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**AFFECTIVE TEMPERAMENTS IN THE BACKGROUND OF ACUTE CARDIAC COMPLICATIONS IN PRIMARY HYPERTENSION**

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**Introduction/Objectives:** Recent research on depression treatment of cardiac patients indicated that there are depressive subtypes at higher risk for cardiovascular complications and exploring personality types with negative affect may help to identify them.

**Aims:** To explore the association of affective temperaments with cardiac complications in primary hypertensive (HT) outpatients.

**Methods:** Data of 228 HT patients, controlled monthly for hypertension by their GPs, was analysed. TEMPS-A and BDI was applied to measure stable affective temperamental traits and depressive symptoms. ICD-10 diagnosed depression, antidepressant medication and cardiac complications (CC) required acute coronary intervention (acute coronary syndrome or acute myocardial infarction) was checked from patients' medical records.

**Results:** Mean age was 64 (SD±14) years and mean duration of hypertension was 14 (SD±7) years. 16 patients out of 228 developed cardiac complications (CC+). Age, gender, systolic blood pressure, BMI, smoking, HDL cholesterol level, years of hypertension, ICD-10 diagnosed depression, BDI point score and family history of cardiovascular diseases (CVD) did not reveal significant differences between those with or without CC. However, serum cholesterol level was significantly lower (U=997, p=0.01) and bigger proportion of three or more CVDs was found ( $\chi^2(1)=24.4$ , p<0.0001) in CC+ patients. Cyclothymic temperament was more prevalent among CC+ group (U=1119, p=0.027) and increased the odds of cardiac complications with 16% (95%CI= 1.047, 1.295) independent of depressive symptoms, diagnosed depression, age, gender and smoking.

**Conclusion:** Cyclothymic temperament with lability and rapid mood shifts as main characteristics may help to identify hypertensive patients in greater risk of cardiovascular complications irrespective of depression.