

POSTER 14

Associations between biochemical parameters and metabolites of kynureninergic pathway in heart failure patients

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Resumo

Introduction: Heart failure (HF) is associated with chronic inflammation and oxidative stress, characterized by an increase in brain-type natriuretic peptide (BNP), a biomarker predictor of adverse cardiovascular events [1]. Tryptophan (TRP) metabolism through kynurenine pathway is an emerging field, emphasizing the role of its metabolites in the modulation of 'classical' cardiovascular risk factors [2], such as hypertension, obesity and diabetes mellitus [3]. Therefore, kynurenine pathway can be a useful tool to elucidate the disease mechanisms.

Objectives: Finding correlations between concentration of TRP and its metabolites and biochemical parameters in HF patients. **Material and Methods:** Study enrolled 22 HF patients, recruited from the Centro Hospitalar do Tâmega e Sousa, EPE. TRP and its metabolites (KYN, kynurenine; KA, kynurenic acid) were measured in urine samples collected from patients and controls (n=5), using a liquid chromatography with ultraviolet and fluorescence detection (LC-UV/FD) according to a previously published method [4]. Plasma BNP levels were measured by enzyme-linked immunosorbent assay (ELISA). Urinary creatinine and serum glucose levels were measured with a Prestige 24i automated analyzer (Cormay, Tokyo

Boeki). HF patients were stratified: diabetic (DM) and non-diabetic (NonDM) groups. Statistical analyses were conducted using JASP 0.16.1.0. p-values reported for Mann-Whitney or Welch test. **Results:** Higher urinary TRP and metabolites levels (mmol/mol cr) were measured in HF compared to controls (TRP, KYN p=0.04; KA p=0.03). KYN levels tend to be higher in DM than NonDM (p<0.07). DM patients had a higher KYN/TRP ratio (p=0.02), while KA/KYN ratio tend to be lower (p=0.09) compared to NonDM patients. BNP concentrations (pg/mL) were higher in NonDM [(mean±SD) 239±51; p=0.04] than in DM (203±38). Glucose levels (mg/mL) were higher in DM patients (196±77; p=0.003). Partial correlation analysis showed that BNP had a positive correlation with KYN levels (r=0.74; p=0.002) and KYN/TRP ratio (r=0.53; p=0.04) in NonDM patients, but not in DM subgroup. However, in DM patients was found a negative correlation between glucose levels and KYN/TRP ratio (r=0.69; p=0.04). **Conclusions:** TRP metabolites in urine were significantly higher in HF compared with controls. The positive correlation between BNP and KYN in NonDM patients, suggests a shift of the kynurenine pathway, potentially due to systemic inflammation.

Keywords: heart failure 1; diabetes 2; tryptophan metabolites 3; BNP 4; kynurenine 5.

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