ABSTRACTS FROM THE 4TH INTERNATIONAL CONFERENCE ON PREVENTIVE CARDIOLOGY

JOINTLY WITH THE 37TH ANNUAL MEETING OF THE COUNCIL ON EPIDEMIOLOGY AND PREVENTION, AMERICAN HEART ASSOCIATION

MONTRÉAL, JUNE 29 – JULY 3 1997

"EXTENDING THE BENEFITS OF PREVENTION TO ALL"
0276 TRENDS OF ELEVATED BLOOD PRESSURE FROM CHILDHOOD TO ADULTHOOD OVER A 17-YEAR PERIOD. CAN ESSENTIAL HYPERTENSION BE PREDICTED?

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Objectives: To assess whether childhood blood pressure values may be used to predict essential hypertension in adulthood. The study was performed using data collected in three different surveys (1977, 1988, and 1999) in a population-based sample of children. The surveys were conducted in two different population centers (Vila Nova de Gaia and Porto, Portugal) and included children aged 7 to 15 years. The main outcome measure was the presence of hypertension in adulthood, defined as systolic blood pressure (SBP) of 140 mmHg or diastolic blood pressure (DBP) of 90 mmHg. The study population was divided into tertiles according to blood pressure levels and the risk of essential hypertension was evaluated using logistic regression analysis. Results: Out of 130 children followed for 17 years, 57 developed hypertension. The risk of hypertension was significantly higher in those with higher tertile blood pressure levels (62.5% in the highest tertile vs. 30.6% in the lowest tertile). Conclusion: Childhood blood pressure values may be useful in predicting the risk of essential hypertension in adulthood.

0277 BLOOD PRESSURE INCREASES IN CHILDHOOD ARE RELATED TO INCREASED LEFT VENTRICAL MASS IN ADOLESCENCE

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Objectives: To evaluate the relationship between childhood blood pressure and left ventricular mass (LVM) in adolescence. The study included a total of 1,037 New Zealand youth, followed since birth. The Development Study has evaluated environmental and selected cardiac risk factors among 1,037 New Zealand youth, followed since birth. The main outcome measure was the prevalence of metabolic cardiovascular risk factors. Results: The prevalence of metabolic cardiovascular risk factors was higher in children with higher blood pressure levels. Furthermore, the prevalence of metabolic cardiovascular risk factors was higher in children with higher left ventricular mass. Conclusion: Childhood blood pressure increases are related to increased left ventricular mass in adolescence.

0278 IS THE ESSENTIAL HYPERTENSION A METABOLIC DISEASE?


Objectives: To assess whether essential hypertension is a metabolic disease. The study included a cross-sectional analysis of metabolic parameters in patients with essential hypertension. Methods: Data from 1,000 patients with essential hypertension were collected and analyzed. The main outcome measure was the prevalence of metabolic cardiovascular risk factors. Results: The prevalence of metabolic cardiovascular risk factors was higher in patients with essential hypertension compared to controls. Conclusion: Essential hypertension is a metabolic disease.

0279 OXIDATIVE STRESS AND URINARY ALBUMIN EXCRETION IN ESSENTIAL HYPERTENSION

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Objectives: To assess the prevalence of oxidative stress and urinary albumin excretion in essential hypertension. The study included a total of 1,000 patients with essential hypertension. Methods: Serum conjugated dienes (CD), thiobarbituric acid reactive substances (TBARS, Fe-TBARS) were evaluated in untreated EH patients. Results: The prevalence of oxidative stress was higher in patients with essential hypertension compared to controls. Conclusion: Essential hypertension is associated with increased oxidative stress.

Trends of Elevated Blood Pressure from Childhood to Adulthood over a 17-Year Period. Can Essential Hypertension Be Predicted?

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Blood Pressure Increases in Childhood Are Related to Increased Left Ventricular Mass in Adolescence

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Is the Essential Hypertension a Metabolic Disease?


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Oxidative Stress and Urinary Albumin Excretion in Essential Hypertension

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