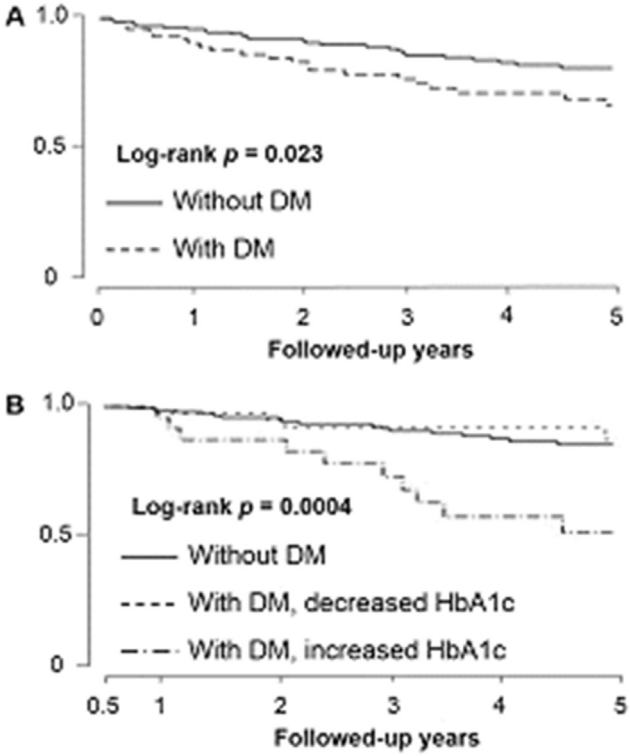


Figure. Event-free rate of CEs

Table. Multivariate analysis for predicting normalization of LVEF at 1 year

Variables at baseline	Adjusted odds ratio	95% confidence interval	Adjusted *p*
Age, per 1 year increase	0.974	0.952 − 0.997	0.028
Presence of significant MR	0.333	0.107 − 0.859	0.021
BNP, per 1 pg/mL increase	0.997	0.994 − 0.999	0.017
LVEF, per 1 % increase	1.052	1.013 − 1.098	0.013
HbA1c, per 1 % increase	1.357	1.040 − 1.818	0.023

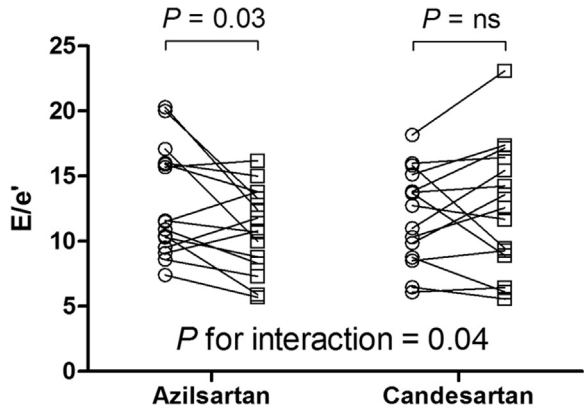
CEs: cardiac events, LVEF: left ventricular ejection fraction, MR: mitral regurgitation, BNP: plasma B-type natriuretic peptide, HbA1c: hemoglobin A1c

P-034

Azilsartan Improves Diastolic Function in Patients with Chronic Heart Failure

MARI SAKAMOTO, TAKAHIRO OHARA, AKIRA FUNADA, MAKOTO AMAKI, TAKUYA HASEGAWA, YASUO SUGANO, HIDEAKI KANZAKI, MASANORI ASAKURA, TOSHIHISA ANZAI, MASAFUMI KITAKAZE
Department of Cardiovascular Medicine, National Cerebral and Cardiovascular Center, Osaka, Japan

Background: Angiotensin receptor blocker (ARB) is reported to improve the prognosis of patients with chronic heart failure (CHF). It is not known that the effect is a class effect or not. **Methods:** We retrospectively assessed echocardiographic and clinical parameters in CHF patients, to whom azilsartan (Azilsartans, n=15) or candesartan (Candesartans, n=15) were newly prescribed. **Results:** At baseline, there were no significant differences between both groups in clinical, echocardiographic parameters, and BNP levels. At 3 months, blood pressure decreased to the similar levels in both groups. Whereas E/Ea significantly decreased in Azilsartans (13.0±4.2 vs. 10.9±3.2, p=0.03), that of Candesartans did not (12.0±3.6 vs. 12.5±5.0, p=0.58) (p for interaction=0.04, Figure). **Conclusions:** Azilsartan improves diastolic function in the patients with CHF. Azilsartan may be more preferable in patients with CHF than other ARBs.



P-035

Effect of Telmisartan on Heart Failure in Patient with Hypertensive Cardiomyopathy

MEGUMI SHIMADA, AKIYASU BABA, RIE KOSUGI, MAKOTO AKAISHI
Department of Cardiology, Kitasato Institute Hospital, Kitasato University, Tokyo, Japan

A 58-year-old man was referred to our hospital because of acute heart failure. He was diagnosed as hypertensive cardiomyopathy, and started treatment of heart failure and hypertension. After 6 months of combination therapy, we modified the treatment, and started telmisartan, then, follow-up examination of standard ECG-gated SPECT imaging was done. The SPECT data were reanalyzed by using new software, heart function view (Medi-Physics Co.), automatically. LVEF were used as markers of systolic function, and Peak phase, systolic phase standard deviation (Phase SD) and histogram bandwidth (Bandwidth) were used as markers of dyssynchrony. We also tested BNP concentration as a marker of heart failure. As shown in figure, telmisartan may have had favourable effects on heart failure in this case.

Treatment	LVEF (%)	EDV (ml)	Peak Phase (°)	Phase SD (°)	Bandwidth (°)	BNP (pg/ml)
Pre-treatment (amlodipine 2.5mg)	25.4	231	145	52.3	181	302
amlodipine 2.5mg carvedilol 2.5mg losartan 25mg perindopril 2mg	35.3	211	129	62.2	183	34.3
amlodipine 2.5mg	45.3	141	136	17.1	68	13.6
carvedilol 2.5mg	50.2	112	129	17.1	66	10
telmisartan 40mg	53.2	139	135	13.3	49	4.8

P-036

The Efficacy and Safety of Febuxostat for Hyperuricemia in Hypertensive Patients with Chronic Heart Failure and Chronic Kidney Disease

TOSHIO NAKA[1], TOMOTAKA ANDOU[2], TOHRU MASUYAMA[2]
[1]Department of Internal Medicine, Kaizuka City Hospital, Kaizuka, Japan, [2]Cardiovascular Division, Department of Internal Medicine, Hyogo College of Medicine, Nishinomiya, Japan

Background: Febuxostat, a non-purine xanthine oxidase inhibitor, has been reported to have a stronger effect and more safety on hyperuricemia than allopurinol. However, there is not available on the effect of febuxostat in hypertensive patients with chronic heart failure (CHF) and chronic kidney disease (CKD). (**Methods**) The aim of this study is to examine the efficacy and safety of febuxostat in hypertensive patients with CHF and CKD for treating hyperuricemia. Twenty hyperuricemic patients with hypertension(HT), CHF and CKD were enrolled and treated with febuxostat(10-20mg/day). Serum uric acid concentrations and serum estimated GFR levels in the 3 months before and after the start of febuxostat treatment were collected for HT, CHF and CKD patients switched from allopurinol after failing to achieve serum uric acid concentrations &lt6.0mg/dl. **Results:** Evaluable data were available for 20 patients, 20% of whom had advanced CKD (eGFR&lt30ml/min/1.73m^2). Mean dose of febuxostat was 11 (±3.7)mg/day. By using febuxostat, mean serum uric acid concentration decreased from 7.6 (±1.2) mg/dl at baseline to 6.2 (±0.9)&mg/dL at 3 months($p<0.001$) 35% of patients achieved a level &lt6.0mg/dL. No serious adverse reactions were noted with febuxostat, and there were no significant changes in blood pressure, heart rate, total cholesterol, triglyceride, hemoglobin A1c, and hepatic and renal function. **Conclusions:** Febuxostat was effective for hyperuricemia in patients with HT, CHF and CKD without severe side effects.