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Relationship between hypertension and selected cardiovascular risk factors and all cause mortality in patients with Alzheimer’s disease

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**Purpose:** To evaluate the relationship between hypertension (HT) and other selec
ted cardiovascular risk factors, anti hypertensive treatment and the results of laboratory tests. All cause mortality was estimated on the basis of data on deaths from the Central Statistical Office.

**Results:** Among the mean follow-up of 4.86 yrs (range 0 – 13 yrs) all cause mortality was 66.1% (714 patients of mean age 77.3 ys (range 50-96ys)). The patients who have died were characterized by older age (77.3±1.6,7 vs 74.1±1.7,12ys, p=0.001), p<0.05). Multivariate Cox model including age, gender, hypertension presence, dyslipidemia status, smoking status, level of education and the degree of cognitive im
dent, assessed the relationship between LV hypertrophy and OSA severity including lipoprotein (a), fibrinogen level and LDL particle size, are elevated in
ted role in the pathogenesis of arterial hypertension. Left ventricular (LV) hy-

**Conclusions:** Nocturnal intermittent hypoxia assessed by IAD may contribute to CHD. The role of these markers in identifying women who may be at increased risk of hypertensive pregnancy was not statistically significant.

**Objective:** To aim at markers of coronary heart disease (CHD), including lipoprotein (a), fibrinogen level and LDL particle size, are elevated in women with hypertensive pregnancy (HP) history.

**Methods:** We measured serum levels of H-FABP in 192 patients with essen
tial HT without prior cerebro-cardiovascular disease (CCVD) and renal failure (estimated glomerular filtration rate [eGFR] < 30 ml/min/1.73m²), and compared the prognostic value of H-FABP with clinical parameters including coronary risk factors, neurohumoral factors (plasma renin activity, plasma aldosterone, nore
pinephrine and B-type natriuretic peptide [BNP] concentrations) and echocardiographic findings.

**Results:** Over a mean follow-up period of 55 months, 37 patients developed CCVD (15 heart failure, 3 acute coronary syndrome, 4 aortic dissection, 11 cerebral infarction, 2 cerebral hemorrhage, 1 transient ischemic attack and 1 arteriosclerotic obliterans). Kaplan-Meier analysis revealed that the freedom from CCVD rate was significantly lower in patients with H-FABP > 3.6 ng/ml (median value) than in those with H-FABP < 3.6 ng/ml (hazard ratio p=0.001). On a Cox multivariate analysis including 6 variables (male gender, eGFR < 60 ml/min/1.73m², diabetes, smoking and BNP and H-FABP > median value) that were significant predictors of CCVD by univariate analyses, H-FABP > 3.6 ng/ml (hazard ratio 2.37, p=0.03) and eGFR < 60 ml/min/1.73m² (hazard ratio 2.21, p=0.03) were independent predictors of future CCVD.

**Conclusion:** H-FABP is a novel and useful marker for the prediction of future CCVD beyond conventional risk factors in patients with essential HT.

**References:**

1. Asad1, T.L. Weissberger1, S. Turner1, K. Bailey2, T. Moseley3, S. Kardia4, H. Wiste1, I. Kullo1, V. Garovic1. 1Mayo Clinic.Division of Nephrology and Hypertension, Rochester, United States of America; 2Mayo Clinic.Division of Biomedical Statistics and Informatics, Rochester, United States of America; 3University of Mississippi Medical Center, Jackson, United States of America; 4University of Michigan.Department of Epidemiology, Ann Arbor, United States of America; 5Mayo Clinic.Cardiovascular Division, Rochester, United States of America

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