

(RCT) comparing inpatient versus outpatient acute heart failure management in the UK.

Method We developed a brief online survey by using SurveyMonkey® (Palo Alto, Calif) that was sent to 237 consultant cardiologists with an interest in heart failure in the UK identified from the Directory of Cardiology 2014. The survey was available from 26 February through 10 March 2015 and comprised questions regarding existence of an outpatient acute heart failure service (frusemide lounge) at the hospital where the consultant currently works, whether hospital/PCT currently support a community based acute heart failure management service including the use of parenteral frusemide, identity of person who delivers the community parenteral frusemide service, interest to take part in a multi-centre randomised controlled trial comparing outpatient acute heart failure management with standard inpatient care and if so the number of patients that can potentially be randomised over the next 2 years.

Results The survey was sent by direct e-mail invitation to 237 cardiologists; 55 (23%) took and completed the survey. 14 (25%) indicated existence of an outpatient acute heart failure service (frusemide lounge) at the hospital where they currently work and 14 (25%) mentioned that their hospital/PCT currently support a community based acute heart failure management service including the use of parenteral frusemide. Of these 14 (25%) centres, in 5 (9%) delivery of the community parenteral frusemide service was provided by district nurses, 2 (3.5%) by GP, 7 (12.5%) by heart failure nurse and 1 (1.7%) by an ambulatory care unit. Finally 21 (37.5%) expressed an interest in taking part in a multi-centre randomised controlled trial comparing outpatient acute heart failure management with standard inpatient care.

Conclusion Our study shows that only a very small minority of hospitals in the UK offers an outpatient based acute heart failure management such as frusemide lounges. No RCT has investigated the clinical effectiveness and safety of outpatient IV diuretic therapy in patients with decompensated HF yet. Hence our aim is to carry out the first RCT looking at safety and effectiveness of Out-of-hospital Acute Heart failure Care compared with inpatient management in the UK.

10 PSYCHIATRIC CO-MORBIDITIES AND TENDENCIES IN PATIENTS WITH NON-ISCHAEMIC HEART FAILURE (NIHF) – A LARGE OBSERVATIONAL COHORT STUDY SPANNING 14 YEARS

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Introduction Studies have shown that one in four psychiatric patients also suffer from a cardiovascular co-morbidity, and in recent years the links between cardiovascular disease and psychiatric conditions have been on the rise. We decided to investigate the prevalence of psychiatric co-morbidities and tendencies in patients with NIHF over a 14 year period.

Methods We compiled an anonymous database of adult patients diagnosed with NIHF across 7 hospitals in the North of England, UK, during 01/01/2000 to 31/03/2013. We analysed the data for prevalence of psychiatric co-morbidities such as; anxiety disorder, schizophrenia, depression etc. and for

tendencies such as substance abuse and suicide attempts. We traced our patients with the ACALM (Algorithm for Co-morbidities, Associations, Length of Stay and Mortality) study protocol, which uses ICD-10 and OPCS-4 codes to allocate patients for statistical analysis using SPSS Version 20.0.

Results Between the years 2000–2013, 929,552 patients were admitted, 958 (0.1%) of which had NIHF. The majority of our patients were male (68%), had a mean age of 54.9 years \pm 13.9 years, and had a Caucasian background (77%). Of these 958 patients, 8.1% (n = 78) had a psychiatric co-morbidity; depression and schizophrenia were most prevalent. Depression however, seems to be more prevalent in dilated cardiomyopathy (DCM) as opposed to hypertrophic cardiomyopathy (HCM). 10.3% (n = 99) suffered from substance abuse, made up mainly by alcohol and tobacco abuse. 2 of our patients (0.2%) were admitted following suicide attempts.

Conclusion It remains debatable whether these psychiatric conditions and tendencies represent a causative or correlative link. Studies exist to lend evidence to both claims. We did however find a steady increase in tobacco and alcohol abuse, and the diagnosis of depression in relation to our cohort during our 14-year period. We found that almost one in ten (8.14%) patients with NIHF suffer from psychiatric co-morbidity and that one in ten (10.33%) abuse some form of substance alongside their cardiac condition. Thus, a holistic approach to patients with NIHF should be adopted, and this approach would fall short if it did not explore patient's use of recreational drugs, suicidal intent and psychiatric wellbeing.

11 THE DECENNIAL RELATIONSHIP BETWEEN HEART FAILURE AND ATRIAL FIBRILLATION – A LARGE POPULATION STUDY

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Introduction Heart Failure (HF) is common in the western world, has multiple causes and confers significant morbidity and mortality. It is thought a significant proportion of HF patients also have atrial fibrillation (AF) although data from a large population in the UK are lacking. We studied the prevalence of AF in patients with HF in the North West of England.

Methods Anonymous data of adult patients aged \geq 18 with HF and AF attending seven hospitals between 2000–2013 was obtained and processed using the ACALM (Algorithm for Co-morbidity, Associations, Length of stay and Mortality) study protocol. ACALM uses the ICD-10 and OPCS-4 coding systems to identify patients and the data was analysed in SPSS.

Results Of 929,465 adult patient population there were 31,760 (3.4%) patients with HF. Mean age 73.6 years with a male population of 50.3%. Of these 10,992 (34.6%) patients had AF. The prevalence of AF in patients with HF increases with age from 8.1% in the 30–39 year age group to 42.4% in the 80–89 years group (See Table 1).

Conclusion Whilst a significant number of elderly patients with HF patients do have concurrent AF, we found that the majority of patients do not. We believe our findings are