

group 9,4 to 9,5 m/s. During follow-up period 58% in metoprolol group had AF, 75% patients in diltiazem group. **Conclusions:** In our study we find that metoprolol greater reduce central DBP than diltiazem. Both metoprolol and diltiazem significantly decreased HR and SBP. Frequency of AF recurrence under metoprolol and diltiazem treatment was comparable.

P79. Risk factors associated with increased coronary calcium score and carotid intima media thickness in asymptomatic type 2 diabetic patients

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Aim. The aim of the study was to evaluate the association between standard risk factors, glycated hemoglobin (H_gA₁C), high-sensitive C reactive protein (hs-CRP) and increased coronary calcium score (CCS) and carotid intima media thickness (c-IMT) as markers of vascular atherosclerosis. **Methods:** We have evaluated 68 diabetes type 2 patients with high cardiovascular risk without known coronary artery disease (CAD). Multislice computer tomography was performed for assessment of CCS. Total and regional CCS was analyzed using Agatston units (AU). Carotid ultrasound was performed to evaluate c-IMT. Univariate and multivariate stepwise forward logistic regression analysis was performed including the following parameters: diabetes duration, age, body mass index, total cholesterol, LDL, HDL, non-HDL, triglycerides, sex, smoking, hypertension, dyslipidemia, H_gA₁C, estimated glomerular filtration rate (eGFR: mL/min/1.73 m²) and hs-CRP values to. **Results:** CCS>0AU was found in 46 patients (67.6%), CCS>100AU was present in 21 patients (30.8%). Average CCS was 127+/-35. After univariate analysis, multivariate stepwise forward analysis found smoking (OR 4.61, p<0.001), H_gA₁C% (OR 3.68, p<0.001), and hs-CRP >2mg/l (OR 3.61, p<0.001) as independent predictors for CAC >0AU. The value of CCS increased with age, smoking and dyslipidemia, all p<0.01. Increased c-IMT was found in 51 patients (75%). Independent predictors for increased c-IMT>0.8mm were smoking (OR 5.71, p<0.001), dyslipidemia (OR 4.43, p<0.001), hypertension (OR 5.70, p<0.001) and eGFR (OR 3.98, p<0.01). CCS>100 AU was significantly associated with increased incidence of c-IMT (p<0.001). Patients with increased c-IMT and CCS>100AU had

an average 2 risk factors. **Conclusions:** Increased CCS and c-IMT were significantly associated with increased hs-CRP >2mg/l, the estimated glomerular filtration rate, hypertension, dyslipidemia and smoking. Elevated CCS increase the risk of extra coronary atherosclerosis. The study confirms the cumulative effects of risk factors and inflammation on vascular wall.

P80. Rapid access chest pain and ECG exercise testing - is there still a role in the age of non-invasive imaging?

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Introduction & Methods. This is a retrospective review of all patients reviewed in Rapid Access Chest Pain Clinic (RACPC) from Nov 2017 to Oct 2018. The results were compared to standards set by National Institute of Health and Care Excellence (NICE) and European society of Cardiology (ESC) Guidelines on stable coronary artery disease (CAD). **Results.** 197 patients presented to the RACPC between Nov 2017 and Oct 2018. As shown in table 2 ETT was helpful in reassuring and discharging 66% of the patients in the low risk group, 71% in the moderate risk group and 40% in the high risk group. We also looked into the outcome of these patients who had a negative ETT and were discharged. None of them have had any hospital admissions with chest pain or have died from ACS.

ETT results	High risk n=100			Moderate risk n=39			Low risk n=58		
	+ve	-ve	No ETT	+ve	-ve	No ETT	+ve	-ve	No ETT
ETT	15	20	65	5	17	17	-	40	16
CTCA	-	1	12	2	3	7	-	1	3
MPI	-	4	17	-	1	5	-	1	3
Angiogram	15	6	32	3	1	1	2	-	1
Discharged	-	8	4	-	12	4	-	38	8
Did not attend	-	1	-	-	-	-	-	-	1

The table below shows the exact numbers for each test in each risk category.

Conclusions. In a district general hospital (DGH) where resources needed to be allocated efficiently ETT still has an important role. As seen in our hospital, ETT and risk stratification can be used as a tool to assess stable CAD. ESC guidance is useful as it recommends ETT as a reliable tool in the management of patients with stable CAD.