

An association of biomarkers of cardiac remodeling, myocardial fibrosis and inflammation with the parameters of heart function and structure in the patients with arterial hypertension

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Background and study objective

- Background: An early evaluation of the cardiac remodeling may be useful in prediction of heart failure in arterial hypertension (AH)
- Study objective: to evaluate the association of cardiac biomarkers levels with the parameters of cardiac structure and function in patients with AH

Patients and methods

- Patients with arterial hypertension, normal LV EF and absence of symptoms and signs of heart failure were included in the study.
- The levels of biomarkers: NT-proBNP, sST2, Galectin-3, GDF-15, Cystatin C, TIMP-1 and ceruloplasmin were measured and assessed together with other biochemical and echocardiographic parameters.
- *Pearson's correlation* coefficients and in the case of not-normal distributed variables the non-parametric *Spearman's correlation* coefficients were calculated

Results - Patients

- Total number of 92 patients, 56 males (61 %) and 36 females (39 %) mean age 61.5 years met criteria for the study.
- Commorbidities: of 73 % dyslipidaemia, 29 % type 2 diabetes mellitus and 15 % CAD.
- The mean number of drugs for AH was 2.34.
- Betablockers and diuretics in 52 (57 %) patients, ACEIs 42 (46 %) ARBs 43 (47 %), CCBs 42 (46 %) MRAs 16 (17 %).
- Other medication:
ASA (32 %), statins (64 %), oral antidiabetics (21 %), allopurinol (14 %).

Results – laboratory parameters

Parameter	Mean $\pm$ SD	Median [Min – Max]
GDF-15* [ng/L]	1608.1 $\pm$ 1351	1133.6 433.7 – 8478.0
Galectin-3* [ng/L]	1689.4 $\pm$ 2323	503.1 19.2 – 9903.0
Cystatin C [ng/L]	18802.6 $\pm$ 5717	17283.6 9046.9 – 32866.3
sST2 [ng/L]	298.9 $\pm$ 178	258.3 41.4 – 817.7
TIMP-1 [μ g/L]	299456.0 $\pm$ 106527	276400.1 140685.8.- 589331.0
NT-proBNP* [pg/mL]	20.9 $\pm$ 7.78	11.0 1.0 – 197.0
Cp [g/L]	0.3 $\pm$ 0.07	0.2 0.1 – 0.5

* Variables that do not fulfill conditions of a normal distribution were marked with an asterisk

Results – echocardiographic parameters

Parameter	Mean $\pm$ SD	Median [Min – Max]
LV EF* [%]	64.7 $\pm$ 5.3	65 45 – 75
EDD [mm]	49.2 $\pm$ 4.2	49 40 – 58
LA [mm]	38.9 $\pm$ 6.2	38 29 – 73
RV [mm]	27.4 $\pm$ 3.1	28 21 – 35
E/A	1.1 $\pm$ 0.46	1.0 0.5 – 3.1
E/E'	7.1 $\pm$ 3.5	6.3 2.8 – 21.6

* Variables that do not fulfill conditions of a normal distribution were marked with an asterisk

Results – echocardiographic parameters

Parameter	Mean $\pm$ SD	Median [Min – Max]
ACT RVOT [ms]	119.1 $\pm$ 17.7	116 83 – 160
ePAP [mmHg]	15.3 $\pm$ 2.4	15 11 – 20
LVM [g]	189.9 $\pm$ 52.2	184 113 – 357
LVMi [g/m ²]	91.7 $\pm$ 15.8	90.8 15.8 – 154.1
RWT	0.4 $\pm$ 0.05	0.4 0.3 – 0.5
LAI [mm/m ²]	19 $\pm$ 2.7	18.8 14.3 – 31.1

Results

- NT-proBNP level correlated with LV diastolic function:
velocity of E wave ($r = 0.377, P < 0.002$),
E/A ratio, ($r = 0.455, P < 0.0001$), E' lat ($r = -0.354, P = 0.006$),
E/E' ratio, $r = 0.393, P < 0.002$, ePAP ($r = 0.390, P = 0.014$),
and age ($r = 0.384, P < 0.0001$).
- sST2 level correlated with parameters of cardiac structure:
LV mass ($r = 0.290, P < 0.01$) and LVM index ($r = 0.307, P = 0.012$)
and with posterior wall thickness PW ($r = 0.380, P < 0.001$).

Results

- The patients were divided into two groups according to presence of LVH. LVH was defined by $\text{LVMI} > 95 \text{ g/m}^2$ in females or $> 115 \text{ g/m}^2$ in males and $\text{RWT} > 0.42$ for both genders.
- Two multivariate logistic regression models for patients LVH vs. non-LVH were developed.
 1. Model: Patients LVH vs. non- LVH: only NT-proBNP, GDF-15, Galectin-3, Cystatin C, sST2, and TIMP-1 were used as predictive variables.
 2. Model: Patients LVH vs. non-LVH: the next predictive variables were added: age, LV EF, LA, RV, E/A, E/E', Na, K, urea, creatinine, and eGFR.

Results

Odds ratios (OR), 95% Confidence Intervals (CI) and levels of significances of Wald's statistic (*P*) of differences in predictive values between patients with LVH (N=31) and without LVH (N=47).

Variable	OR	95% CI	P
Model 1 – Predictive variables: NT-proBNP, GDF-15, Galectin-3, Cystatin C, sST2, and TIMP-1			
sST2	1.0033	1.0001 – 1.0066	0.041*
TIMP-1	1.0001	0.9999 – 1.0001	0.161
Model 2 – Predictive variables: NT-proBNP, GDF-15, Galectin-3, Cystatin C, sST2, and TIMP-1 + age, LV EF, LA, RV, E/A, E/E', Na, K, urea, creatinine, and eGFR			
Cystatin C	0.9998	0.9996 – 1.0001	0.141
sST2	1.0057	0.9992 – 1.0122	0.086
TIMP-1	1.0001	1.0001 – 1.0002	0.012
LA	1.1356	0.9710 – 1.3281	0.112
Age	1.0566	0.9712 – 1.1494	0.200

* Statistically significant predictors are marked in bold

Conclusion

- In patients with arterial hypertension and no signs of HF NT-proBNP level correlated with LV diastolic function.
 - Biomarker sST2 level correlated with parameters of cardiac structure.
 - Biomarkers sST2 and TIMP-1 were associated with the presence of left ventricular hypertrophy.
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Thank you for your attention

