Findings in cohort found to have ACS:
- 9 patients had subsequent diagnosis of ACS: 7 patients went to cath lab (5 of these angio findings correlated with CTCA findings), two were managed medically and had CMRI arranged.
- On analysing the clinical features (chest pain pattern and risk factors) all these patients had a high suspicion index for ACS rather than AAD

Conclusion
Of the 49 patients in this audit who had a low risk score (0–1) for AAD only 18 number (36.7%) had d-dimer requested as per guideline recommendations. The rate of AAS was low in this group (2.0%) compared with the high risk group (14%). We concluded if ADDR-RS with DDIMER have been utilised it would have led to save 48/90 (53%) in appropriate CT aortogram request.

Conflict of Interest
none

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none

PREVALENCE OF BEHAVIOURAL AND BIOLOGICAL RISK FACTORS FOR CARDIOVASCULAR DISEASE AMONG PATIENTS WITH ACUTE CORONARY SYNDROME ADMITED TO A TERTIARY CARE HOSPITAL IN SRI LANKA

Chintaka Wickramarachchi, Jagath Herath, Naomali Amarasena. Royal United Hospital, NHS trust, Bath; RUH Bath, Bath; SOM BA1 3NG, United Kingdom; SIGH; Sri Jayewardenepura General Hospital

Objective
Objective of this study was to determine prevalence and evaluate the impact of biological and behavioral cardiovascular risk factors among patients with different types of acute coronary syndrome (ACS).

Background
Despite recent advances in the cardiovascular care ACS remains as a major cause of morbidity and mortality worldwide. ACS incorporates ST-segment elevation myocardial infarction (STEMI), non ST-segment elevation myocardial infarction (NSTEMI) and unstable angina (UA).

Methods
A total of 321 patients attended to a tertiary hospital due to ACS were enrolled in the study. Data were collected on the presence of biological risk factors such as family history, hypertension, diabetes mellitus, vitamin D deficiency and behavioral risk factors like smoking and physical inactivity. Data were analyzed by student t-test, ANOVA, X2 tests and multinomial logistic regression with IBM SPSS 22nd version. In all analyzes, significance level was considered to be 0.05.

Results
Most prevalent biological risk factor was hypertension (53.0%) while physical inactivity was the most prevalent behavioral risk factor (57.9%). Patients with STEMI and NSTEMI had significantly higher mean total serum cholesterol levels than patients with UA (p=0.004). Age was found to be significantly associated with STEMI (Odds ratio= 0.958) and there was a significant association of vitamin D deficiency with NSTEMI with compared to UA (Odds ratio= 2.199).

Conflict of Interest
none

IS SHOCKWAVE INTRAVASCULAR LITHOTRIPSY FOR CALCIFIED CORONARY LESION SAFE AND EFFECTIVE?

Anton Labeeb, Ahmed Mohammed, Manas Sinha. Salisbury NHS Foundation, Salisbury District Hospital, Oastock Road, Salisbury, Wiltshire SP2 8BJ, United Kingdom; Salisbury NHS Foundation Trust

Background
Calcified coronary lesions often cause suboptimal stent expansion, which is one of the greatest predictors of adverse outcomes such as stent thrombosis and restenosis. Shockwave intravascular lithotripsy (IVL) is a relatively recently NICE approved technique used in the treatment of heavily calcified coronary lesions. This audit presents Salisbury NHS trust experience with the IVL device in 2019 just at the initial introduction of the device in the UK.

Methods
All patients treated with IVL between beginning of March 2019 and end of February 2020 (1 year period) during their percutaneous coronary intervention (PCI) at Salisbury District Hospital.