collated. Patients were monitored for perioperative complications.

Results One hundred patients underwent ablation with 25 cases conducted in each arm. Complete PVI was attained in all study subjects. For the vHPSD group, PVI procedural duration, ablation and fluoroscopy times were 71.7 ± 6.35 min, 9.21 ± 0.76 min and 15.1 ± 1.50 min respectively. The HSPD group exhibited total PVI, burn and fluoroscopy times of 90.2 ± 5.59 min ($p=0.03$), 10.3 ± 2.40 min ($p<0.0001$) and 34.1 ± 1.67 min ($p=0.1$) respectively. In comparison, the PCRf group exhibited longer procedure duration, ablation and fluoroscopy times of 93.3 ± 6.50 min ($p=0.01$), 15.2 ± 1.73 min ($p<0.0001$), 37.8 ± 2.47 min ($p=0.870$). Whereas procedural and fluoroscopy times of 96.3 ± 7.1 min ($p=0.01$) and 18.8 ± 1.31 ($p=0.05$) were observed in the cryo-ablation group. Procedural doses of morphine and midazolam for the vHPSD, Qmode, PCRf and CRYO group were 11.3 mg + 4.00 mg, 15.5 mg ($p=0.0003$) + 9.33 mg ($p=0.0003$), 15.7 mg ($p=0.0002$) + 8.03 mg ($p=0.02$), and 8.19 mg ($p=0.01$) + 4.84 mg ($p=0.303$) respectively. No adverse procedural events were recorded for the vHPSD while 2 pericardial effusions occurred in the PCRf group, 1 cardiac tamponade in the Qmode group and 2 transient ischaemic attacks in the CRYO group.

Conclusion With the emergence of vHPSD RF ablation, preliminary findings indicate significant potential in reduction of procedural and ablation time. Further analysis is ongoing in order to ascertain longer-term efficacy and patient safety.

Conflict of Interest None to declare

112 AMIODARONE FOLLOW-UP IN 'TRACKER CLINIC'

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Amiodarone, a class III antiarrhythmic, one of the most widely used drugs for arrhythmia management. The common indications are rhythm control in AF/flutter (including peri-DCCV) in those with structural heart disease Post cardiac surgery, Ventricular arrhythmias, etc. However, it has a number of serious adverse effects including corneal microdeposits, optic neuropathy/neuritis, blue-gray skin discoloration,

Abstract 112 Figure 1 Mean age of the patient was 75 with a range of 40-93 and SD of 9.9

photosensitivity, hypothyroidism, hyperthyroidism, pulmonary toxicity, peripheral neuropathy, and hepatotoxicity. Therefore, amiodarone should be used with close follow-up. Some

Abstract 112 Figure 2 Most common indication was AF 74.7%, Atrial Flutter 14.9% and VT 10.3%

Abstract 112 Figure 3 The mean duration was 272 days (range 11-1095, SD. 271)

	Freq.	Percent
Tests requested	11	23.4
Tests checked	25	53.19
Requested & checked	11	23.4
Total	47	100

Abstract 112 Figure 4 The number of tests requested and checked at each appointment was analysed

evidence suggests amiodarone is not monitored appropriately, less than one-third of Welsh study's patients monitored for side effects, 13% and 17% of Scottish patients had no ALT or TSH testing in a retrospective analysis, 1413 patients, over 22 years, 27.3% of South Worcestershire patients had no thyroid function tests recorded over 5 years. The study also suggested that when randomized to a computerized system vs usual care, amiodarone baseline monitoring increased from 51 to 79%⁷. In Torbay and South Devon NHS Foundation Trust,

	Total	AF	Flutter	VT
Deranged LFTs	3		1	1
Subclinical hypothyroid	4	3	1	
Hypothyroid	4	3		
Hyperthyroid	2	1		1
Dyspnoea	1	1		
Eye problems	1	1		
	15	9	2	2

Abstract 112 Figure 5 Complications of amiodarone prescription detected in 14 of 95 patients (1 patient had dyspnoea and hypothyroidism). Two thirds of all issues were to do with thyroid problems

	n	% of indication	% of problems
AF	65	74.7%	60.0%
Flutter	13	14.9%	13.3%
VT	9	10.3%	13.3%

Abstract 112 Figure 6 Complications of amiodarone according to the indication

Outcome	Freq.	Percent
Discharged	9	9.5%
Followed up	61	64%

Abstract 112 Figure 7 Median follow-up time was 4 months

the arrhythmia nurses follow up the patients for potential side effects who are on Amiodarone. We investigated the clinic follow-up process required for the patients who are on Amiodarone, the proportion of total arrhythmia nurse-led clinics were related to Amiodarone, the tests are done in the follow-up clinics, adverse effect identified, the outcome of the appointments. Between 2nd October 2019 to 27th December 2020, there were total of 562 appointments in arrhythmia nurse-led clinics. Amiodarone-related appointments were 17% (95 of 562). The mean age of the patient was 75 with a range of 40-93 and an SD of 9.9. The most common indication was AF 74.7%, Atrial Flutter 14.9%, and VT 10.3% (table 1). The mean duration of prescription was 272 days. Complications were noted in 14.7% of cases (14 of 95). Complications were related to the duration of treatment (no complication vs complications- 8.23 vs 11.33 months) (figure 2). 60% (57 of 95) outcomes were to continue ongoing monitoring of amiodarone (table 3). We have noticed 10%(57 of 562) of arrhythmia nurse-led clinics are related to Amiodarone monitoring only. A new setup for Amiodarone clinic titled 'Amiodarone Tracker clinic' is developed. An automated clinic letter will be generated 4 monthly requesting patients to provide a blood sample for renal function and liver function tests. One of the team members from Arrhythmia nurses will review the blood test results and will send a letter to the patient and his/her GP with the outcome. This 'Tracker clinic will open up 10% of the face-to-face clinic appointments, reduce patient's inconvenience for frequent visits to the hospital. There remains a question of clinical identification of adverse effects but effective patient education will subside the risk.

Conflict of Interest No

Heart failure

113 IN-DEPTH PROTEOMIC CHARACTERISATION OF DIFFERENT AETIOLOGIES OF CARDIOMYOPATHY

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Introduction The purpose of this study was to gain greater understanding of the pathogenesis of hypertrophic obstructive cardiomyopathy (HOCM), dilated cardiomyopathy (DCM) and ischemic cardiomyopathy (ISCN). These conditions lead to heart failure (HF) and the prognosis for HF differs based on the underlying aetiology. Cardiac tissue represents a challenging sample from the proteomics perspective due to the dominant signal from of a small number of high abundance proteins. Thus, a diaPASEF [1] workflow was applied in order to achieve deep quantitative coverage of cardiac tissue from HOCM (n=12), DCM (n=9), ISCN (n=9) and age/sex matched controls (NF, n=9). RNA-seq analysis has already been performed on these samples.

Methods Unbiased, deep proteomic analysis of individual samples was performed using the diaPASEF workflow on a timsTOF Pro mass spectrometer. Analysis of high pH-reversed phase fractionated sample pools was performed in ddaPASEF mode to generate spectral library data. Raw data files were