Conclusion The compliance of the SA population to a LCD was reduced by a third compared to age matched WE with full compliance. Although similar improvements in insulin resistance and weight loss were achieved, there was trend towards less reverse concentric remodelling in the SA group and larger studies with longer follow up periods will be required to assess if the cardiovascular responses to weight loss are equally beneficial in ethnic minority populations.

Conflict of Interest None

Abstracts

157  MULTI-SYSTEM INVESTIGATION OF COVID-19 ILLNESS
1Kenneth Mangion, 2Andrew Morrow, 3Robert Sykes, 2Alasdair Macnichot, 3Catherine Bagot, 3Hannah K Bayes, 3Heerajnarain Bullock, 3David Carrick, 3David Corcoran, 4Lain Findlay, 5Pauline Hall Barrientos, 6Antonia Ho, 7Ninian N Lang, 8Vera Lennie, 7Patrick Mark, 5Alex McConnachie, 2Ross McGregor, 3Sabrina Nordin, 3Alexander Payne, 3Nicola Ryan, 7Giles Rodditt, 3Sarah Allwood-Speirs, 3Grushen Veldman, 3Stuart Watkins, 3Paul Welsh, 3Celin Berry. 1University of Glasgow, BHF GCRC, 126 University Place, Glasgow, G12 8TA, United Kingdom; 2University of Glasgow; 3NHS Greater Glasgow and Clyde; 4Leeds NHS Trust; 5NHS Lanarkshire; 6NHS Grampian; 7NHS Ayrshire and Arran; 8NHS WTB

Introduction The pathophysiology and trajectory of multiorgan involvement in post-COVID-19 syndrome is uncertain. We aimed to adjudicate the likelihood of myocarditis in post-COVID-19 patients.

Methods A prospective, longitudinal, cohort study involving post-COVID-19 patients enrolled in-hospital or early post-discharge (visit 1) and re-evaluated 28–60 days post-discharge (visit 2). Serial research blood tests (biomarkers), digital electrocardiography, and patient reported outcome measures were obtained at both visits. Chest computed tomography with pulmonary and coronary angiography, cardiovascular and renal magnetic resonance imaging, were acquired at visit 2.

Results 159 patients (mean age 55 years, 43% female) and 27 controls with similar age, sex, ethnicity, and vascular risk factors were enrolled from 22 May 2020 to 2 July 2021 and had a primary outcome evaluation. Adjudicated likelihood of myocarditis was not (n=17; 11%), unlikely (n=56; 35%), probably (n=65; 41%) or very likely (n=21; 13%). Healthcare worker status (odds ratio, 95% confidence interval: 2.99 (1.01, 8.89); p=0.048), acute kidney injury (3.26 (1.00, 10.64); p=0.030) and HbA1c (0.64 (0.42, 0.99); p=0.044) were multivariable associates of adjudicated myocarditis. During convalescence, COVID-19 was associated with worse health-related quality of life (EQ5D-5L) (p<0.001), illness perception (p<0.001), anxiety and depression (p<0.001), physical activity (p<0.001) and predicted maximal oxygen utilization (mL/kg/min) (p<0.001). These measures were associated with adjudicated myocarditis.

Conclusion The illness trajectory of COVID-19 includes persisting cardio-renal inflammation, lung damage and hemostasis activation. Adjudicated myocarditis occurred in one in eight hospitalized patients and was associated with impairments in health status, physical and psychological wellbeing during community convalescence.

Conflict of Interest Nil

158  COMMON REASONS OF REJECTED TRANSTHORACIC ECHOCARDIOGRAM REQUESTS IN A TERTIARY REFERRAL HOSPITAL
1See Wei Lim, 2Shue Jun Cheng, 3Pamela Brown, 2James Dundas, 2Samantha Middleton. 1South Tees Hospitals NHS Foundation Trust, James Cook University Hospital, Marton Road, Middlesbrough, M6B 3BW, United Kingdom; 2South Tees Hospitals NHS Foundation Trust

Introduction Transthoracic echocardiogram (TTE) is routinely requested in the clinical setting as it is a non-invasive investigation that provides invaluable diagnostic information. However, inappropriate requests impact the quality of service provision to other patients in a timely and effective manner. Rejected TTE (rTTE) requests were evaluated over two months to determine common themes of inappropriate referrals in a tertiary unit.

Methods The study design utilised both retrospective and prospective methods to analyse rTTE requests from September to October 2021. A collaboration with the local echocardiography unit identified rTTE requests within the aforementioned time frame. A retrospective cohort study was performed in the first month to evaluate the underlying reason of rTTE requests. This was accomplished by entering patient unique identifiable number on the electronic request system to obtain the data. On 01/10/2021, a trust-wide oral presentation aimed at medical practitioners was organised to facilitate the understanding of TTE indications and contraindications in accordance with British Society of Echocardiography (BSE)

Abstract 158 Figure 1 Reasons of rejected transthoracic echocardiogram requests in September and October 2021