infarction (MI), target lesion revascularization (TLR) and definite or probable stent thrombosis (ST). We also compared binary angiographic restenosis (BAR) at 6-8 months.

Results The median follow up for the entire study cohort was 10.0 years [interquartile range, 9.8 to 10.0 years]. At 10 years, all-cause mortality (HR=1.05 [0.95-1.16]; $p=0.348$) did not differ between the stent overlap and no stent overlap groups. MI (8.4% vs 5.2%; HR=1.67 [1.35-2.07], $p<0.001$) and TLR (23.7% vs 16.3%; HR=1.54 [1.36-1.74], $p<0.001$) occurred more frequently in the stent overlap group. For MI, landmark analysis demonstrated that this increase in risk was primarily in the first 30 days post PCI, with comparable outcomes from 30 days to 10 years. Definite/probable ST was numerically higher in the stent overlap group (HR=1.45 [0.98-2.17], $p=0.06$). BAR at 6-8 months was also more frequent in the stent overlap group (16.0% vs 10.3%; HR=1.65 [1.41-1.92], $p<0.001$).

Conclusion DES overlap is associated with an increased risk of adverse clinical events post PCI.

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AUDIT OF PRESCRIBING PRACTICES IN WOMEN OF CHILD BEARING AGE IN GENERAL CARDIOLOGY CLINIC IN BEAUMONT HOSPITAL

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Background In 2018, The European Society of Cardiology released a clinical practice guideline on the management of cardiovascular disease in pregnancy and made specific recommendations on need for care with drug therapies before and during pregnancy. Given that up to 25% of Irish pregnancies are unplanned, the risk benefit of prescribing any potentially teratogenic drug must be considered and discussed with the patient. We aimed to identify prescription patterns of cardiology medications to women of child bearing age and to identify if potential teratogenicity was highlighted and to identify if appropriate advice of family planning, contraception or breastfeeding was offered and documented.

Methods We reviewed clinic letters of women under the age of 50 attending cardiology clinic, as well as the Heart Support Unit (HSU) in Beaumont Hospital between January 2019 and January 2020. The information gathered includes; MRN, age, cardiovascular medications prescribed, documentation of the risk benefit of prescriptions, documentation of family planning or breast-feeding.

Results 331 patient clinic letters were reviewed as a sample of a total of 695 women under 50 who attended cardiology clinic in the period, with 2.8% attending HSU. The mean age was 37.9 years (SD 8.6). The majority (51%) were aged between 40 and 50. 29.9% were aged between 30 and 39. 59.8% of women were not prescribed any medications. 23% of this cohort were prescribed one medication and beta blockers were the most frequently prescribed medication (23.6%). Within beta blocker prescriptions, 76% were bisoprolol, 6% metoprolol, 5% labetalol, 3% sotalol, 3% nebivolol and 1% each for atenolol, propranolol and carvedilol. 45 (13%) women were prescribed either an ACE inhibitor or an ARB. 27 (8%) women were prescribed a statin, 23 (6%) were prescribed an antiplatelet agent. Figure 1 demonstrates the frequency drugs were prescribed. Of the five women who attended the HSU and documents were reviewed, all were prescribed three or more medications and one patient was

Drug Prescription Frequency

Abstract 53 Figure 1 Frequency of drug prescription

prescribed six medications. None of these prescriptions were associated with any documentation of teratogenic risk or family planning. Of the 331 patient documents, 11 mentioned family planning intentions, pregnancy or potential risks of CV medication use during pregnancy. Issue of breastfeeding was not documented in any case.

Conclusions In women of childbearing age attending the cardiology department, 40% are prescribed medications, however associated documentation of issue of pregnancy, contraception, family planning intentions, breastfeeding is low. Documentation of potential teratogenic risks associated with these medications is also low. Patients with complex polypharmacy attending the HSU were not appropriately advised of the compounded teratogenic risk. Clinicians require more education in this regard and this aspect of the clinical encounter in this population requires proper documentation

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CARDIOLOGY ADVANCED NURSE PRACTITIONER (ANP) REFERRAL FOR CORONARY ANGIOGRAM: AN INITIAL EXPERIENCE

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Introduction The Emergency Cardiology Service is a front line ANP led, consultant directed, protocol driven, clinical service focused on treating often high acuity patients with a wide range of general cardiac complaints early in their emergency department journey. Our service provides expert consult, diagnosis, and treatment, facilitating early discharge to outpatient ambulatory diagnostics/ANP led Rapid-access Virtual Clinic, or admission for inpatient diagnostics. In the 17 years prior to February 2021, patients determined to have a high pre-test probability of coronary disease based upon their typicality of symptoms, risk profile, ECG and biomarkers, would be discussed with the consultant cardiologist prior to an angiogram being ordered to ensure the test was justified. In 2020, the NMBI expanded the referring scope of practice for nurses referring for ionising radiation to include all medical radiological and other imaging procedures for nurses who had completed a comprehensive post graduate level 8 award, containing both academic and clinical components as set down by NMBI (NMBI, 2020) and contained within SI 256 of 2018. In order to enhance our service, we developed additional standard operating procedures (SOPs) [figure 1], [figure 2] which led to a memorandum of understanding on 6th