skin forearm blood flow was further increased after the iontophoresis of acetylcholine and SNP. The increase was apparent during testing following the 2nd, 3rd and 4th bout of 3 days of insufficient sleep for both tests in sleep restriction group compared to sleep control group (all p < 0.05).

**Conclusion:** During repeated exposure to insufficient sleep, microvasculature of the forearm showed increased during resting conditions. This may be a compensatory mechanism to reduce blood pressure that is elevated during insufficient sleep stress.

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**P6550**

**Pattern of 24 hours ambulatory blood pressure readings in hypertensive patients with controlled office blood pressure measurements**

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**Background:** There are limited data on the quality of blood pressure (BP) control during normal daily life, and in particular, the prevalence of “masked uncontrolled hypertension” (MUCH) in people with treated and seemingly well-controlled BP is unknown.

**Purpose:** To define the prevalence and characteristics of MUCH among hypertensive patients with controlled office blood pressure readings.

**Methods:** We enrolled 150 hypertensive patients presented to the specialized hypertension clinic at a university hospital. All patients were on antihypertensive treatment and their office blood pressure readings were well controlled (<140/90 mmHg for all patients except for diabetics where it should be <140/85 mmHg) for at least two visits, one month apart. Automated office BP measurement was done, according to the standard protocols, using an authorized automated device. Cardiovascular risk factors were documented by history, clinical examination, and laboratory data. All patients underwent ambulatory blood pressure monitoring (ABPM) for 24 hours, within a week after the office visit.

**Results:** MUCH was diagnosed if despite controlled clinic BP, the mean 24-h ABPM remained elevated (24-h systolic BP >130 mmHg and/or 24-h diastolic BP >80 mmHg). Fifty-one patients (34%) had MUCH according to 24-h ABPM criteria (mean age 54.8±8.3 years, 60.8% men). The prevalence of MUCH was significantly higher in patients at high cardiovascular risk (smokers, diabetics, obesity). Masked uncontrolled hypertension was most often because of poor control of nocturnal BP, with the proportion of patients in whom MUCH was solely attributable to an elevated nocturnal BP almost double that solely attributable to daytime BP elevation (53% vs. 28%, P < 0.001).

**Conclusion:** The prevalence of masked suboptimal BP control in patients with treated and well-controlled clinic BP is high. Clinic BP monitoring alone is thus inadequate to optimize BP control because many patients have an elevated nocturnal BP. These findings suggest that ABPM should become more routine to ensure proper BP control, especially in patients with higher cardiovascular risk profile.

**P6551**

**Decrease in prevalence of hypertension in 15 years: a success story of a population through salt reduction initiatives**

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**Background:** Hypertension is an important modifiable risk factor for cardiovascular and renal outcomes. Lifestyle changes and salt restriction may decrease the prevalence of hypertension. Several initiatives have been taken to reduce salt consumption in Turkey.

**Purpose:** We evaluated the changes in crude prevalence of hypertension by doing a systematic review and meta-regression of the epidemiological studies that have been conducted for adult Turkish population during the last 15 years.

**Methods:** Appropriate epidemiological studies were searched in the Ovid Medline Web of Science Core Collection. Web documents of Ministry of Health and Turkish Statistical Institute were also searched for appropriate surveys. Studies were categorized as low or high risk of bias using a score primarily assessing the representativeness of Turkish population and the measurement standards. Random-effects model was used for pooled analysis, and linear and non-linear meta-regression was performed on the studies of low risk of bias to assess the changes in the crude prevalence of hypertension.

**Results:** Prevalence of hypertension were available in 7 studies. Meta-regression of the studies with low-risk of bias (n=64566) showed a significant decrease in the crude prevalence of hypertension (Figure 1A). The change was slightly more prevalent in women than in men, but the difference was not statistically significant. In order to assess whether this change is caused by the change in the population characteristics or a real change, age-standardized prevalence was calculated for two studies. This analysis showed that age-standardized prevalence, as well, decreased by 18 percent (from 33.8% to 27.6%) between 2003 and 2012. Despite this change, number of the hypertensives remained stable at nearly 15 million probably due to population growth (Figure 1B). Number of uncontrolled hypertensives are decreased but still high.

**SAFETY AND EFFICACY OF ANTICOAGULANTS**

**P6552**

**Systematic review and network meta-analysis: the efficacy and safety of oral anticoagulants in patients with atrial fibrillation in asian**

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**Background:** Atrial fibrillation (AFib) is a critical risk factor for ischemic stroke (IS) and oral anticoagulants (OACs) have been widely used in the stroke prevention of AFib (SPAF). There is a lack of pairwise meta-analysis to assess its efficacy in the Asian population. This study aims to apply a network meta-analysis to rank the efficacy and safety of each OAC in Asian people.

**Method:** We included randomized control trials (RCTs) evaluating the outcome of SPAF using OACs including warfarin, dabigatran, rivaroxaban, apixaban, and edoxaban. Relevant studies published until July 2017 were identified from the PubMed, EMBASE, and Cochrane databases. Furthermore, dichotomous outcomes were analyzed using odds ratios (ORs) as the summary statistics. The precision levels of the effect sizes were reported as 95% confidence intervals.