

(36.4%) [20 (46.5%) males; 23 (53.5%) females] had T scores consistent with osteoporosis.

Conclusion: Osteopenia and osteoporosis are common in hypertensive patients. T scores consistent with osteopenia were found in approximately 34% and those consistent with osteoporosis were found in approximately 20% of our hypertensive population. Hypertensive treatment combined with strategies to prevent and treat osteoporosis may improve the clinical course of these patients.

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Presence of Subclinical Anxiety in Hypertensive Patients

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Introduction: Both hypertension and anxiety are common medical conditions. Since anxiety is associated with an increased incidence of sudden death, its presence in hypertensive patients may have prognostic significance. Although symptomatic anxiety is usually diagnosed and treated, subclinical anxiety may remain undiagnosed. This study was undertaken to evaluate the presence of subclinical anxiety in treated hypertensive patients.

Methods: One hundred consecutive hypertensive patients under treatment without clinically diagnosed anxiety were given the self administered Zung Self-Rating Anxiety Scale test. The scores (20–80) were classified as follows: Normal Range: 20–44; Mild Anxiety: 45–59; Moderate Anxiety: 60–74 and Severe Anxiety: 75–80. Hypertensive patients with an established clinical diagnosis of anxiety were excluded.

Results: Of the 100 patients (ages: 29–95 years), there were 52 (52.0%) females and 48 (48.0%) males. Of these, 28 (28.0%) [16 (57.1%) females; 12 (42.9%) males] had anxiety scores over 45. Of these 28 patients, 24 (85.7%) [15 (62.5%) females; 9 (37.5%) males] had mild anxiety and 4 (14.3%) [1 (25.0%) female; 3 (75.0%) males] had moderate anxiety. None had severe anxiety.

Conclusions: The interrelationship between anxiety and hypertension is not well studied. Our study reveals that a significant number of treated hypertensives suffer from 'subclinical' anxiety. Further studies are needed to evaluate the benefits of diagnosing and treating subclinical anxiety in these patients.

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Prevalence of Atrial Fibrillation and Left Ventricular Hypertrophy in the Valsartan Intensified Primary Care Reduction of Blood Pressure (VIPER-BP) Study Cohort

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Background: There are few large-scale studies of the prevalence of atrial fibrillation (AF) and left ventricular hypertrophy (LVH) in hypertensive individuals being managed in primary care; both are poor prognostic markers in this clinical setting.

Methods: VIPER-BP is a multicentre, open-label, randomised controlled trial in GP clinics throughout Australia comparing usual GP management with an intensive blood pressure (BP) management strategy using three forms of valsartan-based therapy. As part of baseline profiling, 2035 12-lead ECGs (96% of patients) were subject to blinded Minnesota coding.

Results: There were 1212 (60%) men and 823 women (mean age 68 and 73 years, respectively). Mean baseline systolic/diastolic BP in men and women respectively was 154/91 and 151/89 mm Hg. A similar proportion of men ($n=15$, 1.2%, 95% CI 0.8–2.0%) and women ($n=8$, 0.97%, 95% CI 0.50–1.9%) were in AF (1.1% overall). Compared to the rest, men and women with AF were older (mean age 68 and 73 vs. 60 and 58 years) and had higher mean resting heart rates (77 and 75 vs. 71 and 69 bpm); $p < 0.001$ all comparisons. Alternatively, more men ($n=115$, 9.5%, 95% CI 8.0–11.3%) than women ($n=28$, 3.4%, 95% CI 2.4–4.9%) had ECG evidence of LVF (7.0% overall). Men with LVF were younger (mean age 56 vs. 58 years) and had higher mean BP's (155/92 vs. 152/91 mm/Hg) while women were older (mean age 63 vs. 60 years) and had higher systolic BP (155/88 vs. 151/89 mm/Hg).

Conclusion: These data highlight the utility of ECG screening in hypertensive patients to detect evidence of advanced forms of heart disease requiring active treatment.

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Prevalence, Associations and Risk Factors for Orthostatic Hypotension in Medical, Surgical and Trauma Inpatients: An Observational Cohort Study

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Introduction: Orthostatic hypotension (OH) is prevalent in hospitalised elderly patients. It can lead to syncope and