1030-50 Neuraly Mediated Hypotension in Chronic Fatigue Syndrome: Does Low Salt Intake Play a Role?

S. Girin, D. Waters, J. Kluger, Hartford Hospital and the University of Connecticut School of Medicine, Hartford, CT, USA.

Because of recent reports linking neuraly mediated hypotension, sodium intake and chronic fatigue syndrome (CFS), we subjected 37 consecutive patients with CFS, diagnosed according to CDC criteria, to head-up tilt testing (HUT). HUT consisted of a 45 min tilt at 70° followed by a 15 min with 1–2 mmHg of an incremental infusion. A positive response was defined as a systolic blood pressure  70 mmHg without syncope or prostration. The mean age of the pts was 30 ± 13 years and 92% were women. Pts were interviewed at baseline and after a follow-up of 21 ± 14 weeks. Details of symptoms, diet, salt and wine intake were obtained and used to assess their contribution. After HUT, all pts were started on a high salt diet (9–10 g/day) with Serial tilt testing. Eight of the HUT positive patients were also prescribed 0.1 mg/day of fludrocortisone to augment a high salt diet.

Results: HUT was positive in 27 pts (73%) and 31 (84%) had a low salt intake for a medical reason. Reduced salt intake was predictive of HUT positivity. 26 of the 31 low salt pts (81%) being HUT positive versus 6 of 6 pts (33%) on normal salt diets (p = 0.01). Lightness, increased during follow-up in 25 of 31 (81%) being HUT positive versus 6 of 6 in 5 patients (17%) of HUT negative group (p = 0.07). CFS symptoms improved in 17 patients (65%) of 25 vs 2 of 6 HUT positive patients (p = 0.02). A trend toward improvement in CFS symptoms was noted in pts previously on a low salt diet (1993) versus 20, p = 0.06.

Conclusion(s): During low salt intake, the prevalence of HUT was high. A reduction in salt intake may be beneficial in patients with CFS. This should be confirmed in a controlled trial.

1031 Coronary Prevention: Lessons From Observational Databases

Tuesday, March 18, 1997, 3:00 p.m.-5:00 p.m.
Anaheim Convention Center, Hall E
Presentation Hour: 3:00 p.m.-4:00 p.m.

1031-58 Mortality Trends After Acute Myocardial Infarction: Between the 80s and the 90s in Israel

S. Gottlieb, U. Goldbourd, D. Harpaz, V. Boyko, E. Stern, I. B. Beizer, for the SPRINT and the Israeli Thrombolytic Survey Group, Neufeld Carmel Research Institute, Tel Hashomer, Israel, "Bnai Zion Hospital, Jerusalem, Israel.

The fate of patients with acute myocardial infarction (AMI) before and after the advent of the reperfusion era remains a matter of current interest. Several studies have reported a decline in mortality in early AMI in the thrombolytic era. However, it is not clear whether the decline in mortality was in parallel in men and women (W).

We evaluated trends in mortality in two cohorts of AMI pts hospitalized in the CCUs of Israel in 1981–83 (S1955 pts; 4553 M, 74%) and in Jan-Feb of 1992 and 1994 (1540 pts; 1425 M, 74%).

Methods: The clinical characteristics in both periods of M and W were comparable. In both genders administration of nitrates, B-blockers, Ca antagonists, anti-platelets, anti-coagulants and ACE inhibitors increased in the 90s. Thrombolysis, PTCA/CABG and coronary angiography were not performed in the 80s, and were done in 45%, 18% and 29% in M, respectively, and in 3%, 11% and 20% in M, respectively, in 90s. In-hospital complications of congestive heart failure and life threatening arrhythmias, were less common in both genders in the 90s. 30-day and 1-year age adjusted mortality rates and the multivariate adjusted relative risk (RR) between the two periods for M and W were (Table)

<table>
<thead>
<tr>
<th>Mortality</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>RR (95%)</td>
<td>(95%)</td>
<td>(95%)</td>
</tr>
<tr>
<td>30-day</td>
<td>17.8%</td>
<td>10.8%</td>
</tr>
<tr>
<td>1-year</td>
<td>9.1%</td>
<td>8.7%</td>
</tr>
<tr>
<td>1-year cumulative</td>
<td>24.8%</td>
<td>16.5%</td>
</tr>
</tbody>
</table>

Conclusion(s): During the last decade a significant decline in hospital complications and in early- and 1-year mortality was noted among AMI pts in Israel. The mortality declined in the order of 3%, similarly in both genders; 3. Changes in pts management contributed to the improved outcome.