastolic blood pressure and the postload serum insulin levels, however the difference was not significant (p=0.25, F ratio=1.361). No association was found between fasting serum insulin and, the systolic and diastolic blood pressure.

Conclusion: The study suggests that postload circulating insulin concentration may be an independent determinant of blood pressure in the Indians.

Blood Pressure Variability in Patients with Obstructive Sleep Apnea and Hypertensives

Zhang Jian, Pei Weidong, Ni Xinhai, Xie Jinxiang, Hui

Rutai, Liu Lisheng

PP005

Objective: To compare the differences of the blood pressure variability (BPV) in the patients with hypertension (HT), with or without obstructive sleep apnea (OSA) and control groups.

Method: One hundred and thirty-two subjects were enrolled in the study. The polysomnography (PSG) monitoring and the 24 hours ambulatory blood pressure (ABP) monitoring were performed simultaneously.

Result: We compared the BPV in three groups as following: OSA and HT coexisting (n=47), HT alone (n=67) and the control (n=18) groups. Then we divided whole day's blood pressure profiles by three different time stages (0 to 5, 7 to 11 and 15 to 19 o'clock). The SD and CV of SBP were 21.14 and 16.63%, 17.82 and 13.70%, 13.23 and 12.39%.

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