cantly and similarly reduced in all groups. Left ventricular systolic and diastolic end diameters were not significantly changed. Left ventricular mass (LVM) was significantly reduced in Olmesartan plus Amlopidine group and Olmesartan group. GFR was not significantly altered. The 24-h urinary Na+ significantly increased with olmesartan, more so than amplodipine. The combination was tolerated better than either monotherapy. We observed no clinically significant changes in laboratory variables including blood lipoproteins.

Conclusions: The combination of olmesartan plus amlopidine reduced blood pressure more effectively and was better tolerated than other drug alone. All three groups showed similar changes in echocardiographic indices and no change in renal function.

GENDER DISPARITIES IN HYPERTENSIVE PATIENTS ACROSS THE LIFETIME: AN AGE-STRATIFIED ANALYSIS
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Objective: This study aims to explore the influence of gender on vascular and renal damage across distinct age brackets. In particular, investigates the intricate interplay between gender, aging and the onset of vascular and renal injuries. Additionally, the study incorporates an examination of the Triglyceride-Glucose (TYG) index, a surrogate indicator of insulin resistance, to discern its role in clarifying gender-specific variations in health outcomes across different life stages. This analysis aims to enhance our comprehension of age-specific vulnerabilities and contribute valuable insights to the field of gender-related health research.

Design and method: We selected 210 Caucasian patients, all affected by hypertension, and we divided them previously in two groups, male and female, and in each group we split 3 clusters based on their age (under 50, 50 to 70 and over 70 years old). All patients underwent a comprehensive physical examination, with systolic blood pressure (SBP), diastolic blood pressure (DBP) and heart rate (HR). Blood samples obtained from all patients were analyzed for the complete blood count, low/high density lipoproteins and triglycerides, glycaemia and renal function, including albuminuria and proteinuria. Moreover, all patients went through ankle-brachial index (ABI) and pulse wave velocity. Lastly we calculated the TYG index of all patients.

Results: Regardless of the well-known correlation between TYG index and hypertension, we found that there was no gender difference between the TYG index and gender or aging. Moreover, no differences were underlined among vascular and renal injuries, neither changes in aortic stiffness were associated to gender but to age-related effects.

Conclusions: Despite what expected, the menopausal transition was not associated with a higher renal or vascular damage, nor to a higher risk of insulin resistance. Large-scale prospective cohort studies are needed to validate these findings, also detecting the influence of gender and aging on heart damage.

ASSOCIATIONS OF THE CARDIOMETABOLIC INDEX WITH THE RISK OF CARDIOVASCULAR DISEASE IN PATIENTS WITH HYPERTENSION AND OBSTRUCTIVE SLEEP APNEA: RESULTS OF A LONGITUDINAL COHORT STUDY
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Objective: We aimed to explore the relationship between the cardiometabolic index (CMI) and cardiovascular disease (CVD) and its subtypes (coronary artery disease and stroke) in patients with hypertension and obstructive sleep apnea (OSA).

Design and method: We conducted a retrospective cohort study enrolling 2067 participants from the Urumqi Research on Sleep Apnea and Hypertension study. The CMI was calculated as triglyceride to high-density lipoprotein cholesterol ratio × waist-to-height ratio. Participants were divided into three groups (T1, T2, and T3) according to the tertile of CMI. The Kaplan-Meier method helped to calculate the cumulative incidence of CVD in different groups. We assessed the association of CMI with the risk of CVD and CVD subtypes by estimating hazard ratios (HRs) and 95% confidence intervals (CIs) using Cox models.

Results: During a median follow-up of 6.83 years (interquartile range: 5.92-8.00 years), 326 incident cases were identified, including 121 incident stroke and 205 incident coronary heart disease (CHD). Overall, after adjusting for confounding variables, CMI was positively associated with the risk of new-onset CVD (per SD increment, adjusted HR: 1.31; 95% CI: 1.20, 1.43), new-onset CHD (per SD increment, adjusted HR: 1.33; 95% CI: 1.20, 1.48), and new-onset stroke (per SD increment, adjusted HR: 1.27; 95% CI: 1.10, 1.47). Similar results were obtained in various subgroup and sensitivity analyses. Adding CMI to the baseline risk model for CVD improved the C-index (P < 0.001), continuous net reclassification improvement (P < 0.001), and integrated discrimination index (P < 0.001). Similar results were observed for CHD and stroke.

Conclusions: There was a positive association between CMI levels and the risk of new-onset CVD in patients with hypertension and OSA. This finding suggests that CMI may help identify people at high risk of developing CVD.

THE PRONOSTIC VALUE OF NOCTURNAL BLOOD PRESSURE IN UNINTREATED ADULT HYPERTENSIVE FROM ALGERIAN POPULATION
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Objective: The aim of our work is to study the prevalence of nocturnal blood pressure patterns in our Algerian population of untreated adult hypertensives and its impact on target organ damages.

Design and method: We recruited 304 untreated adult hypertensives. All our patients underwent 24-hour ABPM, and the following target organs damages assessment: ACR (urinary albumin/creatinine), echocardiography, fundoscopy, and carotid ultrasound. Our patients were classified according to nocturnal blood pressure into two groups: nocturnal hypertensive (NH: BP> or = 120/70) and nocturnal normotensive (NN: BP<120/70). We carried a descriptive study of hypertension prototypes, followed by an analytic study in search of predictors of target organ damages (cardiac, renal and vascular).

Results: The mean age was 46±12 years, with 82% males. The prevalence of patterns according to nocturnal blood pressure were: NH (n=250; 82.2%) vs NN (n=54; 17.3%). In the bivariate analysis, there was a significant difference between the two groups for the following damages: cardiac (HN=52% vs NN=34.6; P=0.01), renal (HN=27.5% vs NN=12.8%; P=0.02) and vascular (HN=25% vs NN=2%; P=0.001). In multivariate analysis, indexed LV mass was correlated with waist circumference (B=0.34, P=0.01) and diurnal systolic BP (SBP) (B=1.17, P=0.001). ACR was correlated with glycaemia (B=0.33; P=0.002) and nocturnal SBP (B=0.64; P=0.01). Intima-media thickness was correlated with age (B=0.009, P=0.001) and nocturnal SBP (B=0.004, P=0.001). On logistic regression, cardiac damage was correlated with age (OR=1.05; P=0.02), BMI (OR=1.21; P=0.02) and diurnal SBP (OR=1.08; P=0.003). Renal damage was correlated with glycated hemoglobin (OR=1.6; P=0.04). Vascular damage was correlated with age (OR=1.3; P=0.001) and nocturnal diastolic BP (DBP) (OR=1.07; P=0.002).

Conclusions: The nocturnal hypertension is prevalent in our population. Nocturnal hypertension is a predictor of renal and vascular damages. In contrast, diurnal hypertension is a predictor of cardiac damage. These results confirm the literature data on the prognostic value of nocturnal blood pressure. We suggest an active screening for nocturnal hypertension by using ABPM in the hypertensive population with high cardiovascular risk.

EFFECTIVENESS OF CONSERVATIVE TREATMENTS ON CHRONIC VENOUS DISEASE SYMPTOMS AND QUALITY OF LIFE IN HYPERTENSIVE PATIENTS: A SUBGROUP ANALYSIS FROM THE VEINSTEP OBSERVATIONAL STUDY
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