imaging (CMR) in a significant proportion of patients several months after recovery from SARS-CoV-2 infection, many of whom had no or minimal symptoms at the time of infection. The aim of SETANTA was to investigate the prevalence of cardiac abnormalities by CMR in unselected patients in Ireland after acute SARS-CoV-2 infection and the correlation with immunological response and biomarkers of coagulation.

Methods This was a prospective, observational, community-based study (clinicaltrials.gov identifier NCT04823182). Consecutive patients recovered from recent SARS-CoV-2 infection at 3 primary care sites were invited to participate. Key inclusion/exclusion criteria and outcomes of interest are shown in figure 1.

Results 100 participants were enrolled (Feb–Sept 2021) at a median of 188 (IQR, 125, 246) days after positive SARS-CoV-2 swab. At index infection, 18% and 35% reported severe and moderate symptoms, respectively; 14% were hospitalized; 3% were admitted to intensive care for ventilatory support. At enrolment, 83% had ongoing symptoms. 85% had detectable SARS-CoV-2 antigens. CMR and laboratory findings are summarized in Table 1. Clinical follow up to 12 months is ongoing.

Conclusion Among an unselected cohort of patients recovered from acute SARS-CoV2 infection, we report a low prevalence of cardiac abnormalities by CMR, despite a high prevalence of moderate/severe symptoms at presentation and a high prevalence of persistent symptoms. Correlation with biomarkers of immunity and coagulation add results of follow up at 12 months will be available for presentation at ICS 2022.
HEART RATE RECOVERY FOLLOWING ACTIVE STAND MODERATE ALCOHOL CONSUMPTION IS ASSOCIATED

Heart 2022; (50)3 (7.5) DM, n(%) 5 (25)10 (25) HTN, n(%) 17 (85)38 (95) Anti HTN agent, n(%) 18(90)30 (75) Antithrombotic agent, n(%) 17(85)38 (95) Abbreviations: AF = Atrial fibrillation, DM= Diabetes mellitus, HTN= Hypertension, IHD = Ischaemic heart disease. Patients were Caucasian, 60% male and mean age was 78.6 years (table 1). Speed of heart rate recovery post active stand (HRR10–20) was significantly impaired in patients with symptomatic severe AS compared to controls, 2.06 bpm(95% CI -2.58 to + 6.70) v -2.6bpm (95% CI -4.2 to -1.07), p=0.016, respectively (figure 1). A Box plot of results HRR10–20: Abbreviations; HRR = heart rate recovery.

Conclusions Patients with symptomatic severe aortic stenosis have impaired autonomic function determined by HRR10–20 when compared to patients with preserved aortic valve function. HRR10–20 may be a simple marker to assess for autonomic dysfunction in this cohort of patients, perhaps putting them at risk of higher all-cause mortality. It remains to be seen if this resolves with aortic valve replacement, we plan to re-evaluate HRR10–20 post aortic valve replacement in our study group.

Oral abstract presentations 3

MODERATE ALCOHOL CONSUMPTION IS ASSOCIATED WITH PROGRESSION OF LEFT VENTRICULAR DYSFUNCTION IN PRE-HEART FAILURE

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