Method: We looked at patients diagnosed with HAP over 1 year in our hospi-
tal and compared our management against the American guidelines.
Results: 38 patients, mean age 78. Mean time to diagnosis was 12 (2-34) days.
8 patients were from residential facilities (RF). Investigations performed are shown in:

<table>
<thead>
<tr>
<th>Investigation</th>
<th>Number of Patients</th>
<th>Number Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>CXR</td>
<td>36</td>
<td>32</td>
</tr>
<tr>
<td>Biochemistry</td>
<td>38</td>
<td>37</td>
</tr>
<tr>
<td>Haematology</td>
<td>38</td>
<td>37</td>
</tr>
<tr>
<td>Blood Gases</td>
<td>20</td>
<td>17</td>
</tr>
<tr>
<td>Blood Cultures</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>Sputum Culture</td>
<td>11</td>
<td>6</td>
</tr>
</tbody>
</table>

31/38 were treated with correct anti-biotics (piperacillin + tazobactam) as per local guidelines. 6/38 received full 7 day course as per guidelines. Overall mortality was 42%, with 80% mortality in RF patients. The mortality in patients with respiratory disease was 37%.

Conclusions: HAP is a serious illness with a high mortality especially in RF patients. Our management showed that not enough samples for culture were sent and most of the patients did not receive full duration of IV therapy. This may be due to lack of knowledge, late diagnosis and individual preferences in the absence of a consensus guideline. There is an urgent need for research and development of European guidelines for management of HAP. We have developed a flow chart for the management of HAP and will present this at the meeting.

Reference

PREVALENCE OF LIFESTYLE RISK FACTORS AND RELIABILITY OF PATIENT SELF REPORT
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Background: Increasing evidence shows that acquired lifestyle risk factors are unbeneficial for anesthesia and surgical outcome. The present study investigated the prevalence of these risk factors in a general population admitted for surgery in a large teaching hospital, and evaluated the reliability of the prevalence of self-reported lifestyle risk factors by patients.

Methods: Patients (n=1111) filled out a questionnaire about lifestyle risk factors (smoking, drugs and alcohol use, hypertension, diabetes mellitus, overweight and inactivity). The self-reported risk factors by patients were compared with risk factors stated in the preassessment report of the physician.

Results: The population was 51 ± 17 years of age (56.6% females) with an average body mass index (BMI) of 25.6 ± 4.7 kg/m². The most frequently reported lifestyle risk factors by the physician were overweight (47.5%), smoking (25.3%) and hypertension (23.7%). The prevalence of 0 – 6 lifestyle risk factors in the population was 26.9%, 35.7%, 23.5%, 11.0%, 2.7%, 0.1% and 0.1%, respectively. Patients with more lifestyle risk factors were older and had a higher BMI. Underreporting of lifestyle risk factors by patients occurred especially with overweight (26.5%) and hypertension (19.6%) when compared to physician reports (47.5% and 23.7%, respectively). In about 3% of cases, physicians overlooked excessive alcohol abuse by the patient.

Conclusions: The prevalence of lifestyle risk factors in the preassessment outpatient patient population is high. Physicians should be aware of under-reporting of lifestyle risk factors by patients, which may suggest that some patients are unaware of their unhealthy state.

RISK FACTORS AND PROGNOSTIC MARKERS IN WERNICKE ENCEPHALOPATHY: A PILOT STUDY
Elena Secco, Javier Marnotes, Camino Mouronte, Lara Rey,
Almudena Pérez-Iglesias, Paula Rodríguez-Alvarez, Verónica P.Carral,
Inés F. Regal, Beatriz Suárez, Elvira González-Vázquez, Jose-Luis Jiménez,
Antonio-J Chamorro. Department of Internal Medicine, Complejo Hospitalario de Ourense, Ourense, Spain

Background: Wernicke’s encephalopathy (WE) is a neuropsychiatric disease secondary to thiamine deficiency characterized by mental confusion, ophthalmoptlegia and gait ataxia. The study aims to analyze possible risk factors and prognostic markers in WE.

SYSTEMIC LUPUS ERYthematosus AND Homocysteine: IS THERE ANY RELATIONSHIP?
Sima Sedighy1, Zahra Rezaei Yazdi2, Mohammad Reza Hafezi, Mehrdad Aghaie1, Sima Besharat3, Sharareh Hezarkhani4. 1Department of Rheumatology, Golestan University of Medical Sciences, Gorgan, Iran; 2Department of Rheumatology, Mashhad University of Medical Sciences, Mashhad, Iran; 3Golestan Research Center of Gastroenterology and Hepatology, Golestan University of Medical Sciences, Gorgan, Iran; 4Department of Endocrinology, Golestan University of Medical Sciences, Gorgan, Iran

Background: Systemic lupus erythematosus (SLE) is an inflammatory multi organ disease with unknown origin, variable clinical manifestations and laboratory findings. Coronary artery disease is an important cause of mortality and morbidity in these patients. This study was designed to evaluate homocysteine as a new risk factor for cardiovascular complications.

Methods: Sixty known case of SLE and 30 healthy controls were included. Disease activity in patients was assessed using the Systemic Lupus Erythematosus Disease Activity Index (SLEDAI). Age, sex, drug history, diabetes mellitus, hypertension, >140/90mmHg, Body Mass Index (>30kg/m²), early menopause (amenorrhea before 40 years old) and coronary artery disease, disease duration, duration of treatment with corticosteroids and anti malaria drugs were recorded in the questionnaire. Hematological and immunological tests were done along with lipid profile, 24 hours urine protein and C-reactive protein in all individuals Analysis was done using chi-square tests and imaging. In the first case, C/T and MRI scans showed a solid formation in the left nasal cavity.

Results: Homocysteine level was significantly higher in patients than controls (P-value=0.001). Only LDL, HDL and TG had significant relationship with homocysteine level. Homocysteine showed no relationship with the disease activity (P-value=0.609).

Conclusions: Homocysteine could be considered as a potential risk factor for cardiovascular disease in subjects with an inflammatory condition such as Systemic lupus erythematosus.

TWO RARE CASES OF NEOPLASMS OF THE NOSE AND PARANASAL SINUSES
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Background: Women 65 years old presented to the ENT outpatient clinic complaining of gradually worsening nasal congestion, diplopia and lower eyelid swelling. The second case refers to a man of 80 years, complaining unilateral recurrent epistaxis.

Methods: Patients assessment included full ENT examination, laboratory tests and imaging. In the first case, C/T and MRI scans showed a solid formation of the right maxillary sinus. In the second case, C/T scan showed a compact formation in the left nasal cavity.

Results: In the first case excision biopsy was performed using a combination of Caldwell-Luc and endoscopic approach. Biopsy revealed haeman-