Introduction This analysis set to investigate the relationship between novel biomarkers of cardiovascular morbidity and mortality with diastolic dysfunction in a primary care cohort at heightened cardiovascular risk. Methods This is a cross-sectional analysis of 616 participants of the STOP HF study with complete echocardiographic data who have established cardiovascular risk factors and no previously known ventricular dysfunction. Data were also available on medical history, medications, biomarkers of inflammation, lipid, renal and hepatic function and routinely measured clinical parameters. The cohort was categorised into those with and without diastolic dysfunction, omitting those with inconclusive echo data (n=85), leaving a population of n=531 for analyses. Preliminary analyses were run separately for both genders to establish univariate associates of diastolic dysfunction taking the presence or absence of diastolic dysfunction as the binary outcome. All co-variates with p-values ≤0.2 were introduced to forward multivariable logistic regression models to establish the foremost associates of diastolic dysfunction.

Results A high prevalence of diastolic dysfunction (67%) was observed in the cohort. In males, multivariable associates of diastolic dysfunction [Exponential β-coefficient (95% CI); p-value] were younger age [1.152; 1.09 to 1.79; <0.001], the absence of AIA therapy [2.547; 1.18 to 5.49; <0.02] and higher ALP levels [28.813; 1.96 to 424.39; <0.02]. In females, diastolic dysfunction was associated with younger age [1.085; 1.05 to 1.12; <0.001] and higher GGT levels [4.838; 1.47 to 15.90; <0.01].

Conclusions This analysis demonstrates for the first time that parameters of hepatic function may be coherent indicators of early sub-clinical diastolic dysfunction. In this analysis, their association was superior to that more established risk factors and biomarkers such as BNP in this setting.

GTT LEVELS ARE A COHERENT INDICATOR OF CARDIOVASCULAR RISK IN PRIMARY CARE IN BOTH MEN AND WOMEN: RESULTS FROM THE STOP HF STUDY

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Introduction Gamma-glutamyltransferase (GGT) has been re-established as a marker of cardiovascular risk rather than simply an indicator of liver disease. However, there is little data on the associations between GGT and groups with conventional cardiovascular risk factors in the primary care setting. We sought to examine the factors associated with elevated GGT in an Irish primary care population.

Methods We explored the baseline data set of the STOP HF Study, a prospective study of a cohort with de novo ventricular dysfunction. Data were also available on medical history, medications, biomarkers of inflammation, lipid, renal and hepatic function and routinely measured clinical parameters. The cohort was categorised into those with and without diastolic dysfunction, omitting those with inconclusive echo data (n=85), leaving a population of n=531 for analyses. Preliminary analyses were run separately for both genders to establish univariate associates of diastolic dysfunction taking the presence or absence of diastolic dysfunction as the binary outcome. All co-variates with p-values ≤0.2 were introduced to forward multivariable logistic regression models to establish the foremost associates of diastolic dysfunction.

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A SOBERING TEXT: DEVELOPING AN INTERVENTION DELIVERED BY MOBILE PHONE TO REDUCE BINGE DRINKING IN DISADVANTAGED YOUNG MEN

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Introduction Disadvantaged men suffer substantial harm from heavy drinking. Effective brief interventions to reduce alcohol