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Conclusions: CVD, diabetes and raised BMI are associated with increased risks of various health conditions but now may also be associated with poorer outcomes in COVID-19. Therefore it is essential to continue managing patients’ risks. As expected, hypercholesterolaemia was the most common referral reason but few patients had secondary causes of dyslipidaemia excluded. This raises the question if a standardised approach to referrals regarding secondary causes could be utilised thereby improving patient triage and management of secondary causes.

551 / #1634, POSTER, 3. DYSLIPIDEMIA AND RISK FACTORS / 3.1 EPIDEMIOLOGY OF CARDIOVASCULAR DISEASES AND RISK FACTORS, 10-05-2020 8:30 AM - 7:00 PM. PERIODONTIUM INFLAMMATION AS ONE OF RISK FACTORS FOR CORONARY HEART DISEASE

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Background and Aims: Identification of risk factors is of utmost importance for timely prevention and successful treatment of coronary heart disease. It has been proven that gum pathology can provoke development and aggravation of this pathology, since the center of chronic infection in the oral cavity promotes persistence of pro-inflammatory cytokines, pathogenic microflora and its endotoxins into the bloodstream. Purpose of the study: determination of the barrier function and the inflammation marker in the periodontal tissues of patients with coronary heart disease.

Methods: Expression of COX-2 and the proliferation marker Ki-67 were studied on 68 biopsy samples of gingival tissue by an indirect immunohistochemistry method using monoclonal antibodies. Results: The level of inducible COX-2 in the studied patients was 5 times higher than the values obtained in the control group (healthy) and positively correlated with clinical signs of inflammation. Also, the results of studying the barrier function of the periodontium epithelial layer were obtained – a marker of epithelial cell proliferation Ki-67, the value of which in the examined patients was authenticity (5.941 [5.146; 7.082]) increased 4 times, which indicates violation of the barrier properties.

Conclusions: 1. In the chronic inflammatory process, the level of pro-inflammatory prostaglandins in gingival tissues is increased. They are catalyzed by COX-2 and penetrate into blood vessels stimulating inflammatory reactions in the atherosclerotic plaque. 2. The periodontium inflammatory process contributes to disruption of the epithelial layer barrier function and to penetration of various microbial pathogenas into the internal environment of the body.

552 / #1665, POSTER, 3. DYSLIPIDEMIA AND RISK FACTORS / 3.1 EPIDEMIOLOGY OF CARDIOVASCULAR DISEASES AND RISK FACTORS, 10-05-2020 8:30 AM - 7:00 PM. VISIT-TO-VISIT SYSTOLIC BLOOD PRESSURE VARIABILITY REDUCTION IN RURAL MALES WITH ARTERIAL HYPERTENSION: THE ASSOCIATION WITH ANTIHYPERTENSIVE AND LIPID-LOWERING THERAPY, AND LIFESTYLE MODIFICATION

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Background and Aims: To study the association of systolic blood pressure (SBP) visit-to-visit variability (VVV) with antihypertensive therapy (AHT), lipid-lowering therapy (LLT), and certain aspects of life-style modification, in rural males with arterial hypertension (HTN).

Methods: The prospective non-comparative study enrolled 160 rural males with uncomplicated primary HTN (mean age 50 ± 6 years). Seventy-three (45.6%) patients were overweight; 85 (53.1%) patients were active smokers. Seventy-seven (48.1%) males pointed out an alcohol consumption ≥1 time per week. SBP VVV was assessed by means of standard deviation (SD). We prescribed a fixed perindopril/amldidine (P/A) combination, with indapamide (IND) addition as required. For dyslipidaemia correction, we prescribed atorvastatin (daily doses 10-40 mg). Optimal compliance with pharmacotherapy (CP), assessed by 4-item Morisky Green Levine Medication Adherence Scale (MGLS), was pointed out by 37 (23.1%) patients. The follow-up duration was 1 year (1yFU).

Results: The association of several clinical factors with SD (SBP) reduce >9.7 mm Hg at 1yFU was assessed by means of logistic regression model (Fig.). According to ROC-analysis results, the probability of SD (SBP) reduce >9.7 mm Hg at 1yFU (positive predictive value) increased as the number of modified factors increased (from 1 to 6), being associated with the higher sum of corresponding β-coefficients (AUC 0.764 (95% CI 0.690-0.827); p<0.001).

Conclusions: The SBP VVV reduction in rural HTN males was additively associated with the modifying of certain factors (SBP, smoking and alcohol consumption status, BMI), along with achievement and maintenance of optimal CP (AHT and LLT).

553 / #1731, POSTER, 3. DYSLIPIDEMIA AND RISK FACTORS / 3.1 EPIDEMIOLOGY OF CARDIOVASCULAR DISEASES AND RISK FACTORS, 10-05-2020 8:30 AM - 7:00 PM. PREVALENCE OF METABOLIC SYNDROME VARIES ACCORDINGLY WITH DIFFERENT GUIDELINES: RESULTS FROM THE BRAZILIAN DIABETES STUDY

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Background and Aims: Background: Metabolic syndrome (MS) is a set of modifiable risk factors with a strong association with insulin resistance and cardiovascular mortality. Although, MS prevalence differs when different guidelines are applied. We assessed how often MS occurs in a cohort of type 2 diabetes mellitus (T2DM) accordingly with different guidelines.

Methods: Methods: An observational cross-sectional study was conducted with participants with T2DM, aged 40 to 70 years old, from the Brazilian Diabetes Study cohort. MS was defined according to the V Brazilian Guideline on Dyslipidemias and Atherosclerosis Prevention, International Diabetes Federation (IDF) criteria and National Cholesterol Education Program (NCEP) criteria.

Results: Results: A total of 887 participants were included, with mean age of 57.75 ± 8.05 years and average T2DM duration of 9.57 ± 7.21 years. MS was present in 79.4% (n=810) according to the NCEP criteria and in 90.2% (n=800) when applied the Brazilian guideline and the IDF criteria. In the total sample, 83.7% (n=742) had low high density lipoprotein cholesterol (HDL-C) or was being treated for dyslipidemia and 54.9% had high triglycerides or were being treated for hypertriglyceridemia. Statin use was