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111542

TITLE: CARDIOVASCULAR REPERCUSSIONS ASSOCIATED WITH CHANGES IN THE RESPIRATORY PATTERN: A SYSTEMATIC REVIEW OF THE LITERATURE AND META-ANALYSIS

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ABSTRACT Objective: To evaluate the repercussions of the respiratory pattern of Obstructive Sleep Apnea Syndrome (OSAS) in relation to the occurrence and prevalence of cardiovascular pathologies. Methodology: Systematic review of articles in the databases: Scielo, PubMed, Lilac's, NHR and Cochrane. The following search terms are used: Cardiovascular Disease, Apnea and OSAS, selected without restrictions for the language of the articles and for the gender of the observed population, excluding works from the population under the age of 18 years. The specified outcomes were: hypertension, resistant hypertension, Incident coronary heart disease, heart failure in men, cardiovascular death in mild or moderate apnea, cardiovascular death in severe apnea. Results: A joint analysis of stratified disease data revealed 95% confidence, a positive and significant relationship between apnea and cardiovascular diseases, with the treatment of these diseases being a variation that reduces this correlation.

111549

TITLE: IS OFFICE BLOOD PRESSURE UNDERESTIMATING REALITY IN PEDIATRIC OBESE POPULATION?

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Introduction: Hypertension (HTN) diagnosis depends on the accuracy and representativeness of blood pressure (BP) obtained by different methods. In pediatric obese patients, office BP can present great variability and does not detect nighttime changes. Ambulatory Blood Pressure Monitoring (ABPM) allows recognition of HTN phenotypes and predicts HTN severity in an earlier and assertive way. Objective: To compare HTN stages defined by office BP with ABPM, and describe prevalence of masked HTM in pediatric sample from a reference service. Methods: Retrospective cohort of pediatric patients with primary HTN. Patients underwent a detailed clinical history and examination. BP was measured by auscultatory method with technique adequacy. BP was checked at 2 other visits (2 week interval) and the mean BP of these 3 visits was used to classify BP according recommendations. ABPM was performed with pediatric validated device, with a revised report for this analysis, according to guidelines. Mean 24-hours awake and sleep BP and load were considered to identify HTN phenotypes according to 95th percentile for sex, age and height. Diagnosis and stages of HTN based on office BP were compared with ABPM. Patients with sustained HTN had secondary causes discharged after investigation and target organ damage (TOD) was also evaluated. Results: Were included 16 patients with primary HTN, mean age 13 ± 3.3 years, 62% male, 87% obese or overweight (mean weight 89 ± 28.9kg) and 75% with first degree family history of HTN. Of these, as in Figure 1, masked hypertension was detected in 37.5% (6/16), white coat HTN in 12.5% (2/16), and in 68% of the sample (11/16) ABPM classified HTN at higher stage compared to office BP. Nocturnal HTN was present in 81% (13/16). None patient had TOD and at follow-up, 12 required antihypertensive drugs, with 68% of BP control. Conclusion: For this obese primary hypertensive pediatric sample, ABPM seems to be essential for HTN diagnosis and stratification, evidencing frequent nocturnal changes in BP. Complementary tests to investigate obstructive sleep apnea weren't done but this could be an associated factor.
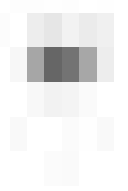
111552

TITLE: REPERCUSSION OF DEPRESSION ON SMOKING CESSATION AMONG SMOKERS WITH MULTIMORBIDITIES

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Introduction: Smoking is a serious public health problem. Among the several factors that hinder smoking cessation and the maintenance of abstinence, there is the high rate of psychiatric comorbidities, such as depression. Mood disorders are important factors to be considered in the evaluation of smokers, aiming at a better approach to the habit and a greater reduction in it. Objectives: To evaluate the impact of depression on biopsychosocial characteristics among smokers with multimorbidities in the smoking cessation process. Methods: Observational cross-sectional study evaluating medical charts of a public service for smoking cessation ("Livres do Tabaco" Project), between 09/2021 and 03/2022. Depression defined by the score Patient Health Questionnaire (PHQ-9) ≥9 points. Cognitive deficit evaluated by the Montreal Cognitive Assessment <26 points. Abdominal obesity was defined as abdominal circumference > 80 cm in women and > 94 cm in men. Normal systolic blood pressure (SBP) <130 mmHg. Results: Thirty-six patients were evaluated, aged 56.63±10.80 years, and depression was present in 55.9%. Comparing smokers with and without depressive symptoms, it was observed that those with depression had statistically significant associations regarding obesity (p=0.007); arterial hypertension (p=0.035) and uncontrolled blood pressure (p<0.035); greater cognitive deficit (p=0.022); COVID-19 infection (p<0.003). In addition, the occurrence of cardiovascular events also had a positive association in these patients: acute myocardial infarction (p=0.002); heart failure (p<0.001); peripheral vascular accident (p<001); greater hospitalization secondary to COVID-19 (p<0.001). Regarding smoking history, those with depression had a higher frequency of triggers for stress (p<0001). Regarding motivation, depressed patients had lower rates (p<0.056), as well as adherence to meetings and smoking cessation in the 12th week of treatment (p<0.022 and p<0.001, respectively). Conclusion: Smokers with depression showed significantly more frequent cardiovascular outcomes. Low motivation reflected in lower adherence to cognitive-behavioral approach meetings and smoking cessation. The association between smoking and depression reveals the need for a multidisciplinary approach to the habit to develop more effective interventions, and to remember that depression is also a chronic disease that should be tracked and treated simultaneously to the process for the success of smoking cessation.

111562

TITLE: PERIOPERATIVE PROFILE OF CARDIAC BIOMARKERS IN RENAL TRANSPLANT RECIPIENTS

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Introduction: Cardiovascular risk assessment is important among renal transplant recipients. Biomarkers, such as cardiac troponin and BNP, have been used as adjunctive tools in cardiovascular risk stratification in non cardiac surgeries, but their use in the context of kidney transplantation is not well studied. Objectives: To describe the perioperative profile of cardiac biomarkers in kidney transplant recipients and its association with delayed graft function (DGF). Methods: Prospective cohort study including deceased donor kidney transplant recipients between September 2018 and March 2020 at Hospital de Clínicas de Porto Alegre. We evaluated BNP at hospital admission and 24 hours after kidney transplantation. High-sensitivity cardiac troponin (hs-cTn) was evaluated at admission, 24 and 48 hours after kidney transplantation. Only patients who presented with no major adverse cardiovascular events (MACE) during the first month of follow-up were included in the analysis. Results: We prospectively included 102 patients, of which 52.9% were male, 82.4% were hypertensive and 19.6% had diabetes mellitus. Admission's BNP median value was 225 pg/ml (IQR 98.6 - 626 pg/ml), and 24 hours after transplantation was 288 pg/ml (IQR 180 - 597 pg/ml). Admission's Hs-cTn above the 99th percentile was observed in 35.3% of patients, and was associated with age at transplantation (OR 1.099 / CI 1.043 - 1.173) and male sex (OR 4.667 / CI 1.644 - 14.838). Hs-cTn's median change from admission to 24 hours after transplantation was -13.5% (IQR -32 - 9%) and from 24 hours to 48 hours after transplantation was -1.2% (IQR -17 - 5%). After transplantation, 52% of the patients presented with DGF, which was associated with concomitant preoperative cardiac troponin above the 99th percentile and BNP above 100 pg/ml (OR 3.989 / CI 1.217 - 15.765). Conclusions: Baseline cardiac troponin and BNP are elevated in a large proportion of kidney transplant recipients. While BNP has an ascending trend after renal transplantation, troponin tends to decrease following surgery. Both biomarkers might be predictive of non-cardiac endpoints such as DGF.