were compliant with the guidelines for their risk category (43% vs 73%, p<0.005).

Conclusions Both high intensity statin therapy and ezetimibe are under-prescribed. Fewer patients are meeting the lower absolute LDL-C targets set out in the 2019 ESC guidelines. For those at high risk, determining the reduction in LDL-C from baseline reveals even those meeting their absolute LDL-C targets may still be undertreated.
physical activity (PA) and diet, as well as blood glucose, blood pressure (BP) and cholesterol control. Adoption of LS7 has been shown to reduce CV risk. Adherence to LS7 is unclear in patients at risk for HF and awareness of these data would help focus be placed in areas of most need. In addition, it is unclear how this score relates to natriuretic peptide (BNP) levels which remain the most powerful predictor of risk for incident of HF.

Method Data were collected on 172 consecutive patients from STOP-HF Unit (a screening and treatment service for pre-clinical HF). Table 1 demonstrates LS7 scoring table with the higher the score (out of 0, 1, 2), the better the healthy behaviour. Statistical analysis was undertaken using SPSS V.27. Descriptive and frequency analyses were performed. BNP was non-parametric and Spearman’s rho test was performed.

Results There were 76 (44.2%) females and 96 (55.8%) males with a mean age of 70 (SD 10.3). Mean LS7 score was 7.9 (SD 2.2) (figure 1) and median BNP was 29 (SD 80). Elevated BP (93%), elevated BMI (84.1%) and lack of PA (64.1%) were the most common unhealthy behaviours. Not
smoking (87.1%) and a healthy diet (46.5%) were the most common healthy behaviours. Table 1 demonstrates each LS7 frequency in the population. The only statistically significant correlation was a higher BNP level with a lower BMI \( (P<0.05) \) (figure 2a). The other LS7 behaviours (diet, PA, smoking status, blood pressure, glucose and cholesterol \( \) figure 2b-g) as well as a composite (figure 2h) demonstrated no significant correlation with BNP.

Conclusion Analysis shows that LS7 scores vary widely in those at risk for HF. The areas of prime concern are lack of adherence to physical activity, blood pressure control and maintaining a healthy weight. The failure to show an association between LS7 and BNP might reflect the divergent impact of components of this score on BNP. For example, increasing BMI with reduction in BNP and poor BP score with increasing BNP. This analysis provides two important pieces of information in our effort to provide an overarching approach to HF prevention, firstly, the need to place an emphasis on BP management and a healthy weight but also to target physical activity levels. Secondly, the lack of association between BNP and LS7 score indicates that while BNP remains the ultimate risk indicator, that it does not appear to reflect this aspect of care.

51 APPROPRIATENESS OF TROPONIN TESTING IN PATIENTS ADMITTED MEDICALLY THOROUGH THE EMERGENCY DEPARTMENT

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Acute myocardial infarction (AMI) is defined as cardiomyocyte necrosis in the clinical setting consistent with myocardial ischaemia. High sensitivity cardiac troponin (hs-cTn) is the gold standard for measuring myocardial cell injury. However, inappropriate hs-cTn testing as part of routine bloods at the triage level in the emergency department (ED) can lead to unnecessary serial testing and further interventions such as invasive coronary angiography. Furthermore, the financial burden and impact on laboratory services must be taken into consideration. Each hs-cTn test costs approximately six euros. Our primary aim was to identify if hs-cTn requests sent through the ED comply with our local guidelines by analysing the subset of patients admitted medically.

We conducted a retrospective audit at University Hospital Waterford (UHW) looking at hs-cTn requests over a random two week period analysing the indication and the diagnostic