Hospital during the period of study and have given consent were allowed to participate in the study. A proforma was designed to collect the socio-demographic and clinical characteristics like the blood pressure, weight (in kilograms) and height (in meters) while the hypertension self-care activity levels effect (H-SCALE) questionnaire was used to collect information on self-care activities. The data cleaning was conducted in Microsoft excel after which information were exported and analysed using the Statistical Package for Social Sciences (SPSS for windows, Version 16.0. SPSS Inc. 2007 Chicago, USA software).

Results: More than half of the patients under study 183 (61.4%) were adherent to their medication. However, almost all the patients 305 (99.1%) and 308 (100%) did not adhere to low salt diets and physical activity respectively. A majority of the patients 266 (87.0%) admitted not to be smoking while more than half of the patients 221 (63.1) did not follow good weight management practices. About three-fourth of these patients did not abstain from drinking alcohol. Although more of the males (31.5%) adhered to their medications more than the females (27.9%), this was not statistically significant. More of those who adhered to their medications, had a low salt diet, engaged in physical activity and weight management practices had a source of income. Patients who had obtained a formal education had a better medication adherence, adhered to low salt diets, engaged in weight management practices and smoked less when compared to those who had no formal education. It was observed that patients who have had hypertension for a longer time adhered more to their medications.

Conclusions: In conclusion, adherence to hypertension self care activities was low. This could lead to an increased risk of hypertension related complications.

**PREDICTION OF MAJOR CARDIOVASCULAR AND CEREBROVASCULAR OUTCOMES FOR OLDER PEOPLE WITH HYPERTENSION AND FRAILTY: LINKED PRIMARY CARE ELECTRONIC HEALTH RECORDS COHORT STUDY**

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Objective: For older people, the association of blood pressure (BP) with cardiovascular outcomes may vary according to the degree of frailty. We investigated whether frailty improved the prediction of major adverse cardiovascular or cerebrovascular events (MACCE) among older people with hypertension treated for primary prevention.

Design and method: Retrospective cohort study using population-scale electronic health record data from the Welsh Secure Anonymised Information Linkage (SAIL) databank, linked to hospital outcomes from Patient Episode Database for Wales (PEDW), and death outcomes from Office for National Statistics. Inclusion criteria were age >65 years, BP recorded in primary care in 2007, and diagnosis of hypertension. Exclusion criteria were established cardiovascular disease (stroke, myocardial infarction or heart failure). We extracted the minimum BP measurement on the day the patient first attended primary care in 2007, and BP-lowering treatment over one year prior. Cardiovascular risk was measured using QRISK-3, and frailty using the electronic frailty index (eFI). Time-to-event analysis measured first ever MACCE (stroke, myocardial infarction, heart failure or cardiovascular death) through 10 years follow-up.

Results: The analytic cohort comprised 145,598 patients, registered in 502 general practices. The mean age was 75 years (SD 7); 62% were female; 17% were in the most deprived Townsend quintile. Using the QRISK-3 cardiovascular risk score, 29% (IQR 21 – 39) were predicted to suffer coronary heart disease or stroke over 10 years. The unadjusted risks for MACCE were all increased with increasing severity of frailty (Figure). Compared with robust participants, living with frailty was associated with significantly higher MACCE events despite adjustment for known cardiovascular risk factors (increased risk of 38% in mild frailty, 84% in moderate frailty and 117% in severe frailty). The addition of frailty to a model that was already adjusted for cardiovascular risk factors and BP-lowering treatment improved measures of model fit (AIC reduced from 248,829 to 247,409; BIC reduced from 249,023 to 247,579).

Conclusions: Our study provides population-based evidence that the degree of frailty is a useful prognostic factor in older people who are at high risk of cardiovascular outcomes in the management of hypertension.

**ARTERIAL HYPERTENSION IN A PATIENT OPERATED FOR CONN ADENOMA: ABOUT A CASE**

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Objective: Conn’s adenoma is a rare cause of high blood pressure. It is the second surgically curable cause of hypertension after renal artery stenosis. Its recurrence after surgery remains rare.

Design and method: We report a case.

Results: Mr BM, 60 years old, with a history of diabetes, hypertensive and right adrenalectomy for Conn’s adenoma, admitted for investigation of dysphagia and high blood pressure. On examination, the blood pressure was 17/10, the pulses are present and symmetrical. Skin examination revealed sclerodactyly, subcutaneous calcinosis and raynaud’s syndrome. The blood ionogram showed hypokalaemia while the renal workup noted chronic renal failure. Urinary cortisol and plasma cortisol were normal. The adrenal CT scan showed a left adrenal nodule. A contralateral recurrence of Conn’s adenoma associated with CREST syndrome was strongly suspected. The decision was to intensify the antihypertensive treatment.

Conclusions: Hypertension can be multifactorial: metabolic syndrome, Conn’s adenoma and systemic disorder. A recurrence of an operated Conn’s adenoma should be systematically sought in the presence of persistent elevated blood pressure levels.

**ARTERIAL HYPERTENSION IN YOUNG PEOPLE REVEALING SYSTEMIC AFFECTIONS**

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Objective: Arterial hypertension in young patients can reveal or be a complication involving multiple mechanisms (coarctation of the aorta, inflammatory stenosis and/or thrombosis of the renal artery, vasculitis of arteries of different sizes, glomerular nephropathies, fibrosis retro peritoneal ... ) many systemic conditions.

Design and method: We retrospectively studied hypertension in 16 patients under 40. Data were collected retrospectively from 16 patients, under 40 years old, and hospitalized in an internal medicine department for systemic diseases.

Results: These were 2 men and 14 women. The average age was 34 years and 8 months (range 16-40 years).

The systemic conditions identified were: systemic lupus erythematosus (7 cases), Takayasu disease (4 cases), systemic sclerosis (1 case), Sjögren syndrome (1 case), Behcet’s disease (1 case), Buerger’s disease (1 case) and cryoglobulinemia (1 case).

Conclusions: Hypertension in young patients revealing a systemic disorder is rare and has complex mechanisms. Its etiological treatment depends on the specific context of each identified condition, on surgical treatment and/or long-term medical treatment.

**ARTERIAL HYPERTENSION REVEALING A TIGHT AORTIC COARCTATION IN A YOUNG PATIENT: ABOUT A CASE**

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