

216 ABSTRACT WITHDRAWN

## 217 BRIDGING THE GAP: KNOWLEDGE AND PERCEPTION OF CARDIOVASCULAR DISEASE RISK IN WOMEN

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**Background** Globally, cardiovascular disease (CVD) remains the leading cause of mortality in women. The incidence is rising in young women with more death in women compared to men, due to sex-related disparities in CVD awareness and management. However, women continue to underestimate their CVD risk and are uninformed of sex-specific symptoms. We attempted to assess whether this was the case in a tertiary centre cardiology outpatients department (OPD).

**Methods** 85 women attending a tertiary centre cardiology OPD responded to a multiple-choice questionnaire designed to address awareness of CVD as a cause of mortality, CVD risk factors and sex-specific symptomatology. Statistical analyses: SPSS version 29.0.2.0 (20).

**Results** Awareness of CVD mortality: 65% cited CVD as the leading cause of death in men but only 32% in women with 27% citing breast cancer. 93% of respondents felt somewhat concerned or very concerned about the likelihood of developing CVD in their lifetime however only 40% had discussed CVD risk with a healthcare professional. 52% had been CVD risk assessed.

**Perceptions of CVD risk factors (RF) and behaviours:** the top 3 factors were high blood pressure (27%), smoking (19%) and obesity (15%). Diabetes was not selected as primary RF, 34% considered it the least important RF.

**Sex-specific symptomatology:** Only 11% selected unexpected tiredness as being a sign of MI. Autonomic symptoms, were less likely to be chosen, with nausea or vomiting,

sweating or light-headedness or feeling dizzy selected by 35%, 29% and 22% respectively.

Regression analysis: age was highly significant at predicting responses when assessing likelihood of discussing CVD risk, prior risk assessment and having taken steps to reduce risk.

**Conclusions** Almost a third of respondents selected breast cancer as the leading cause of death in women, despite twice as many women dying from CVD. Twice as many women selected CVD as the major cause of death in men – in keeping with the popular perception of CVD being a men's disease and attributed to the historical absence of women participants in research.

Awareness of sex-specific symptoms associated with CVD was also poor and highlights the paucity of data relating to sex-specific mechanisms of CVD.

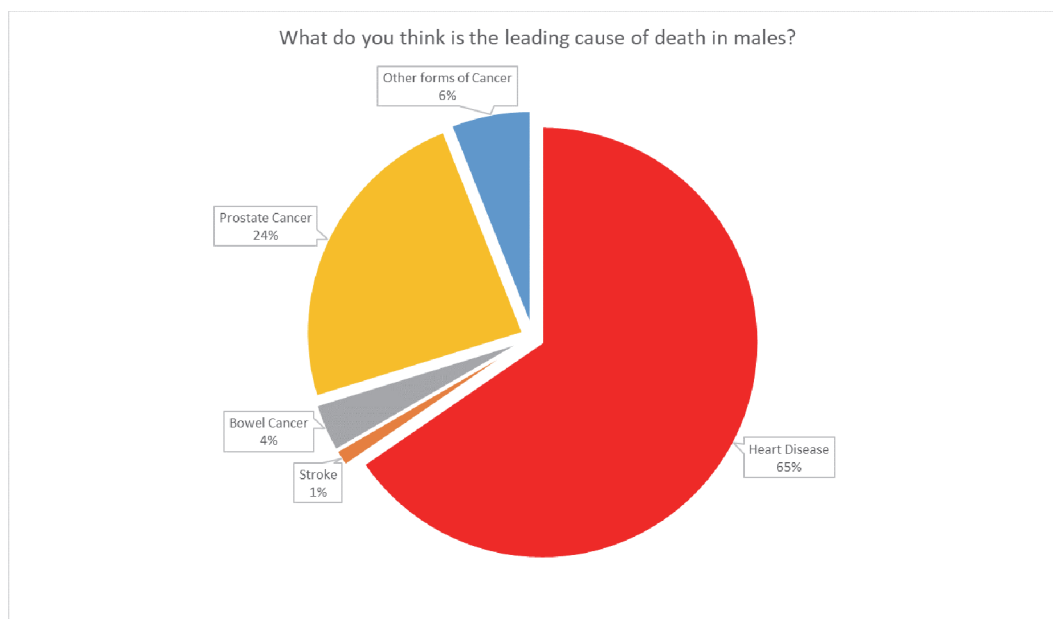
This lack of awareness culminates in increased morbidity and mortality in a largely preventable disease process. Historically, the fact that cardiovascular pathophysiology is different in women has been neglected - but it has led to ignorance among healthcare providers and the public alike, resulting in worse outcomes for women.

CVD awareness is only one facet in the effort to prevent unnecessary deaths in women. Other factors such as physician education and greater involvement of women in research must

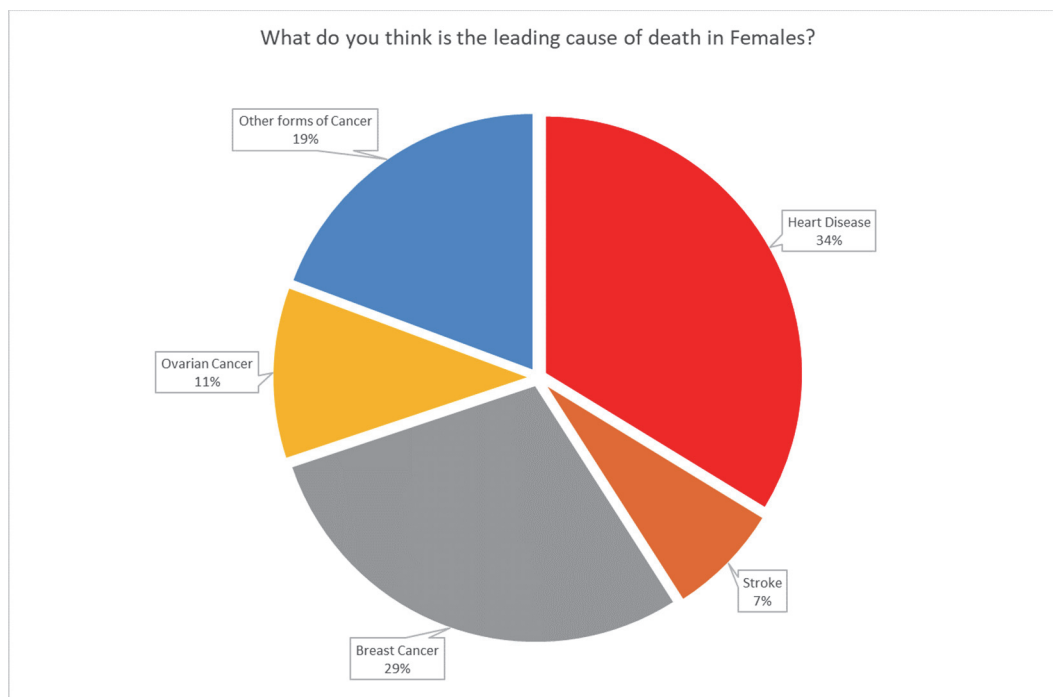
**Abstract 217 Table 1** Consolidated patient demographics

<b>Age:</b>	Median: 55–64 years, 16/85 (19)	Mode >65 years, 31/85 (37)
<b>Ethnicity:</b>	White British 76/85 (89)	Non-White 6/85 (7.2)
<b>Education:</b>	A level equivalent or lower 50/85 (59)	Bachelor's degree or higher 35/85 (41)
<b>Employment:</b>	Employed full time 20/85 (24)	Retired 30/85 (36)
<b>Marital status:</b>	Single	22/85 (26)
	Married or civil partnership	47/85 (55)
	Separated or divorced	9/85 (11)
	Widowed	6/85 (7.1)

All data displayed as n/N (%).



**Abstract 217 Figure 1**



Abstract 217 Figure 2

also be tackled. However this questionnaire should spark action in healthcare providers to enable patient empowerment with sex-specific education, and to catalyse changes in the way we practise medicine and ultimately save women's lives.

**Conflict of Interest** None

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#### IMPROVING SECONDARY PREVENTION IN PATIENTS WITH ACUTE CORONARY SYNDROME THROUGH ELECTRONIC PRESCRIBING PLANS, A QUALITY IMPROVEMENT PROJECT

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**Introduction** Diabetes and hypercholesterolaemia are key modifiable risk factors for coronary artery disease. Lipid profiles and Haemoglobin A1c (HbA1c) should be checked in patients presenting to hospital with Acute coronary syndrome (ACS) as per national and European guidelines. The aim of this Quality Improvement project was to improve assessment of lipid profile and HbA1c in patients referred to the acute medical take with ACS.

**Methods** Data was collected retrospectively from the acute medical take list. An online spreadsheet was used to collect data on patient demographics, medication prescribed, and blood tests performed. Two PDSA cycles were completed, and prospective data was collected following the implementation of two set of changes.

**Results** Three periods of data collection identified 119 patients treated for ACS. Baseline data was collected in April 2023, in

which 39 patients were treated for ACS (female n=24, age=71.26± 13.4). Of the patients identified, only 21 (53.8%) had lipid profiles assessed, and 14 (35.9%) had HbA1c checked. We completed a Plan-Do-Study-Act cycle with posters in clinical areas, along with pre-filled laboratory add-on requests. This initial intervention resulted in an improvement of assessment of lipid profile and HbA1c to 71.1% and 57.9% respectively. We performed a second PDSA cycle, with addition of Lipid profile and HbA1c blood tests to the pre-existing online ACS prescribing plans. 42 patients were managed for ACS in the month following these changes (female n=17, age=71.8±13.4). Lipid profiles were assessed in 31 (73.8%) and HbA1c assessed in 25 (59.5%).

**Conclusion** The integration of these changes within the electronic prescribing system demonstrated a persistent improvement in assessment of lipid and HbA1c in ACS patients when compared to baseline. The combination of educational and systems-based interventions represents sustainable methods of implementing of positive changes in secondary prevention of ischaemic heart disease. This project is limited by its single centre nature and small sample size, but given we recruited consecutive patients, our results may represent similar practice in larger cohorts.

**Conflict of Interest** nil

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#### SENSITIVITY OF COMPUTED CORONARY PHYSIOLOGY TO MURRAY'S LAW OF VASCULAR SCALING

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**Introduction** Murray's law relates blood flow (Q) to vessel diameter (D) ( $Q \propto D^3$ ) in coronary trees. As a fundamental physiological law, it is used to inform various computational