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EMPHASIZING EXERCISE IN ACHD: WHY AREN'T WE TALKING ABOUT IT?

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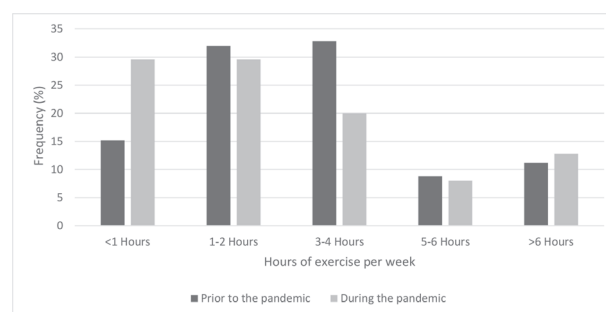
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Introduction Exercise is a safe and effective therapy for adults with congenital heart disease (ACHD) with positive effects on morbidity, mortality and quality of life.¹ European Society of Cardiology (ESC) guidelines recommend that exercise interventions and promotion of physical activity should occur at every contact between ACHD patients and healthcare professionals.² We sought to investigate how many ACHD patients recall these interventions.

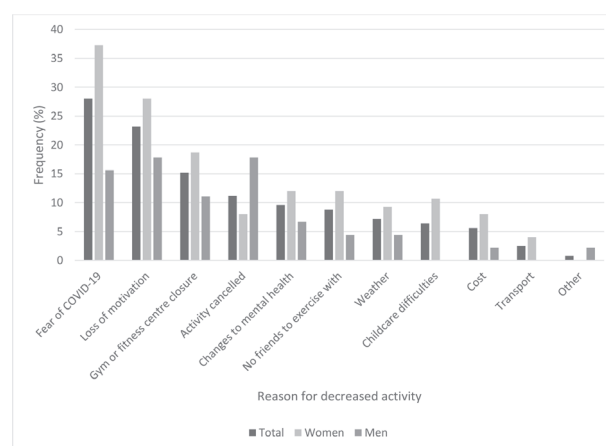
Methods We designed and conducted a data-based prospective survey exploring exercise behaviors of ACHD patients and recall of discussions around physical activity. The questionnaire was distributed to patients in outpatient clinics and inpatient wards at a tertiary ACHD centre in the UK, between October and November 2020.

Results In total 125 patients completed the survey. Demographically, 60% were women, 34% were men and 4% preferred not to answer. The majority of respondents were of White British or European ethnicity (73.6%). With regard to baseline physical activity levels, only 66 (52.8%) respondents met recommended exercise targets, participating in moderate physical activity for at least 150 minutes per week. This reduced further to 40.8% following the COVID-19 pandemic lockdown ($p=0.03$) (figure 1). Common motivations for physical activity were general fitness (53.6%), weight loss (36.0%) and mental health benefits (30.4%). Key reasons for reduced physical activity as a result of the pandemic were fear of COVID-19 (28.0%), loss of motivation (23.2%) and gym/fitness centre closure (15.2%) (figure 2). Almost two thirds (65.6%) of respondents did not recall having a discussion about exercise participation with healthcare professionals. Discussions about individualized exercise prescriptions were recalled by 8 respondents (6.4%). In total, 16% recalled being told to avoid certain exercises by their healthcare team; common responses of exercises to be avoided included high impact/contact sport and heavy weightlifting, with others told not to run, scuba dive or play golf.

Conclusions Almost half of the surveyed population did not meet recommended exercise targets before the pandemic, with even fewer meeting recommendations during the first COVID-19 pandemic lockdown. The majority of patients do not recall ever having discussions about exercise with their healthcare team. Whilst we are unable to determine whether this is due to discussions not occurring or poor patient recall, there are clear deficiencies in the provision and/or retention of health promotional information surrounding exercise. Quality improvement initiatives to improve patient awareness and involvement in physical activity may be considered two-fold. Firstly, attention should be paid to improving patient recall of advice from consultations, which could involve the provision of written aids and individualised exercise prescriptions. Secondly, healthcare professional confidence in providing exercise recommendations to the heterogenous ACHD population is an area for improvement. This may include raising awareness of common motivations for exercise in this group that could be harnessed and formal education on available guidelines. The COVID-19 pandemic has negatively impacted exercise habits



Abstract 16 Figure 1 Weekly physical activity prior to and during the COVID-19 pandemic



Abstract 16 Figure 2 Reasons for decreased physical activity during the COVID-19 pandemic lockdown

in the ACHD population and despite changes in healthcare service delivery, including the shift towards tele-medicine, the benefits of exercise must be emphasized at every opportunity.

Conflict of Interest None

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THE IMPACT OF THE COVID-19 PANDEMIC ON TRANSCATHETER AORTIC VALVE IMPLANTATION (TAVI) SERVICES IN THE UNITED KINGDOM: A TERTIARY CENTRE EXPERIENCE

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Background/Introduction Untreated, symptomatic, severe aortic stenosis carries significant mortality and morbidity. Timely intervention is pivotal to ensure patient safety. The COVID-19 pandemic created unprecedented challenges to the UK's National Health Service (NHS), resulting in the deferral of all