(n=89) and 47% post CRT (n=60). 29 patients had not received a post-CRT echocardiogram. From the data available, 21% (n=19) of patients who'd received a CRT for HF continue to have an LVEF <40% post CRT.

For patients who had a CRT implanted for HF (n=89), 58% (n=52) were taking Sacubitril / Valsartan. Of those who aren't, 7 patients continue to have LVEF <40% who may benefit from switching to ARNi. The percentage of patients who'd received a CRT for HF taking an SGLT2i, MRA and a beta blocker is 51% (n=46), 77%(n=69) and 81% (n=73) respectively. (Fig 1) 43 patients who have received a CRT for HF could potentially benefit from addition of a SGLT2i given their beneficial effects across the range of ejection fraction. More than 80% of patients who received their CRT in 2022 are taking SGLT2i compared with only 50% of those from 2013. (Fig 2)

Conclusion The project highlights the importance not to "fit and forget" CRT devices and highlights the potential scope for further optimisation of pharmacotherapy in these patients, particularly surrounding the addition of SGLT2i and switching to ARNi where indicated.

Conflict of Interest Nil

166 VALIDATING EVIDENCE BASED PERSPECTIVE FOR SACUBITRIL VALSARTAN FOR MANAGING HEART FAILURE AND BEYOND: THE INDIAN CONSENSUS

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Introduction The first publication of the PARADIGM-HF trial in 2014, for sacubitril/valsartan (SV) has been a landmark trial to enable optimal use of ARNI and subsequently further expanding its indications in patients with heart failure (HF). The recent clinical trials for SV further postulate for expanding use of ARNI and guideline recommendations for SV. We aim to formulate a consensus statement towards validating the contemporary evidence-based datasets for SV encompassing the management of heart failure and clinically relevant, novel pleiotropic effects

Methods A series of nationwide, in person collaborative educational initiative was convened in January 2023, by leading cardiologists (n=57) at the forefront of heart failure care (VICTORY Study Group). The cumulative clinical experience was approximately 1700-man-years, who rated their level of agreement for 11 questions with each item on a 5-point Likert scale. This was preceded by a contemporary evidence-based discussion on the contemporary updates for SV. Weighted mean for the Likert scale was calculated and consensus was pre-defined as a score > 100. GraphPad 9.4.0 and ANOVA were used for statistical analysis.

Results The highest agreement score in the decreasing rank order (of the weighted mean score), was for that; evidence from landmark trials from ARNIs have translated benefits in the real-world setting (128), uniform agreement for the principle of fantastic four drugs in HFrEF management (127.6), based on the very heterogeneous characteristics in patients with HFpEF, there is strong need to identify markers, aside from LVEF, that could potentially predict responsiveness to the therapies (123), use of additional criteria beyond LVEF for characterization may improve prediction of patient response to sacubitril/valsartan and other therapies (122.8), NT-proBNP has prognostic value independent of HF therapy and NT-proBNP baseline levels (119.1), economical ARNI would help address therapeutic inertia and provide accelerated patient benefits (116.1), biomarkers are helpful identify subsets of patients who might benefit from sacubitril/valsartan, regardless of LVEF (110), and attention should be warranted to low dose 25 mg dose in a real practice (108.5) (Table). The long-

Abstract 166 Table 1

	Questionnaire based on the Likert scale	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Weighted Mean Score
1	Evidence from landmark trials from ARNIs have translated benefits in the real-world setting	104.0	24.0	0.0	0.0	0	128*
2	Since patients with HFpEF have very heterogeneous characteristics, it would be desirable to identify markers, aside from LVEF, that could potentially predict responsiveness to the therapies.	48.1	71.1	3.7	0.0	0	123*
3	Use of additional criteria beyond LVEF for characterization may improve prediction of patient response to sacubitril/valsartan and other therapies	36.1	86.7	0.0	0.0	0	122.8*
4	Biomarkers are helpful identify subsets of patients who might benefit from sacubitril/valsartan, regardless of LVEF	34.9	76.1	4.9	-5.9	0	110*
5	NT-proBNP has prognostic value independent of HF therapy and NT-proBNP baseline levels.	34.4	67.1	17.6	0.0	0	119.1*
6	ARNI has the potential to become standard therapy for hypertension.	9.3	62.9	31.0	-11.4	0	91.7
7	Individualized target dose for sacubitril/valsartan should be set based on SBP, body weight or severity of HF patients	18.1	86.7	2.8	-13.3	0	94.2
8	Attention should be warranted to low dose 25 mg dose in a real practice	49.7	60.0	5.9	-7.1	0	108.5*
9	Impact of SV on hyperglycemia is clinically meaningful	0.0	36.0	46.7	-28.0	0	54.7
10	Principle of fantastic FOUR of HFrEF Management	107.1	17.6	2.9	0.0	0	127.6*
11	Economical ARNI would help address therapeutic inertia and provide accelerated patient benefits	69.6	47.1	3.6	-4.3	0	116.1*

* Consensus if score > 100

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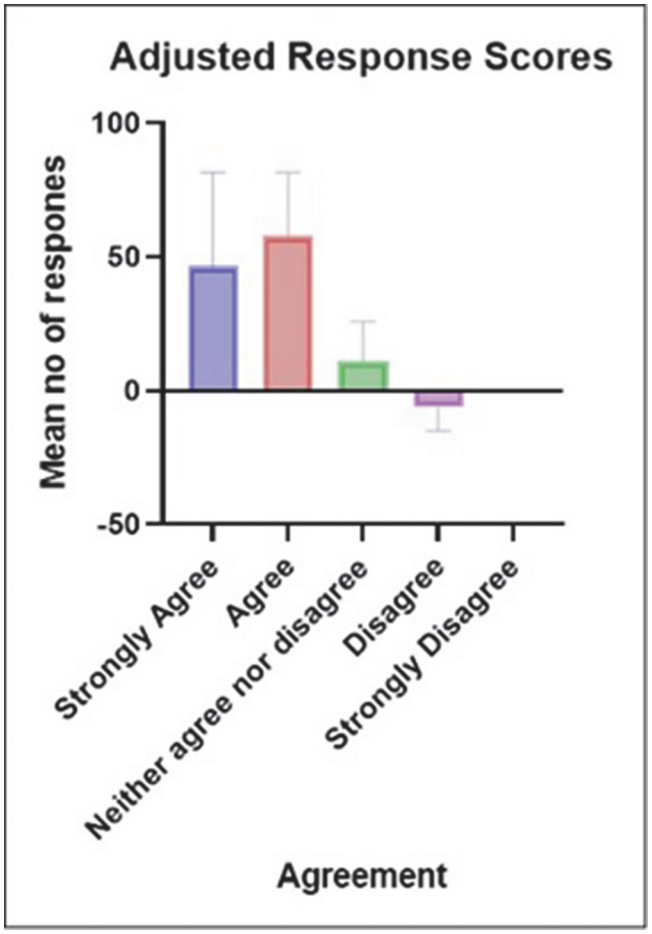
term implications (by 2030) of usage of ARNI was postulated to be for the improvement in quality of life, followed by overall decrease in mortality, improvement in the costs of care and improvement in patient satisfaction. The adjusted mean response scores (±SD, 95% CI) for consensus were for agree (58±24, 95% CI 42 to 74) followed by strongly agree (46 ±35, 95% CI 23 to 70), neither agree nor disagree (11±15, 95% CI 0.72 to 21), disagree (-6.4±8.7, 95% CI -12 to -0.55) (Figure)



Abstract 166 Figure 1 Response score based on the Likert score

Conclusions We observed a high concordance for the impact of the patient centric outcomes in the landmark clinical trials for ARNI being implemented in the real-World practice. There is a need for a better prognostic biomarkers, to better understand the evolution of HF in patients who are on ARNI. The cost-effective approach and lower dose of ARNI can further enhance the access, enabling better quality of life by adding life into years in patients with HF.

Conflict of Interest NA

Imaging

167 MATERNAL MYOCARDIAL ALTERATIONS DURING PREGNANCY AND THEIR RECOVERY TWELVE MONTHS' POST-PARTUM IN WOMEN WITH PREGNANCIES COMPLICATED BY GESTATIONAL DIABETES OR PREECLAMPSIA- A SINGLE CENTRE, LONGITUDINAL COHORT STUDY

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Background Gestational diabetes mellitus (GDM) and preeclampsia (PE) are the leading obstetric complications of pregnancy. Both are associated with a substantial increase in the risk of long-term cardiovascular disease. However, pregnant women are underrepresented in clinical research and the mechanisms of long-term cardiovascular complications in women with obstetric complications remains to be elucidated.

Objectives This longitudinal cohort study was designed to assess maternal cardiac alterations during the third trimester of pregnancy and their recovery twelve-months post-partum in women with GDM (n=30) or preeclampsia (n=22) compared to women with healthy pregnancies (HP)(n=38).

Methods 31P-MRS and CMR were used to define myocardial phosphocreatine to ATP ratio (PCr/ATP), tissue characteristics, left ventricular (LV) volumes, mass, ejection fraction (EF), global longitudinal shortening (GLS), and diastolic function (mitral in-flow E/A ratio). Investigations were repeated 12-months postpartum. With obesity as a major and common risk factor for both GDM and PE, 10 overweight and 10 normal-weight nulliparous women served as non-pregnant controls.

Results Participants were matched for age and ethnicity. Both the GDM and PE groups had higher BMI compared to the HP.

Compared to the HP group, women with GDM had higher LV mass (90[85,94] vs 103[96,112]g; p=0.001) and lower myocardial PCr/ATP (2.2[2.1,2.4] vs 1.9[1.7,2]; p<0.0001), LV end-diastolic volumes (EDV)(76[72,80] vs 67[63,71]ml, p=0.03) and GLS (20[18,21] vs 18[17,19]%; p=0.008).

Compared to the HP group, at similar magnitudes to women with GDM, the women with PE exhibited higher LV mass (90[85,94] vs 118[111,125] g; p<0.0001) and lower

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