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Background and Aims: The relationship between Serum Uric Acid (SUA) and Metabolic Syndrome (MS) is still debate. Whether SUA level is part of MS diagnosis or just a marker of an unfavourable metabolic profile has not been demonstrated. Besides it’s unknown whether SUA’s addition to MS definition makes a difference in terms of prognosis. In our study we focused on evaluating in a group of hypertensive patients, the correlation between MS diagnosis and SUA defined with classic cut-off (>6 mg/dl for women and >7 for men) and URRAH’s threshold (>5.6 mg/dl for both sexes).

Methods: We enrolled 473 Hypertensive patients followed by the Hypertension Unit of San Gerardo Hospital (Monza, Italy), in which SUA was measured. Patients with Hyperuricemia were identified according to the two different thresholds. NCEP-ATP-III criteria were used for diagnosis of MS.

Results: MS was diagnosed in 33.6% while Hyperuricemia was found in 14.8% of subjects according to traditional cut-off and 35.9% according to URRAH study’s cut-off. Hyperuricemia and MS coexist in 9.7% (traditional cut-off) and 17.3% (URRAH’s threshold) of the population. Hyperuricemia was more frequent in MS than in non-MS subjects (29vs7.6%, p-value<0.0001 for 6/7 mg/dl; 51.6xvs28.0%, p-value<0.0001 for 5.6 mg/dl). Linear regression models showed that SUA is related to MS (β=1.597, p-value<0.0001). At logistic analysis Hyperuricemia was strongly related to MS when defined by the URRAH’s cut-off (OR=0.303, p-value<0.0001). The same relation is weak, although significant, when Hyperuricemia was defined by the classic cut-off (OR=0.182, p-value<0.0001).

Conclusions: Hyperuricemia is related with MS diagnosis especially when defined by the recently defined cut-off of 5.6 mg/dl.

EP540 / #1200, TOPIC: ASA03 - DYSLIPIDEMIA AND RISK FACTORS / ASA03-16 OTHER, POSTER VIEWING SESSION. PRESCRIPTIVE APPROPRIATENESS IN PRIMARY CARDIOVASCULAR PREVENTION: DATA FROM NIGUARDA HOSPITAL

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Background and Aims: The main cause of waste of health resources is represented by overuse of diagnostic and therapeutic procedures. Given its high prevalence and the importance of identifying hypertensive-mediated organ damage, management of patients with arterial hypertension can lead to a lack of appropriateness. The aim of this study was to evaluate the prescriptive appropriateness of non-invasive diagnostic tests (Echocardiography, Carotid ultrasound, ECG exercise testing, 24h Ambulatory blood pressure monitoring) in outpatients referring to an ambulatory of primary cardiovascular prevention.

Methods: 559 specialist ambulatory visits were retrospectively analysed and appropriateness of every prescription was evaluated. An integration of different Italian and European guidelines was used to define appropriateness. Moreover, we evaluated the correlation between prescriptions, appropriateness and clinical characteristics of the population.

Results: During the 559 ambulatory visits analysed, 449 prescriptions were made, including 198 echocardiographies, 148 carotid ultrasound, 85 24h ABPM and 18 ECG exercise testing. The global percentage of appropriate prescriptions was 40.3%. Focusing on each test, appropriateness rate was 49.4% in 24h ABPM, 43.6% in echocardiography, 38.8% in ECG exercise testing and 30.4% in carotid ultrasound. A significant correlation was identified between the age and cardiovascular risk category of patients and the appropriateness of echocardiography, 24h ABPM and carotid ultrasound, and a correlation between appropriateness of echocardiography and the duration of hypertension and the presence of valvular heart disease.

Conclusions: Our study shows a relevant percentage of inappropriate prescriptions of non-invasive cardiologic exams; moreover, there might be a greater lack of appropriateness in young and low risk patients.