Conflict of Interest None

CARDIOVASCULAR MANIFESTATIONS OF DENGUE
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Objective Dengue is one of the most important viral diseases globally and a majority of symptomatic infections result in a benign course. However, a small number of patients develop severe manifestations, including myocardial impairment, arrhythmias, and fulminant myocarditis. This review outlines the incidence of cardiovascular (CV) manifestations of dengue.

Methods Electronic databases, including PubMed/MEDLINE, EMBASE, Scopus, and CINAHL were searched for articles incorporating cardiac manifestations of dengue fever (DF). All article types [randomized controlled trials (RCTs), observational studies (prospective or retrospective), case reports/series, letter to the editors] reporting CV manifestations of DF were included in this review.

Results The literature search identified 2,313 citations from the databases. Out of these, 86 were included in the systematic review. Included studies involved 6,773 patients and 3,122 (46.1%) exhibited at least one cardiac manifestation with DF. Electrocardiogram (ECG) abnormalities (30.6%) included sinus bradycardia (8.8%), non-specific ST-T changes (8.6%), ST depression (7.9%), and T-wave inversion (2.3%). Mechanical sequelae were present in 10.4%, including left ventricular (LV) systolic dysfunction (5.7%), and myocarditis (2.9%). Pericardial involvement was noted as pericarditis (0.1%), pericardial effusion (1.3%), and pericardial tamponade (0.1%). Apart from that, the cardiac injury was depicted through a rise in cardiac enzymes (4.5%).

Conclusion The spectrum of CV manifestations in dengue is broad, ranging from subtle ST-T changes to fulminant myocarditis. This can be a cause of hemodynamic collapse during the critical phase of capillary leakage. Use of contemporary techniques in diagnosing cardiac involvement should be employed for rapid diagnosis and treatment in DF.

Conflict of Interest None to declare

QUALITATIVE STUDY ON INFLUENCES ON ANTICOAGULANT PRESCRIBING FOR STROKE PREVENTION IN ATRIAL FIBRILLATION
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Introduction The licensing of the four direct oral anticoagulants (DOACs) as alternatives to warfarin was followed by increases in overall anticoagulant prescribing for patients with atrial fibrillation (AF) and a shift towards DOACs [1]. Since available anticoagulants possess different characteristics that could be valued differently by different patients, patient preferences need to be understood in this context. This study worked to fill the gap in knowledge about anticoagulant prescribing practice after the introduction of DOACs by exploring the views and preferences of patients with AF on anticoagulants prescribing practice.

Methods Semi-structured interviews with patients with AF living in England were performed between September and December 2020. Convenience sampling recruited study participants. Interviews were either conducted online or by telephone depending on participants’ preferences. Interviews were transcribed verbatim and field notes were taken after each interview. Transcripts were thematically analysed using NVIVO 12 software for qualitative analysis.

Results Nineteen patients with AF were interviewed; participants varied in their experience with AF and experience with anticoagulants. Analysis of transcripts identified five main themes related to influences on prescribing, these were: balance of risks and benefits, drug characteristics, information about anticoagulants, cost, and decision-making. The balance of stroke and bleeding risks was considered by all patients when deciding to initiate anticoagulation; patients accepted the bleeding risk associated with anticoagulation in order to reduce stroke risk. Drug characteristics, namely: monitoring requirements, lifestyle restrictions, and dosing regimens, influenced the choice between warfarin and DOACs and the choice of individual medications. A few participants who switched from warfarin to DOACs discussed the difference in direct costs with their physicians, but cost was not a barrier to switching. Participants talked about information sources about anticoagulants and referring to other people’s experiences as factors influencing their perceptions and preferences for a particular anticoagulant. Physicians were trusted to make the