Abstract 13 Table 1 LVEF-left ventricular ejection fraction, DCM-dilated cardiomyopathy, HCM-hypertrophic cardiomyopathy, ARVC arrhythmogenic right ventricular cardiomyopathy, VF-ventricular fibrillation, CPVT-catecholaminergic polymorphic ventricular tachycardia, AF –Atrial fibrillation

	All patients (n=116)
Total	116
Age at implant [mean years]	51 ± 14 years
Male [n (%)]	86 (68)
Female [n (%)]	30 (32)
LVEF [mean%]	36.7
Primary prevention [n (%)]	81
Secondary prevention [n (%)]	35
AF [n (%)]	28 (24)
Follow-up post device implantation [mean months]	24.3 ±15.9 months (range 1.8 – 62.9)

Abstract 13 Table 2 SVT supraventricular tachycardia

	Result:		Result:
Number of Total events	44	Number of incorrectly labeled ventricular events (no therapy delivered)	12
Number of patients (% of total)	22 (18.9)	Number of patients (% of total)	7 (6)
Appropriate shocks:			
	T wave oversensing (event number with no therapy delivered)		1
Number of events	15	Non cardiac oversensing (event number with no therapy delivered)	11
Number of patients (% of total)	7 (6)	SVT (event number with no therapy delivered)	0
Inappropriate shocks:			
Number of events	12	Reintervention:	
Number of patients (% of total)	7 (6)	Number of procedures	12
		Number of patients (% of total)	9 (7.8)

studies. This study however highlights real time data offering further insight into potential issues associated with SCDs. One of the main findings from the study was the fact that of the 6% of patients that received an IAS 58% were deemed due to myopotential oversensing. None of the inappropriate shocks detected were due to T wave oversensing, an issue that appears to have been resolved with the Emblem™ SMART pass filter. IAS due to myopotential oversensing is therefore an important practical outcome from the study. The impact of myopotential oversensing suggests lead position in relation to the pectoral muscle poses real difficulties and should be taken into consideration as early as vector analysis prior to implant. The importance of detecting non-physiological noise was highlighted by an advisory notification released in December 2020. The advisory highlighted a lead fracture risk at the region of the proximal sensing probe in certain electrodes and generally requires replacement. To detect both non-physiological noise and myopotential interference remote surveillance is therefore an important aspect of care in patients with SCD implants.

14

THE DA VINCI STUDY: DYSLIPIDAEMIA MANAGEMENT IN IRELAND AND EUROPE

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Introduction Elevated low-density lipoprotein cholesterol (LDLc) is a major risk factor for atherosclerotic cardiovascular (CV) disease. Robust evidence has shown that lowering LDLc levels results in reduced incidence of CV events. For every 1 mmol/L reduction in LDLc, there is a 22% reduction in CV events. Consequently, the 2019 European Society of Cardiology/European Atherosclerosis Society (ESC/EAS) dyslipidaemia guidelines are advocating lower LDLc goals than the 2016 guidelines. Achieving lipid goals is more challenging at a population level. Our study aims to evaluate lipid goal achievement in Ireland compared to its European counterparts.

Methods The DA VINCI study is a cross-sectional observational study that took place between June 2017 and November 2018, across 18 European countries, to assess lipid goal achievement. The 2016 ESC dyslipidaemia guidelines were in use during the study period when the data were collected. A total of 5888 patients were recruited. The subgroup analysis presented here characterises the findings in primary and secondary prevention patients from Ireland (n=198). Data were collected on background history, lipid modifying therapy (LMT) and LDLc at the time of enrolment. Continuous variables were reported as means, standard deviations, medians, inter-quartile range with min/max values. Categorical data were analysed using chi-square test.

Results High intensity statin use was more prevalent in the Irish cohort than the overall European cohort (43.9% vs 34.4%; p=0.006). There were 12.6% of Irish patients prescribed ezetimibe, with only 6% treated with other forms of non-statin LMT. There was no significant difference in the use of non-statin LMT between the Irish and European groups. Overall, LDLc goal achievement was suboptimal in Ireland and Europe, however, the Irish cohort was more likely to attain lipid goals according to the 2016 guideline goals (64.1% vs 53.9%, p=0.014 (figure 1). Fewer patients overall met the lower 2019 LDLc goals, but there was a non-significant trend towards more patients achieving goals in Ireland (40.5% vs 33.5%, p=0.06). Mean LDLc (mmol/L) was similar in Irish patients stabilised on LMT (2.14 vs 2.37) and those that were treatment naïve (3.50 vs 3.61).

Conclusion/Implications LDLc goal achievement is suboptimal, although in this study, Ireland performed better than the overall European cohort in guideline directed lipid goal attainment. The use of high intensity statins was limited but more common in the Irish cohort; however, it is clear that combination treatment was underutilised. Given the mortality benefit associated with profound reductions in LDLc, a more aggressive approach to 2019 ESC/EAS guideline implementation is

Lipid Target Achievement

Abstract 14 Figure 1 Lipid goal attainment in Ireland vs Europe

warranted, with emphasis on close monitoring, use of high intensity statins, dose up-titration, and use of combination treatment to optimise LDLc management.

15

CLINICAL PROFILE OF TRANSTHYRETIN AMYLOID CARDIOMYOPATHY PATIENTS IN IRELAND

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Background Transthyretin amyloid cardiomyopathy (ATTR-CM) is an under-recognised aetiology for heart failure with preserved ejection fraction. Early recognition and diagnosis of ATTR-CM should translate into better outcomes for these patients as targeted medications are licensed for use in ATTR-CM. European amyloid cardiomyopathy registries are establishing the clinical characteristics of this disease while creating diagnostic and prognostic tools with this data. **Aim:** To compare the clinical profile of patients with hereditary ATTR-CM (hATTR-CM) and wild-type ATTR-CM (wtATTR-CM) in Ireland.

Methods A retrospective review was performed on the electronic clinical documents of all ATTR-CM patients referred to our centre. The review period included dates from 1st January 2019 to 1st February 2021. The two groups were compared in terms of clinical characteristics (mean age, female prevalence, New York Heart Association (NYHA), left ventricular ejection fraction (LVEF)), and the prevalence of co-morbidities such as arrhythmias, permanent pacemaker insertion, carpal tunnel syndrome, spinal stenosis, and peripheral neuropathy. Statistical analysis was made using software package SPSS.

Results Twenty two patients in total were enrolled. 55% (n=12) had hATTR-CM compared to 45% (n=10) with wtATTR-CM. In the hATTR-CM group, 91.7% (n=11) of the patients had the T60A gene mutation and 8.3% (n=1) had the S50R gene mutation. There was a significant difference in the mean age between the two cohorts; hATTR-CM cohort mean age was 64.6±7.3 years compared to 76±8.4 years in the wtATTR-CM cohort (p-value = 0.003). (Table 1) There was a significant difference of the prevalence of atrial

arrhythmia between the two groups; 58% (n=7) patients in the hATTR-CM group compared to all patients in the wtATTR-CM group (p-value = 0.02). In the hATTR-CM, 25% (n=3) were classified as NYHA 1, 50% (n=6) were NYHA 2, and 25% (n=3) were NYHA 3. In the wtATTR-CM group, 30% (n=3) were NYHA 1, 30% (n=3) were NYHA 2, and 40% (n=4) were NYHA 3. Pacemaker insertion rates were similar between groups 25% hATTR-CM and 20% wtATTR-CM respectively. The mean LVEF was 51±13.6% and 45.4±10.8% in the hATTR-CM and wtATTR-CM (p=0.3), respectively. The prevalence of carpal tunnel syndrome (33.3% vs 85.7%; p = 0.03) and spinal stenosis (16.7% vs 60%; p=0.04) was significantly lower in the hATTR-CM group compared to the wtATTR-CM group. Peripheral neuropathy was significantly more prevalent in the hATTR-CM group compared to the wtATTR-CM group (91.7% vs 30%, p=0.003).

Conclusion In this study, both sub-categories of ATTR-CM had similar prevalence. The T60A mutation is regarded as the most common hATTR gene mutation in Ireland which was reflected in this study. This study has limitations primarily due to the small size but demonstrates the emerging clinical profile of patients with ATTR-CM in Ireland. These findings will

Abstract 15 Table 1 Comparison of clinical characteristic

	hATTR-CM	wtATTR-CM	P-value
Age (years)	64.6±7.3	76±8.4	0.003
Female, n (%)	2 (17)	2 (20)	0.8
Prevalence of Atrial Arrhythmia (%)	58	100	0.017
Mean NYHA Class	2	2	0.8
Permanent pacemaker in situ (%)	25	20	0.8
Mean LVEF (%)	51±13.6	45.4±10.8	0.3
Prevalence of CTS (%)	33.3	85.7	0.027
Prevalence of spinal stenosis (%)	16.7	60	0.04
Prevalence of peripheral neuropathy (%)	91.7	30	0.003