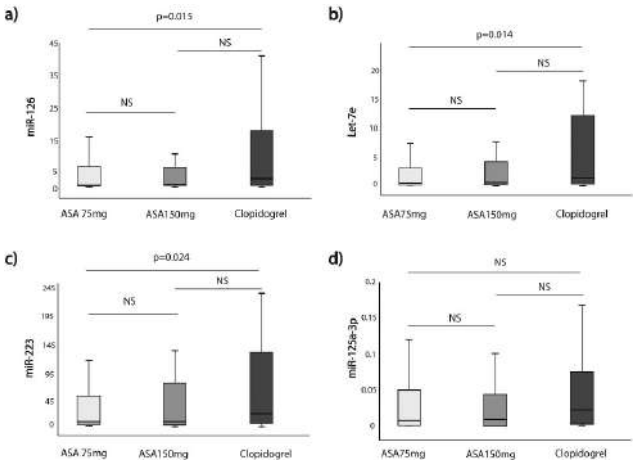


**FIGURE 1** MiRNAs expressions in regard to the type of antiplatelet treatment based on randomization [ASA 75 mg vs ASA 150 mg vs Clopidogrel]; a) miR-126; b) Let-7e; c) miR-223; d) miR-125a-3p

| Variable | HR | 95%CI | | p-value |
|---|---|---|---|---|
| | | Lower | Upper | |
| *High miR-223* | 0.326 | 0.088 | 1.207 | 0.093 |
| *High miR-126* | 3.754 | 0.943 | 14.941 | 0.061 |
| *High Let-7e* | 7.829 | 1.200 | 51.095 | **0.032** |
| *High miR-125a-3p* | 0.657 | 0.224 | 1.928 | 0.445 |
| *Hypertension* | 2.828 | 0.558 | 14.344 | 0.210 |
| *Dyslipidemia* | 1.022 | 0.344 | 3.034 | 0.968 |
| *Age* | 1.099 | 1.031 | 1.171 | **0.004** |
| *Gender (male)* | 5.968 | 1.977 | 18.016 | **0.002** |
| *History of MI* | 1.753 | 0.648 | 4.737 | 0.269 |
| *Current smoking* | 3.034 | 0.589 | 15.621 | 0.184 |
| *Clopidogrel* | 2.471 | 0.894 | 6.828 | 0.081 |

HR, hazard ratio; MI, myocardial infarction, 95%CI, 95% confidence interval;

**FIGURE 2** Multivariate Cox regression model including high levels of miRNAs and clinical data

**Conclusions**: Let-7e expression is a strong and independent predictor of long-term all-cause mortality among patients with T2DM. MiR-223, miR-126 and Let-7e present significant interactions with antiplatelet treatment and clinical outcomes.

## PB0012 | Prognostic Significance of von Willebrand Factor in Flow-mediated Dilatation Test at Patients with Arterial Hypertension and Diabetes Type 2

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**Background**: A poor prognosis of concomitant courses of arterial hypertension and diabetes mellitus type 2 on the population morbidity especially deals with the thrombotic complications which are situated in locally injured vessels.

**Aims**: To set von Willebrand factor (vWF) level at the patients with arterial hypertension (AH) and type 2 diabetes mellitus (DM) and analyze its prognostic relationship due to vasodilation and assessment of endothelial function.

**Methods**: The activity of vWF was estimated in plasma of 146 patients with AH and DM and in 50 healthy persons using specific standardized VWF-reagent. The research of endothelial dysfunction was conducted in flow-mediated dilatation. Prognostic level of VWF was analyzed in the true-positive rate test and, then, with plotting a function of receiver operating characteristic.

**Results**: Initially, it was set, that basal level of vWF at patients with AH and type 2 DM was reliably higher (113.3 ± 13.9%) than in the control group (85.2 ± 8.9%; $P < 0.01$). It was determined the negative reliable association in vWF activity and index of absolute diameter increasing ($r$ = -0.49, $P$ = 0.02). Then we have measured sensitivity, specificity and, set the predictive value of vWF level in relation to disorders of endothelial function. The prognostic value of the model was sufficiently high, area under the curve (AUC) obtains 64.6% ± 6.74% ($P$ = 0.015), that is a difference to 50.0% of AUC level. It was set the prognostic points for vWF activity between 81.5 % and 131.0 %.

**Conclusions**: The results undertaken in the study testify that elevation of vWF activity is associated with the decline of absolute increase of brachial diameters in flow-mediated dilatation test with prognostic level of vWF between 81.5% and 131.0%.

## PB0013 | The Coagulation and Fibrinolisys Changes Undergoing the Ramipril and Losartan Treatment of Concomitant Arterial Hypertension and Diabetes Mellitus Type 2

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**Background**: ESC 2018 Guidelines of the management of arterial hypertension yet have set ACE-inhibitors and angiotensin-receptor blockers (BRA) as drugs of choice in treatment of associated pathology. We have interested in some specific pleiotropic features in the activity of them such as the influence on the state coagulation and fibrinolisys.

**Aims**: To learn potential activity of ramopril versus losartan on some factors of coagulation and plasma fibrinolisys during their use in patients with arterial hypertension and diabetes mellitus of type 2.

**Methods**: Monotherapy of ramipril (from 5 to 10 mg)($N$ = 48) or losartan (from 50 to 100 mg) ($N$ = 41) per day were prescribed for 89 patients with arterial hypertension and diabetes mellitus type 2 on the basic use of metformin and statins for 36 weeks. The activities of protein C, antithrombin III (AT III), and factor XIII, plasma fibrinolitic activity (PFA) were measured. The estimation of efficacy was conducted by calculation of "before-after" changes, the therapeutic benefit (changes of attributable risk – CAR and odds ratio (OR).