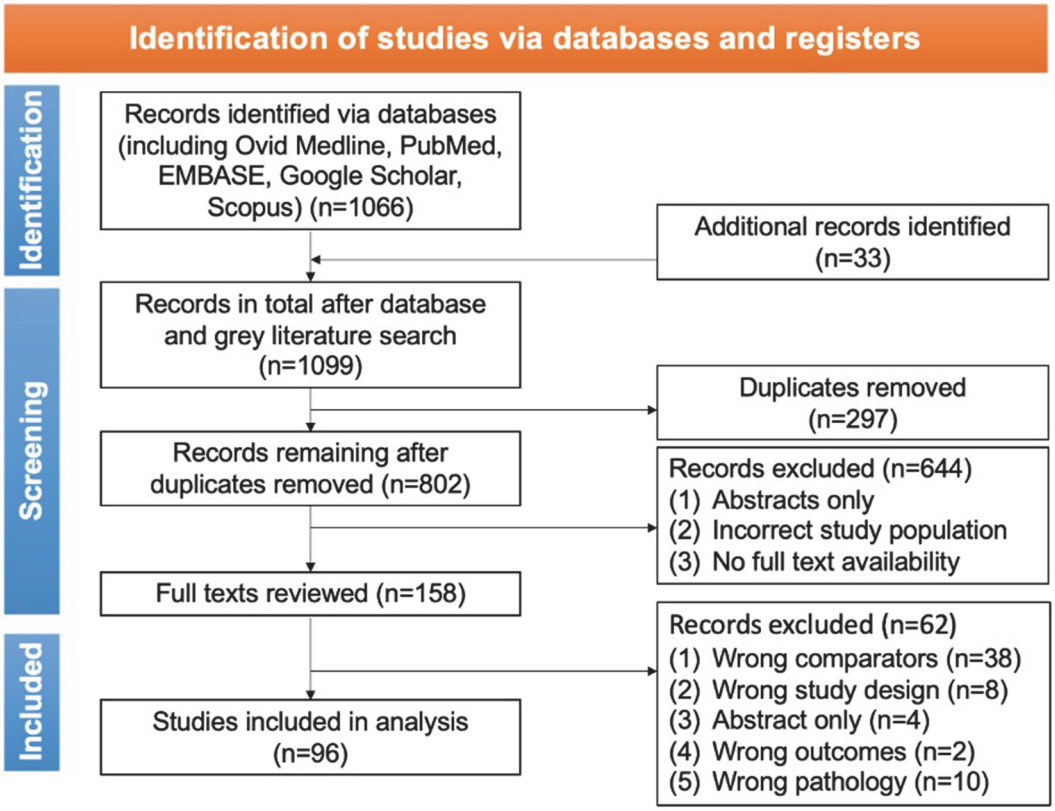

Abstract 106 Figure 1 PRISMA diagram

to 4.47, p<0.001), left atrial enlargement (OR 2.09, 95% CI 1.58 to 2.75, p<0.001) and presence of valvular heart disease (OR 2.11, 95% CI, 1.04 to 4.26, p = 0.038). Of note, obesity, diabetes mellitus, and a history of heart failure were not associated with AF development. See table 1.

Conclusion This systematic review identifies clinical and echocardiographic factors associated with incident AF post-CS; use of such factors in predictive algorithms may be useful in identification of patients who may benefit from prolonged cardiac monitoring in this population.

Conflict of Interest N/A

107 IMPLEMENTATION OF HEALTH QIGONG AND TAI CHI EXERCISES ON QUALITY OF LIFE AND PHYSICAL FUNCTIONING IN PATIENTS WITH ATRIAL FIBRILLATION: A FEASIBILITY STUDY

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Introduction Cardiac rehabilitation programmes have demonstrated the benefits of exercise for people with atrial fibrillation (AF). Traditional Chinese low to moderate-intensity exercises like Tai Chi and Qi Gong may be suitable for older patients with AF. Exercise increases quality of life, physical functioning, and psychological well-being in older people with cardiovascular diseases, but currently there are no studies among AF patients.

Aim To assess the feasibility of a randomised controlled trial (RCT) of Tai Chi/Qi Gong for patients with AF.

Methods Seventy-three AF patients (mean (SD) age 68.9 (8.1) years, 50 (68.5%) female) were recruited via primary care and the Atrial Fibrillation Association (AFA). Patients were randomised to standard AF care alone (control group) or the intervention consisting of 12 weeks online Tai Chi/Qigong exercises, at least once a week, plus standard AF care. Primary outcomes: recruitment and retention rate. Secondary outcomes: health-related quality of life (HRQoL) and physical functioning assessed at baseline, 6-, and 12-weeks by the Short Form 12-item Questionnaire (SF-12), EuroQol 5-D (EQ-5D-3L), and Atrial Fibrillation Effect on Quality of Life (AFEQT). A researcher-designed survey assessed participant satisfaction with intervention on completion.

Results Overall recruitment rate was 74/271 (27.3%); significantly higher from the AFA than primary care (76.4% vs. 9.5%; p<0.001; respectively). The overall retention rate was 59/73 (80.8%) with no significant differences between intervention and control groups (28 (75.7%) vs. 31 (86.1%), respectively). No significant difference in HRQoL (assessed by SF-12 and EQ-5D-3L) over time within or between groups. However, a significant increase in the physical functioning domain of the SF-12 was evident in the intervention group from baseline to week 12 (median (IQR) 75.0 (25.0–87.5) to 75.0 (50.0–100.0); p=0.04)). Disease-specific HRQoL (AFEQT) increased significantly in the intervention group from baseline to week 12 (mean (SD) 69.5 (17.9) to 74.4 (18.3), p=0.05). Of the 28 participants completing the intervention, 21 (75.0%) responded to the satisfaction survey. Seventeen (80.9%) participants agreed/strongly agreed that they

enjoyed the programme and two-thirds (14/21) would recommend the exercise programme.
Conclusion A 12-week Tai Chi/Qigong exercise programme for patients with AF is feasible for a future RCT based on recruitment and retention rates. The intervention significantly improved AF patients' HRQoL and physical functioning and patients found the Tai Chi and Qigong exercises enjoyable and acceptable.
Conflict of Interest No Conflict of Interest

108 PULSED FIELD ABLATION WITH THE GALVANIZE SYSTEM: A SINGLE CENTRE'S EXPERIENCE

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Background Pulsed field ablation (PFA) is a novel ablation technique for the management of cardiac arrhythmias, with purportedly reduced damage to surrounding structures compared to thermal ablation techniques. The Galvanize system is a method of delivering PFA. Previous data shows that it is efficacious in a trial setting but data is needed from clinical practice.
Aim To describe the patient demographics, techniques and early outcomes in patients who underwent pulsed field ablation.
Methods All patients who underwent pulsed field ablation for arrhythmia up to between April 2023 to February 2024 at this centre were included. Data collected were patient demographics, indication for ablation, prior ablations, acute success of ablation, complications and recurrence. Data was collected retrospectively from electronic medical records. Statistics used are descriptive.
Results 25 patients underwent PFA between April 2023 and February 2024. 20 (80%) were male. The mean age was 60 (range 31–80). 15 (60%) of patients had pre-existing left ventricular systolic dysfunction at baseline. 14 (56%) were redo ablations. 17 (68%) of PFAs were performed for atrial fibrillation, flutter or tachycardia, and 8 (32%) were performed for ventricular tachycardia. Most ablations (96%) were acutely successful; the single unsuccessful case underwent PFA for ventricular tachycardia. 8 (32%) had a later documented recurrence, with a mean time to recurrence of 57.6 days (range 2–147 days). 3 (12%) patients had an acute in-hospital complication: 1 with urinary retention, 1 with severe hyperkalaemia and 1 with severe acidosis; the latter 2 required intensive care unit admission. Later hospitalisations occurred in 4 (16%) patients: all were cardiac-related, 3 were related to the index arrhythmia.
Conclusions This centre has seen success with the Galvanize PFA system, with high acute success rates for ventricular and atrial arrhythmias. The majority of patients have not had a documented recurrence.
Conflict of Interest None

109 ABSTRACT WITHDRAWN

110 DELAYED REMODELLING IN SEVERE LVSD, DOES THIS REDUCE THE NEED FOR PRIMARY PREVENTION ICDS? IDEAL-HF FEASIBILITY STUDY

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Introduction Heart failure with reduced ejection fraction (HFrEF) increases the risk of sudden cardiac death (SCD). ESC and NICE guidelines recommend primary prevention implantable cardioverter-defibrillator (ICD) for HFrEF patients with an LVEF ≤35% despite 3 months of optimised medical therapy (OMT). Recommendations are primarily based on data from MADIT II and SCD-HeFT. However, OMT in these trials was suboptimal by current standards. Further, several studies have shown improvements in LVEF with longer OMT. If LVEF improves with newer/longer OMT, ICD implantation may be avoidable for many patients. Consideration must be given to the safety of delaying ICD implantation. However, the absolute risk reduction of mortality in MADIT II and SCD-HeFT was only 1% at 12 months (0% for patients with DCM).

We assessed the impact of longer duration OMT on LV function and ICD therapy rates in patients who have already undergone guideline-directed ICD implantation.
Methods This is a multi-centre, observational study enrolling adults with HFrEF. Patients had to have been treated with OMT for ≥3 months at the time of ICD implantation, and for between 12 and 24 months at the time of reassessment. Patients with cardiac resynchronisation therapy or an indication for RV pacing were excluded. Approval was obtained from local and national ethics committees. Two timepoints were compared, baseline (3 months of OMT) and follow-up (12–24 months of OMT).
Main outcomes

- proportion of participants with LVEF >35% after ≥12 months of OMT
- appropriate and inappropriate ICD therapy
- complications secondary to ICD implantation

Results Since January 2022, 26 patients have been recruited. Baseline characteristics are shown in table 1. The mean duration of OMT at follow-up was 547 days (122). At baseline, mean LVEF was 28.4% (4.7) (figure 1). At follow-up, mean

Abstract 110 Table 1 Baseline characteristics (3 months of OMT)

Baseline characteristics	n=26
Age, mean (SD)	66.2 years (6.6)
Aetiology of heart failure:	
- Ischaemic heart disease, n (%)	18 (69.2)
Heart failure medications	
ACE inhibitors, n (%)	9 (34.6)
Angiotensin receptor blockers, n (%)	2 (7.7)
Sacubitril/valsartan, n (%)	15 (57.7)
Beta-blockers, n (%)	26 (100)
Mineralocorticoid receptor antagonists, n (%)	15 (57.7)
SGLT2 inhibitors, n (%)	19 (73.1)