83/100 patients reported they had watched the animation before inter-hospital transfer (3 declined and 14 were overlooked). The proportions of patients who understood the reason for transfer, the procedure, its benefits and risks, in the no animation group (n=100) were respectively, 58%, 38%, 25% and 7% and in the animation group (n=100), 85%, 81%, 73% and 61% (p<0.001 for all comparisons, figure 1).

Conclusion Use of animations explaining angiography and angioplasty is feasible before urgent inter-hospital transfer and was associated with about a 2-fold improvement in understanding of the benefits and a 9-fold improvement in understanding of the risks. The approach is not limited to cardiology and has the potential to be applied to all specialties in medicine.

Conflict of Interest Founder of Explain my Procedure

28 PROBABILITY OF CORONARY DISEASE AND CLINICAL OUTCOMES IN PATIENTS WITH TYPE 2 MYOCARDIAL INFARCTION

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10.1136/heartjnl-2020-BCS.28

Background Type 2 myocardial infarction is common in clinical practice. However, despite these patients having a similar rate of major adverse cardiovascular events as those with atherothrombotic type 1 myocardial infarction, there is currently no consensus on how these patients should be evaluated or managed. Whether risk assessment for coronary artery disease can identify patients at increased risk of death is unclear.

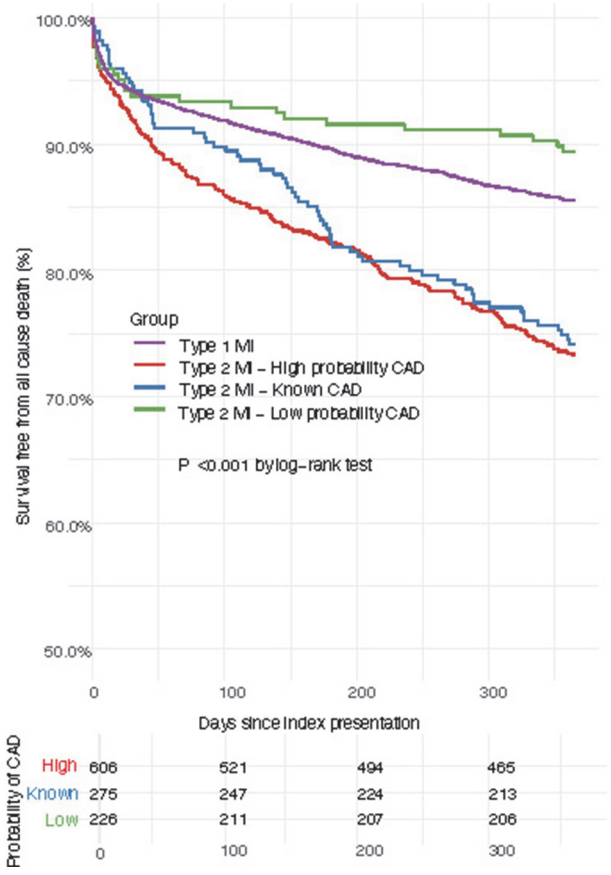
Methods The High-STEACS trial was a stepped wedge cluster randomised controlled trial in ten hospitals across Scotland, including 48,282 consecutive patients with suspected acute coronary syndrome. The index diagnosis was adjudicated in all patients and the likelihood of underlying coronary artery disease recorded as either low probability, high-probability, or known based on the clinical history, risk factors and comorbidities. The adjudicators were blinded to the primary and secondary outcomes including all-cause mortality at one year.

Results High-sensitivity cardiac troponin I concentrations were above the sex-specific 99th centile in 22% (10,360/48,282) of patients. The adjudicated diagnosis was type 1 and type 2 myocardial infarction in 55% (4,981/9,115) and 12% (1,121/9,115), respectively. Compared to patients with type 1 myocardial infarction, those with type 2 myocardial infarction were older and more likely to be women. In patients with type 2 myocardial infarction, 20% were low-probability, 55% were high-probability and 25% had known coronary artery disease.

All-cause mortality was highest in patients with known or suspected coronary artery disease (22.5% and 23.3%, respectively). Those with a low-probability of coronary artery disease had the lowest event rate (8.8%), even compared to those with type 1 myocardial infarction (figure 1).

Discussion A simple clinical assessment of whether patients have a low- or high-probability of coronary artery disease is associated with future risk of death in patients with type 2 myocardial infarction. Whether incorporating this assessment into clinical practice to guide secondary prevention could improve outcomes requires prospective evaluation.

Conflict of Interest None



Abstract 28 Figure 1

29 THE USE OF RESIDUAL SYNTAX SCORE FOR PROGNOSTICATION IN ELDERLY PATIENTS UNDERGOING PERCUTANEOUS CORONARY INTERVENTION

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10.1136/heartjnl-2020-BCS.29

Introduction The residual Synergy Between Percutaneous Coronary Intervention with Taxus and Cardiac Surgery (SYNTAX) Score is an objective measure of the degree and complexity of residual stenosis after percutaneous coronary intervention (PCI). A raised residual SYNTAX score (rSYNTAX) has been shown to correlate with significantly increased mortality. Octogenarians are likely to pose the greatest technical challenges in terms of achieving complete revascularisation due to the complexity of their coronary artery disease, vascular calcification requiring the use of adjunctive therapies and limitations related to the use of radiographic contrast due to concomitant renal dysfunction. The aim of our study was to determine the association between incomplete revascularisation, as assessed by the rSYNTAX score, and one-year mortality in octogenarians undergoing PCI.