the time of referral. We found that heart failure diagnosis in patients aged 75 and over attending our RAHFC was 76.87% overall; 68.13% in those with NT-proBNP 400 – 2000pg/ml and 86.13% in patients with NT-proBNP over 2000pg/ml (figure 1). 31.92% of patients aged 75 or over had heart failure with preserved ejection fraction, with 17.26% in the mildly reduced ejection fraction group and 27.69% with a reduced ejection fraction respectively (figure 2). 23.13% of these patients had a diagnosis other than heart failure (figure 2). The majority of these patients (56.34%) had atrial fibrillation, renal dysfunction or valvular heart disease as their primary diagnosis (table 1). Some 42.25% of the non-heart failure group went on to have some form of follow up with the cardiology services.

Conclusion Our results indicate that even in an elderly population a modest elevation in NT-proBNP may indeed reflect underlying heart failure. We are therefore not inclined to increase our clinic acceptance criteria as this would deprive a significant proportion of elderly patients of a heart failure diagnosis and the many benefits that accompany early optimisation of their management. Of the non-heart failure cohort the raised levels of NT-proBNP were likely accounted for by renal dysfunction, atrial fibrillation and valvular disease in a large group. Interestingly a significant minority of non-heart failure patients went on to have cardiology follow up. This could be in keeping with raised NT-proBNP levels showing a poor prognostic value more broadly.

35 ASPIRIN: A SNAPSHOT OF CURRENT PRACTICE IN CARDIOVASCULAR DISEASE PREVENTION

C Powell, A Wyse, M Widdowson. Tallaght University Hospital, Dublin, Ireland

Introduction Aspirin remains a pillar of secondary prevention in cardiovascular disease (CVD), where its evidence-based usage has been established for nearly 50 years. The compound’s plethora of historical applications include primary prevention of CVD. In the wake of the ASCEND, ASPIREe and ARRIVE trials, the 2021 ESC guidelines on CVD prevention issue a class III indication for aspirin in primary prevention in individuals with low/moderate CVD risk and in those ≥70 years of age, acknowledging unacceptable bleeding risk. Contrastingly, evidence remains nebulous on aspirin’s use in apparently healthy individuals <70 years of age with high CVD risk, where decisions should be individualised. The aim of this audit is to identify patients prescribed aspirin for both primary and secondary CVD prevention in order to ascertain if ongoing treatment is recommended based upon the 2021 ESC guidelines on CVD prevention.

Methods This retrospective study was conducted at Tallaght University Hospital Acute Medical Unit. Data was collected over a one-month period from April–May 2022, employing chart review, supplemented with data from radiology, cardiology and laboratory online systems. All patients prescribed aspirin were eligible for inclusion. Secondary prevention was
defined as prior myocardial infarction, coronary revascularisation, stroke, transient ischaemic attack, peripheral vascular disease or carotid stenosis. SCORE2 (non-diabetics <70yrs) and ADVANCE (diabetics <70yrs) CVD risk calculators were deployed in the primary prevention cohort. Data was anonymised using a unique reference number for each patient, with the coding sequence stored strictly at the heart failure clinic. 

**Results**

In total, we assessed 62 patients who were prescribed aspirin. This was an elderly population (mean age 72, SD 9.8), with a high prevalence of diabetes (48%). 21 (34%) were female. 19 (31%) of patients did not have a secondary prevention indication for aspirin therapy. Of these 19 with a primary prevention strategy, 11 (58%) were ≥70 years of age, automatically contraindicating aspirin for use in this context. CVD risk calculation was applied to the remaining 8 patients <70 years of age. 2 were deemed high-risk, 2 moderate-risk and 4 low-risk for a CV event. Of those patients prescribed aspirin for primary prevention only 42% were co-prescribed a statin. 35/62 (56%) of the total cohort were co-prescribed proton pump inhibitor.

**Conclusions**

Contravening contemporary evidence, aspirin use in primary prevention of CVD remains prevalent. While knowledge gaps and nuances to treatment in certain cases exist, clinicians should strive to avoid prescription of aspirin where it has potential to harm. Along with research to address aspirin’s merit in high-risk individuals <70yrs, education is required to empower educated, safe and effective decision making.

---

**General posters**

**36 PHENOTYPIC PREDICTORS OF GENOTYPE POSITIVITY IN PROBANDS WITH HYPERTROPHIC CARDIOMYOPATHY (HCM)**

D Ranganathan, M Killian, D Moore, M Gallagher, CMc Gorrian, J Galvin. Mater Misericordiae University Hospital, Dublin, Ireland

10.1136/heartjnl-2022-ICS.36

**Introduction**

HCM is the most common inherited cardiomyopathy and a leading cause of sudden cardiac death (SCD). With growing access to genetic testing, and incorporation of genetics in diagnosis and personalised management, it is critical to better understand the phenotypic predictors of pathogenic or likely pathogenic (P/LP) variants. This has implications for family screening, as well as resource planning.

**Aims**

To the yield of genetic testing in unexplained left ventricular hypertrophy (LVH) and to further identify the phenotypic predictors of genotype positivity in HCM patients.

**Method**

A retrospective single centre study of 213 patients, who had undergone comprehensive HCM testing was carried out. Thirteen patients were excluded (6 - SCD, 7 - significant, non-HCM gene). Demographic information was obtained from clinic data and each patient’s LVH pattern was then classified as sigmoid, concentric, reverse or apical based on trans-thoracic echocardiogram (TTE). Pathogenicity of variants was classified according to the American College of Medical Genetics (ACMG) criteria.

**Results**

A total of 200 patients were included in the analysis, of which 167 had TTE undertaken in the study centre, allowing for further detailed phenotype analysis. In the 200 patients, the mean age was 53.85 (SD 14.04) with 151 (75.5%) being male, 66 patients (17.5%) had an underlying diagnosis of hypertension (HTN) with an average of 1 antihypertensive agent (58.7%), 30 patients had a family history of SCD (17.5%), 41 patients (24.6%) had underlying atrial fibrillation, 53 patients had a history of ventricular arrhythmia (26.5%), 61 patients had an implantable defibrillator (31.8%), 3 patients had an aborted cardiac arrest (1.5%), 7 (3.5%) patients had septal myomectomy and 4 (1%) patients required a cardiac transplant. Echocardiographic analysis showed a mean interventricular septal thickness in diastole (IVSd) of 19.8mm (SD 4.3) and the left ventricular internal diameter in diastole (LVIDd) was 44.2mm (SD 8.3). Genetic testing was appropriate in 195 patients (97.5%), with the remainder 4 patients had IVSd <15mm and 1 patient had moderate aortic stenosis. A core HCM panel (17 genes) was performed in 192 patients, 6 patients had extended HCM (69 genes) and 2 patients had global CM panel (109 genes), with a yield, of