coronary angiography and successful primary PCI was achieved in 64 (90.14%) patients.

**Conclusion** Our data aligns with reported rates of survival amongst OHCA patients. However, more favourable outcomes were observed amongst those STEMI patients. A considerable number of STEMI patients presented to hospital having already achieved ROSC and timely PCI was performed with a high degree of success as recommended in international guidelines.

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**Abstract 19 Figure 1** STEMI territories

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**Abstract 20 Figure 1** 24h systolic blood pressure in mmHg at baseline and at 3-month follow-up

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**Abstract 20 Figure 2** Individual endpoint analysis for the change in 24h systolic blood pressure in mmHg from baseline to 3 month follow-up

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**Introduction** In the context of a high global burden of hypertension and poor blood pressure control rates, renal denervation (RDN) has proven to be an effective and safe intervention to lower blood pressure in highly standardised randomised controlled trials. The emerging therapy with new generation devices has been adopted by the European Society of Cardiology (ESC) Council on Hypertension and the European Association of Percutaneous Cardiovascular Interventions (EAPCI) in their consensus statement 2023. We assessed the efficacy and safety of radio-frequency based RDN in a series of real-world patients.

**Methods** Consecutive patients undergoing radiofrequency based RDN for uncontrolled arterial hypertension, with baseline and 3-month follow-up twenty-four-hour ambulatory blood pressure monitoring (24h-ABPM) were included in this analysis. The reduction in blood pressure as assessed by 24h-ABPM from baseline to 3-month follow-up was assessed as primary
efficacy endpoint. Procedural safety endpoints were assessed at discharge and 3-month follow-up. Medication was assessed in number of different drug classes and as weighted medication burden using the MEDINDEX 2.

Results

Up to date, 16 of 29 patients have completed their 3-month follow-up. The mean patient age was 58 (+/- 8) years and 75% of patients were male. At baseline, mean 24h-ABP was 144/86 mmHg (+/-15.6 mmHg for systolic (SBP) and +/- 8.7 mmHg for diastolic blood pressure (DBP)). At 3 months, 24h-ABPM showed a significant reduction in SBP by 10.0 mmHg (95%CI 1.9 – 18.1, p=0.018), figure 1. A statistically significant trend in 24h-DBP reduction by 5.8 mmHg (95%CI 0.4 – 11.1, p=0.037) was observed at 3 months. Individual endpoint analysis, showed a non-responder rate after RDN of 31% at 3 months, figure 2. There was no significant difference in the number of prescribed medication classes (median of 2) or medication burden at baseline and 3-month follow-up (p-value for difference = non-significant for both). No procedure related adverse events occurred.

Conclusion and Implications

Renal denervation is an effective and safe complementary tool to lower 24-hour systolic blood pressure in real-world patients with uncontrolled arterial hypertension. Inclusion of further patients in standardised registries and the assessment of six- and twelve-month follow-up data will show whether the progressive treatment effect over time, as observed in the randomised controlled trials, will be confirmed in real-world patients.

**Abstract 21 Figure 1**

CMR results

**Introduction**

Several studies assessing the effect of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)/COVID-19 on myocardial tissue through the medium of cardiac magnetic resonance (CMR) have been conducted.