acceptable mortality risk. In the elective setting, shared decision making via MDT is commonplace, appropriate patients are selected, acute complications are rare, and long-term outcomes are favourable with low in-stent restenosis rates. The acute setting, by default associated with a more adverse prognosis, presents more challenge – opportunity for MDT discussion is limited and patient/procedural factors can reduce intracoronary imaging rates. Procedural outcomes are favourable but all-cause mortality in LMS STEMI patients is predictably high. Finally, shared decision making is of paramount importance in this uncertain area and a further update to the guidelines will be welcomed.

Conflict of Interest none

66 A SURVEY OF CURRENT LEARNING METHODS USED BY INTERVENTIONAL CARDIOLOGY TRAINEES IN THE UNITED KINGDOM

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Introduction Interventional Cardiology is a specialism using minimally invasive catheter-based interventions for cardiac treatment, and therefore is largely procedure-based. Trainees enter sub-specialty training at beginner or intermediate level, and by completion of two years of sub-specialty training they are expected to be expert and independent in basic coronary angiography, simple angioplasty and stenting, pericardiocentesis and to be intermediate level in more complex procedures such as revascularisation of complete total occlusions. Sub-specialty training is usually a two-year programme based at one or more training hospitals. There is a curriculum and set of competencies which must be achieved, and this is assessed continually throughout the year and appraised annually (GMC, 2018). Aim The aim of this research was to understand the learning methods experienced by Interventional Cardiology trainees in the United Kingdom and explore the value of these methods as perceived by trainees.

Methods Taking a pragmatist learning approach within the framework of critical theory, a quantitative survey was conducted. Trainees were approached via social media networks, local mailing lists and directly via Training Programme Directors where possible. The survey was delivered and analysed through Google Forms. Ethical approval was obtained from the University of Dundee.

Results Thirty-four interventional trainees (ST5 level and above) in the United Kingdom responded to the survey. Catheter laboratory training sessions and case based discussions were considered the most useful learning methods. Over half of respondents reported that their learning would be enhanced if they had greater opportunity to utilise catheter laboratory training sessions, case-based discussion and simulation. Over one third are planning or have completed an out of training fellowship abroad, and nearly a third are planning of have completed an out of training fellowship in the UK or abroad. Nearly a half of respondents reported they would like to training coronary, structural and complex coronary intervention, whilst 27% said they would like to train in coronary and structural intervention, and 29% said they would like to training in coronary and complex coronary intervention. Over one third of respondents said they would additional further

training in other sub-specialties (most commonly devices and imaging).

Conclusion We report our findings on learning methods utilised by Interventional Cardiology trainees and in the UK, as well as findings on trainee preferences for the future direction of training.

Conflict of Interest None

67 YOUNG PATIENTS WITH NON-ST ELEVATION ACUTE CORONARY SYNDROMES: BASELINE CHARACTERISTICS, IN-HOSPITAL MANAGEMENT AND OUTCOMES

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Background There is an alarming increase in prevalence of acute coronary syndromes in young population, yet, there is limited data about the in-hospital management strategy and outcomes in this population. Furthermore, up to our knowledge, there is no data from Iraq regarding clinical profile and in-hospital management of young patients with NSTEMI-ACS.

Purpose We aimed to assess the clinical profile, in-hospital management and outcomes of hospitalized young patients whose age ≤ 50 years who were presented with NSTEMI-ACS.

Methods This study included admitted patients with NSTEMI-ACS whose age ≤ 50 years, baseline characteristics and in-hospital management as well as outcomes were recorded.

Results Total n.=280, 80 patients were excluded from analysis due to missing some of data, 23% of included patients were at age ≤ 50 years, among whom 84.8% were males vs 15.2% females. Mean age of young patients was 43.6 ± 6.3 years. Of this young patient population: hypertension, diabetes and prior history of IHD reported in 52.2%, 43.5% and 32.6% respectively while smoking, hyperlipidemia and positive family history of IHD were reported in 56.5%, 19.6% and 34.8% respectively. Dyspnea at presentation was reported in 19.6%, troponin was positive in 43.5%, mean urea was 31.6 ± 16 mg/dl, mean creatinine was 0.86 ± 0.33 mg/dl, mean Hb was 14.2 ± 1.7 gm/L, their mean left ventricular EF% was 57.4 ± 10.4 . Young patients were referred for catheterization in 84.8%, however, at high GRACE risk class; they were treated invasively less than young patients at low

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and intermediate GRACE risk classes (50% vs 91.7% and 66.7% respectively, $p=0.03$). Within the group who were treated invasively: early intervention within 2 hours or 24 hours was reserved for those with low and intermediate GRACE risk class, yet, there is no statistically significant difference in timing to intervention according to GRACE risk class ($p=0.95$), see figure 1. In-hospital acute heart failure was recorded in 8.7%, cardiogenic shock was reported in 6.5%, atrial fibrillation was documented in 2.2% while life threatening arrhythmias were recorded in 6.5%, stroke or all in-hospital mortality occurred in none of young patient population.

Conclusion Current analysis explored that young patients who were presented with NSTEMI-ACS were mostly males and had smoking, hypertension and diabetes as the most common cardiovascular risk factors. They were mostly treated invasively, however, those with high GRACE risk class were treated more conservatively. Younger patients with NSTEMI-ACS had favorable in-hospital outcomes compared to what literature reported in older patients. Preventive programs should be the target measure to control cardiovascular risk factors to decrease incidence of IHD in younger population.

Conflict of Interest None

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IMPACT OF DIABETES ON MANAGEMENT OF PATIENTS WITH NON ST-ELEVATION ACUTE CORONARY SYNDROMES: A SPECIAL POPULATION WITH NO SPECIAL MANAGEMENT IN REAL WORLD PRACTICE

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Background Atherosclerotic cardiovascular disease is the leading cause of morbidity and mortality in diabetic population, one of such cardiovascular presentations is Non ST-Elevation Acute Coronary Syndromes (NSTEMI-ACS). This fact coupled with that the Middle East is considered one of the global diabetes hot spots, yet there is lack of data from middle eastern countries including Iraq regarding the management of this population when presented as NSTEMI-ACS, so, we aimed to evaluate the impact of diabetes on management of patients with NSTEMI-ACS in terms of pharmacotherapy and adoption of invasive strategy in management.

Methods Hospitalised patients with NSTEMI-ACS were prospectively recruited in this study, baseline characteristics, laboratory results as well as in-hospital pharmacotherapy were all recorded. Mode of management (invasive vs conservative) and timing to intervention if done were also documented as well as in-hospital outcomes. GRACE risk score was calculated and documented by the investigator with subsequent classification into low, intermediate and high GRACE risk class. Patients were categorised into two groups: diabetics vs non-diabetics.

Results A total of 200 patients were included in this study, among whom 49% were diabetics, diabetic patients were older than non-diabetics (60.5 ± 11.4) vs (57.1 ± 11.9), $p=0.04$, diabetics were females in 33.7% vs 25.5%, $p=0.2$. Diabetics were more likely to have hypertension (77.6% vs 61.8%, $p=0.01$), IHD (58.2% vs 38.2%, $p=0.005$) and hyperlipidaemia (28.6% vs 16.7%, $p=0.04$). Troponin was positive in (53.1% in diabetics vs 40.2%, $p=0.06$), diabetics had higher

Abstract 68 Figure 1

Abstract 68 Figure 2

blood glucose (mg/dl) (250.3 ± 121.7 vs 128.7 ± 50.3 , $p<0.001$) and higher serum creatinine (mg/dl) (1.02 ± 0.4 vs 0.89 ± 0.2 , $p=0.005$) compared to non-diabetics, while they had lower left ventricular ejection fraction% (51.3 ± 11.6 vs 56.2 ± 11.8 , $p<0.001$). There were no statistical differences between the two groups in prescription of: aspirin, P2Y12 inhibitors, B-blockers, Calcium channel blockers, ACEI/ARBs, heparin, statins, mineralocorticoid receptor antagonist or loop diuretics, however, oral nitrate was used more in non-diabetics compared with diabetics (70.6% vs 51%, $p=0.005$). Diabetics were presented at higher GRACE risk class (GRACE score >140 in 42.9% vs 35.4%, $p=0.002$), yet they were less likely to be referred for catheterisation compared with non-diabetic counterparts (61.2% vs 77.5%, $p=0.01$), however, for those who were referred for catheterisation, timing to catheterisation was not statistically significant between the two groups, see figure 1. Diabetics were more likely to develop acute heart failure (AHF) and ongoing ischaemic chest pain during hospitalization (27.6% vs 13.7%, $p=0.01$) and (32.7% vs 16.7%, $p=0.009$) respectively, however, no significant differences were observed between the two groups in developing life-threatening arrhythmias, cardiogenic shock, stroke or death, see figure 2.

Conclusion Despite that international guidelines in management of NSTEMI-ACS have labelled patients with diabetes and NSTEMI-ACS as special population considering their high risk and recommended early revascularization strategy, there is underutilization of invasive strategy in managing this population, yet timing to intervention was not impacted by diabetic status. Further work is needed to clarify reasons of underuse of invasive strategy in diabetic population in order to improve adherence to guidelines.

Conflict of Interest None