

Conclusion Patients treated with clopidogrel and omeprazole had not increase risk for all-cause mortality and for CE after adjusting for comorbidities.

P2-8 LATE NIGHT ENERGY INTAKE: ASSOCIATION WITH LONG-TERM RISK OF HYPERTENSION IN THE BRITISH BIRTH COHORT 1946

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Background The role of circadian rhythm of energy and macro-nutrient intake in influencing cardiometabolic risk factors is increasingly recognised. However, little is known of the association between time of energy intake and long-term risk of hypertension. **Objectives** To examine the association between time of day of energy intake and risk of hypertension.

Methods The analysis included 517 men and 635 women who were members of the MRC National Survey of Health and Development (1946 British birth cohort). Diet was assessed using 5d estimated diaries at ages 43 years (1989) and 53 years (1999). Diet diaries were divided into seven time slots: breakfast, mid-morning, lunch, mid-afternoon, evening, night and extra. The association between time of day of energy intake in 1989 or 1999 and blood pressure in 1999 was assessed using logistic regression after adjustment for sex, social class, smoking status, region and body mass index. Hypertension was defined by systolic blood pressure ≥ 140 mm Hg or diastolic blood pressure ≥ 90 mm Hg.

Results Compared to the lowest quintile, cohort members from the highest quintile of energy intake at night in 1989 were more likely to have high systolic (OR=1.69; 95% CI 1.08 to 2.7; $p=0.024$) but not high diastolic blood pressure in 1999 (OR=1.64; 95% CI 1.02 to 2.66; $p=0.055$). Energy intake at night in 1999 was not related to high systolic or diastolic blood pressure in 1999. No associations between energy intake at other time slots and hypertension were observed.

Conclusions Increased energy intake at night is predictive of higher risk of systolic hypertension 10 years later.

P2-9 AMINO ACIDS AND INCIDENCE OF HYPERTENSION IN A DUTCH OLDER POPULATION: THE ROTTERDAM STUDY

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Background Epidemiological studies have shown an association between dietary protein and hypertension, which may be attributed to specific amino acids (AAs). We examined the relation of dietary arginine, cysteine, lysine, proline and tyrosine with incident hypertension in 1958 men and women from the Rotterdam Study, aged ≥ 55 years, who were not treated with antihypertensive medication and were normotensive at baseline.

Methods HRs (95% CI) were calculated in tertiles of AA intake (expressed as percentage of total protein intake), using a Cox proportional model with adjustment for age, gender, BMI, smoking, alcohol intake, education, and intake of energy and several nutrients.

Results Mean systolic and diastolic blood pressure levels were 122 ± 12 mm Hg and 69 ± 9 mm Hg and dietary protein intake was 82 ± 20 g/day (~ 17 en%). Arginine (with nuts being the main source) contributed $5.3 \pm 0.4\%$ of total protein intake, cysteine contributed $1.4 \pm 0.1\%$ (main source: grain), lysine $6.8 \pm 0.4\%$ (main

source: meat), proline $7.4 \pm 0.6\%$ (main source: dairy and grain), and tyrosine $3.7 \pm 0.1\%$ (main source: dairy). Intake of these AAs was not significantly associated with incident hypertension (HRs ranging from 0.84 to 1.15; $p_{\text{trend}} \geq 0.15$). We observed, however, a tendency towards an increased risk for lysine (HR upper tertile vs lower tertile 1.15; $p_{\text{trend}}=0.21$) and towards a decreased risk for tyrosine (HR 0.86; $p_{\text{trend}}=0.15$).

Conclusion We found no significant associations between AAs, and incidence of hypertension in this older population. There was, however, a tendency towards an adverse effect of lysine and a beneficial effect of tyrosine, which warrants further investigation in larger prospective studies.

P2-10 QUALITY OF LIFE OF PATIENTS IN RENAL REPLACEMENT THERAPY IN BRAZIL: COMPARISON AMONG TREATMENT MODALITIES

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Purpose This study aimed to evaluate the quality of life of Renal Replacement Therapy patients in Brazil and its relationship with socioeconomic and demographic conditions, aspects related with the disease and health services.

Methods The participants were representative of the national population. Results were based on interviews through structured questionnaires that were applied to 3036 patients in haemodialysis, peritoneal dialysis and renal transplant. Information about socioeconomic and demographic situation as well as quality of life was obtained. The co-morbidities referred by the patient were gathered into a co-morbidity index. It was built by means of analysis of Item Response Theory.

Results There are significant differences between renal transplantation and both dialysis in all dimensions of SF-36. Comparison between haemodialysis and peritoneal dialysis showed differences in functional capacity, physical and social aspects. Renal transplant patients had the best mean score in the physical component. There is no significant difference regarding mental component. Physical and mental components are influenced by co-morbidities and age. However, older patients had better mental quality of life but worse physical component. Better off and not hospitalised patients presented better quality of life (physical component). The treatment unit influences quality of life of haemodialysis patients.

Conclusions Renal transplant patients have the best of quality of life. It's necessary to implement actions that enable more patients access to renal transplantation.

P2-11 GENDER-SPECIFIC SOCIOECONOMIC PATTERNING OF NINE ESTABLISHED CARDIOVASCULAR RISK FACTORS

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Introduction We aimed to compare the associations between education, occupation and marital status with nine cardiovascular risk factors (RF) which explain 90% of incident myocardial infarction.

Methods We surveyed a representative sample of 1704 dwellers of Porto aged ≥ 40 years using structured questionnaires in 1999–2003. A fasting blood sample was collected. Education (completed years), occupation (upper white collar, lower white collar, blue collar) and