**Results:** The exercise ECG showed an abnormal result in 69 patients (50%) (ST-segment depression ≥0.1mV and/or reproduction of the patient’s usual symptoms). The ACH-test revealed abnormal coronary vasomotion (reproduction of the patient’s symptoms, ischemic ECG shifts v- diffuse distal spasm) in 87 patients (64%). Such a result was significantly more often found in patients with a pathologic exercise ECG than in those with a normal exercise ECG (50/69, 72%, vs 37/68, 54%, p<0.034). There were no other statistically significant differences between patients with and those without a pathologic exercise ECG. **Conclusion:** A pathologic exercise ECG does not represent a false negative finding in patients with angina and non-observed coronary arteries but is indicative of underlying microvascular disease.

**P4014 | BEDSIDE**

**Long term survival in elderly patients with stable coronary disease**


**Purpose:** This study aimed to assess long-term prognosis of stable coronary artery disease (sCAD) in patients aged ≥75 years and to identify clinical predictors of cardiovascular and overall mortality.

**Methods:** From February 2001 to January 2007, 391 outpatients aged ≥75 years (median 78 years, interquartile range [IQR] 76-81 years, 66% male) with sCAD were recruited in this prospective cohort study. Associations of baseline variables with long-term cardiovascular and all-cause death were investigated.

**Results:** After up to 11 years of follow-up (median 4 years, IQR 2-6 years), 89 patients died (23%, 5.4%/year), 35 from cardiovascular causes (9%, 2.1%/year). Multivariate analysis identified family history of coronary disease (HR 4.28, 95% CI 1.22-15.02, p=0.02), baseline atrial fibrillation (HR 3.18, 95% CI 1.37-7.39, p<0.007), age (HR 1.61 per 5 year-increase, 95% CI 1.04-2.50, p=0.03), resting heart rate (HR 1.28 per 5 bpm-increase, 95% CI 1.09-1.47, p=0.003), and previous myocardial infarction (HR 0.17, 95% CI 0.04-0.77, p=0.02) as independent predictors of cardiovascular death; and previous acute coronary syndrome (HR 4.93, 95% CI 1.49-16.30, p=0.009), baseline atrial fibrillation (HR 1.96, 95% CI 1.13-3.43, p=0.03), tobacco use (HR 1.69, 95% CI 1.00-2.84, p=0.049 for ex-smoking and HR 6.78, 95% CI 0.89-51.47, p=0.06 for active smoking), age (HR 1.58 per 5 year-increase, 95% CI 1.18-2.11, p=0.002), resting heart rate (HR 1.10 per 5 bpm-increase, 95% CI 1.00-1.22, p<0.05) and diastolic blood pressure (HR 0.97, 95% CI 0.94-0.99, p<0.01), as independent predictors of overall mortality.

**Conclusions:** In this study, 4-years overall mortality was 23% among elderly patients with sCAD. Simple clinical variables can identify patients at higher risk of mortality.

**P4013 | BEDSIDE**

**Usefulness of the baseline lymphocyte count to predict platelet reactivity during clopidogrel therapy in patients with stable angina pectoris**

H. Haberka1, K. Mizia-Stec2, B. Lasota3, M. Mięska2, S. Kyrzcz-Krzemien4, Z. Gasior5. 1Slaski University of Medicine in Katowice, Katowice, Poland; 2Medical University of Silesia, 1st Department of Cardiology, Katowice, Poland; 3Medical University of Silesia, 2nd Department of Cardiology, Katowice, Poland; 4Silesian Medical University, Department of Hematology & Bone Marrow Transplantation, Katowice, Poland

**Background:** Ischemic heart disease may, with the occurrence of acute events, deteriorate to myocardial dysfunction. Compensation mechanisms such as ischemic Preconditioning (IP), a powerful intrinsic phenomenon of myocardial protection, can minimize the deleterious effects of events. Additionally, coronary artery disease (CAD) associated with diabetes mellitus is associated with worse outcomes. Although experimental studies have shown that diabetes interferes negatively with the development of IP, it’s still unknown whether diabetes can influence the expression of IP in patients with chronic CAD.

**Purpose:** To evaluate and compare IP in chronic CAD patients with and without diabetes.

**Methods:** Diabetic and non-diabetic patients with chronic stable coronary artery disease (CAD) associated with diabetes mellitus were compared with those with no diabetes mellitus. **Results:** From 160 CAD patients who underwent SETs, 112 patients developed IP compared with 48 patients who did not (P<0.0001). From all patients, 75 were diabetic (group 1) and 85 were non-diabetic patients (group 2). The two groups were similar in terms of major prognostic parameters, besides previous infarction and cholesterol profile. In group 1, 54 (72%) patients developed IP and in group 2, 56 (65%) patients developed IP. When compared to the control group, the improvement in time to 1mm ST-segment deviation was quite similar (76 vs 66 seconds, respectively for groups 1 and 2; P=0.19). Improvement in time to the reproduction of angina during SETs was significantly lower between the groups (45.2 vs 76.7 seconds, respectively for groups 1 and 2; P=0.56).

**Conclusion:** In this study a significant number of diabetic and non-diabetic patients with coronary artery disease developed ischemic preconditioning. Additionally, diabetes mellitus appears not to have affected the magnitude of this protective mechanism.