210 | A POSITIVE CONSULTATION EXPERIENCE IS ASSOCIATED WITH BETTER STATIN ADHERENCE

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Introduction It is estimated that statin non-adherence reaches 50% in patients with hyperlipidaemia. Factors related to the healthcare system, among others, play an important role in statin non-adherence. We designed and tested a modified version of the MYMEDS© tool (1), called The My Experience of Taking Statin Medicines (mySTATINmed) online questionnaire, which examined the presence of modifiable barriers to adherence to support patients on statins. The impact of consultation experience with healthcare professionals on the display of potential or actual barriers to adherence was extracted from the questionnaire.

Methods The mySTATINmed questionnaire explored patient perspectives on the main modifiable factors that are likely to be associated with statin non-adherence, including the consultation experience with healthcare professionals and the level of information received during consultations. Information included the mechanism of action of statins, their expected benefit, treatment duration, expected side effects, management of side effects and lifestyle changes needed. The quality of consultation experience and the level of information received during consultation were analysed in relation to the display of potential or actual barriers to adherence. Chi-squared test was used to compare the frequencies.

Results The mySTATINmed questionnaire was responded by 466 patients [59% males; age mean±SD (range): 65±11 (21-86) years] across 29 GP Practices in Leeds. Based on responses in four questionnaire domains (shown in Table 1), the level of display of potential or actual barriers to adherence was scored. Based on this score, patients were then dichotomised between adherent (54%) and non-adherent (46%).

Overall, the mySTATINmed detected that 46% of participants displayed some level of actual or potential barriers to statin adherence based on their responses. A greater proportion of patients in the adherent versus the non-adherent group

rated their consultation experience highly (72% v 57% respectively; p<0.001) and reported having received enough information during consultations (56% v 43% respectively; p=0.003). The type and level of information shared during consultations and the quality of consultation positively correlated with adherence (Table 1).

Conclusions The mySTATINmed is a simple tool which identified the level of display of potential or actual barriers to statin adherence, which in turn can inform a better structured, personalised statin consultation. A good consultation experience is associated with better statin adherence.

Conflict of Interest None

Abstract 210 Table 1 Core mySTATINmed domains which were included in the display of potential or actual barriers to adherence score. Comparison of adherent/non-adherent scores per domain

Questionnaire domain and score	Non-adherent (%)	Adherent (%)	p-value (chi-sq test)
Understanding and satisfaction with statins			
high level	48	64	<0.001
low level	52	36	
Concerns about statin			
no concerns	37	63	<0.001
some level of concern	63	37	
Practicalities with statin			
no issues	53	100	<0.001
some issues	47	0	
Fitting statin into daily routine			
statin fitted into routine	51	100	<0.001
difficulty fitting into routine	49	0	

211 | ASPIRIN IS ASSOCIATED WITH LOWER RISKS OF SEVERE COVID-19 DISEASE: A POPULATION-BASED STUDY

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Introduction The use of aspirin has been hypothesized to improve severe clinical outcomes in COVID-19 infection. The present study aims to evaluate the effect of both antecedent and inpatient aspirin use, individually and concomitant with other medications, on severe disease outcomes in COVID-19 positive patients treated with steroids/antiviral therapy.

Methods Consecutive patients who attended Hong Kong's public hospitals or outpatient clinics between 1st January and 8th December 2020 for COVID-19 reverse transcription-polymerase chain reaction (RT-PCR) and received steroids/antiviral therapy were included. Propensity score matching (1:1) between aspirin users and non-users was performed. The primary endpoint was the composite outcome of the need for intubation and 30-day all-cause mortality.

Results A total of 2664 RT-PCR positive and hospitalized COVID-19 patients receiving steroids/antiviral therapy were included (male= 50.7%, baseline age= 52.3 [35.2-64.6] years old). Over follow-up, 2.96% suffered from 30-day all-cause mortality. Univariable logistic regression showed that aspirin use was associated with lower odds of severe COVID-19 in the propensity score-matched cohort (odds ratio [OR]: 0.33, 95% confidence interval [CI]: [0.18, 0.6]; P=0.0003). This association remained significant following adjustment for significant confounders (OR= 0.33, 95% CI= [0.18, 0.59], P= 0002).

Conclusion Aspirin use was associated with lower odds of severe outcomes in COVID-19.

Conflict of Interest None

212 | LIPID MODIFICATION IN MEDICALLY MANAGED ACUTE CORONARY SYNDROME: A SINGLE-CENTRE OBSERVATIONAL STUDY

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