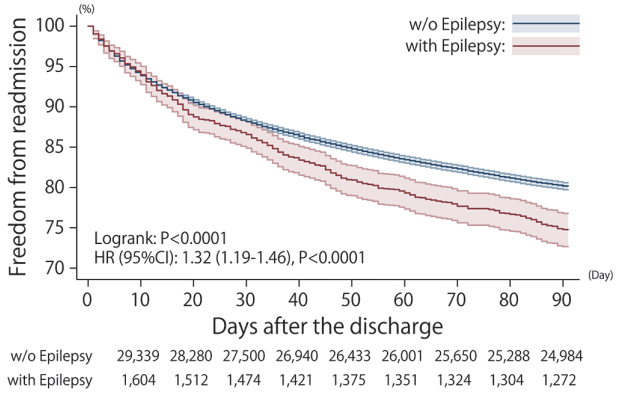

Abstract 15 Figure 2 Kaplan-Meier Carve for 90-day readmission

Conclusions Concomitant atrial fibrillation in hypertrophic cardiomyopathy increases the risk of thromboembolic events including ischaemic stroke and transient ischaemic attack. The apical subgroup shows a similar risk of acute cerebrovascular events as the overall hypertrophic cardiomyopathy population.
Conflict of Interest None

16 THE EFFECTS OF SOCIAL DEPRIVATION ON CLINICAL OUTCOMES IN INFECTIVE ENDOCARDITIS

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Introduction Infective endocarditis (IE) is associated with significant mortality. Studies have highlighted differences in the epidemiological profile of the IE population between countries of differing socioeconomic status and associated outcomes. Social deprivation has a measurable impact on cardiovascular health, but a paucity of evidence exists regarding the influence of social deprivation in IE.
Aim We assessed the impact of social deprivation on the demographics, admission characteristics and clinical outcomes of patient's admitted with IE.
Methods 483 patient visits from December 2013 to February 2021 were included. Patient visits were allocated to either high, medium or low social deprivation tertile based on Index of Multiple Deprivation Decile (High n=163, Medium n=154, Low n=166).
Results High social deprivation was associated with significantly higher early (30 day) all-cause mortality (P=0.044). Patients in the high social deprivation tertile were more like to be female (P=0.043), younger (P<0.001), intravenous drug users (P=0.011), dialysis-dependent (P=0.001), have a history of depression (P<0.001) and of Black ethnicity (P<0.001). There were no differences in inflammatory response or responsible organism. High social deprivation was associated with significantly less aortic (P=0.014) or prosthetic-valve (P=0.003) related infections but had higher cerebral microemboli (P=0.016), correlating with highest proportion of presentation with stroke (High 27.6%, Medium 20.8%, Low 23.5%). 38.9% of patients had a surgical indication and 75.0% of them went on to have inpatient surgery. High social deprivation had a significantly lower EuroSCORE II (P=0.022), but had the lowest rate of surgery when indicated (High 71.7%, Medium 76.9%, Low 76.3%). Multivariate analysis demonstrated white blood cell (WBC) count (P=0.039) and presentation with stroke (P=0.038) as predictors of mortality at 30 days, while WBC count (P=0.005), enterococcal infection (P<0.001) and EuroSCORE II (P<0.001) were predictors of mortality at 1 year. Inpatient surgery was a protective factor at both 30 days (P=0.038) and 1 year (P=0.013).
Conclusions High social deprivation was associated with significantly higher early all-cause mortality, likely associated with more frequent presentation with stroke and less frequent inpatient surgery when indicated.
Conflict of Interest None

17 ANALYSIS OF A HYPERTROPHIC CARDIOMYOPATHY COHORT IN A REGIONAL INHERITED CARDIAC CONDITIONS SERVICE, WITH A FOCUS ON ELIGIBILITY FOR NOVEL CARDIAC MYOSIN INHIBITOR THERAPIES

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Introduction 2285 patients currently attend our regional inherited cardiac conditions (ICC) service, 652 of whom are screened or managed for hypertrophic cardiomyopathy (HCM). With the anticipated arrival of novel myosin ATPase inhibitors (1) for those with symptomatic left-ventricular outflow tract obstruction (LVOTO), we analysed our HCM cohort to identify patients who may be eligible for such therapies.
Methods A database was populated with demographic, diagnostic, clinical and imaging data from electronic care records and imaging archives. Presence of significant LVOTO was defined as an outflow tract gradient ≥30 mmHg at rest or ≥50 mmHg on provocation as per European Heart Society guidelines (2). Symptomatic patients reported chest pain or New York Heart Association score ≥class II breathlessness.
Results A guideline based clinical HCM phenotype was seen in 259 of the 652 patients; of which 63 (24.3%) had pathogenic sarcomeric variants and 26 (10%) had variants of unknown significance (VUS). The average age was 56 years; 71.4% were male. Mean presenting septal wall thickness was 18.4 mm. 53 (20.4%) had an implantable cardioverter defibrillator. 23 (8.8%) had prior septal reduction therapy. 25 (9.6%) had an ejection fraction <55%. 61 (23.6%) had significant LVOTO at presentation (mean gradient 64.4 mmHg). Emergence of significant LVOTO was seen in 9 patients who initially had no presenting gradient. LVOTO frequency was similar (~19%) across genotype categories (positive, negative, VUS or unknown) (Figure 1), not fully aligning with recent reports (3) although our sample size was small, with a number of pending genetic tests due to pandemic impacts. On either single, or combination, regimens of beta blocker, verapamil or disopyramide 20 patients now have no obstruction, and 10 have residual gradients that are no longer classified as significant (Figure 2). Therefore 40 patients would meet LVOT gradient based eligibility for enrolment into the EXPLORER trial (4), the first phase III trial to investigate a specific myosin ATPase inhibitor (Mavacamten) in HCM patients with symptomatic obstruction. However only 22 (8.5% of total or 36%