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**Conclusions** It is hypothesized that this new alternative way of MFS patients care (i.e. the aerobic and force training) will improve their QoL, cardiorespiratory fitness and skeletal muscle power.  
**Disclosure of interest** The authors declare that they have no competing interest.

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### 096 Exercise Limitation in Survivors of Severe Acute Respiratory Syndrome associated with novel coronavirus



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**Aim** There are increasing reports of persisting exertional dyspnea several months after acute SARS-CoV-2 infection. The aim of this study was to evaluate pulmonary, cardiac, and functional capacity of SARS-CoV-2 survivors at 3 months after initial diagnosis by performing cardio-pulmonary exercise testing (CPET).

**Methods** CPET was proposed to all patients who were treated both in and out of hospital settings at a tertiary university hospital at 3 months ( $\pm$  1 month) after the diagnosis of SARS-CoV-2 infection.

**Results** A total of 114 patients were included in the study. The median age was 57 [48–66] and 30% were women. 91% required in-hospital treatment during the initial SARS-CoV-2 infection and 22% needed intensive care unit (ICU) admission. At 3-month follow-up, 51% of patients were still symptomatic and 40% reported dyspnea at exertion. During CPET, 71% of patients had impairment of exercise capacity, mostly due to muscle deconditioning (43%) and/or hyperventilation (16%). In multivariable-adjusted analysis, age ( $\beta=0.4$ ,  $P=0.002$ ), ICU stay ( $\beta=-10.27$ ,  $P=0.017$ ), endotracheal intubation and mechanical ventilation ( $\beta=-12.63$ ,  $P=0.004$ ) and total hospital length of stay ( $\beta=-0.24$ ,  $P=0.009$ ) were independently associated with % predicted oxygen uptake (peak  $\dot{V}O_2$ ) (Fig. 1).

**Conclusion** The majority of SARS-CoV-2 survivors had impairment of exercise capacity at 3 months after initial illness, mostly due to muscle deconditioning and exercise hyperventilation. Age and factors related to initial disease severity such as ICU stay and

mechanical ventilation were predictive of worse performance during CPET.

**Disclosure of interest** The authors declare that they have no competing interest.

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### 359 The six-minute walk test of the patient followed for heart failure in Brazzaville



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**Objective** Contribute to improving the management of heart failure in Brazzaville.

**Patients and Methods** We carried out at the Brazzaville hospital university center from January 15 to March 15 (2 months), a descriptive and analytical study were included, all patients with chronic heart failure followed on an outpatient basis at the Brazzaville hospital university center and hospitalized at least once in the cardiology and internal medicine department. The epidemiological and clinical parameters were analyzed.

**Results** Fifty patients were included, among them 25 women (50%). The mean age was  $50 \pm 12$  years old, and 22 patients were 55 years and older. The main cardiovascular risk factors were high blood pressure ( $n=37$ ; 74%), diabetes mellitus ( $n=11$ ; 22%). The left ventricular ejection fraction was lowered in 26 cases (52%). Medication adherence was average in 31 patients (62%). Twelve patients presented symptoms at the end of the test, including fatigue ( $n=8$ ; 67%). The average total distance covered in 6 minutes was  $338 \pm 91$  m [extreme: 120 and 570 m] and the expected average distance in 6 minutes was  $690 \pm 78$  m [extreme: 520 and 867 m]. The distance covered in 6 minutes was more altered (less than 300 m) in: obese patients ( $n=5$ ; 38.5%; or = 10.9; 95% ci [1.01; 115];  $P=0.009$ ), sedentary ( $n=3$ ; 23.1%; or = 10.8; 95% ci [1.01; 115];  $P=0.04$ ), having symptoms at the end of the test ( $n=8$ ; 61.5%; or = 13.2; 95% ci [2.87; 60.6];  $P=0.001$ ) and having poor drug adherence ( $n=8$ ; 16%; or = 5.67; 95% ci [0.27; 117];  $P=0.004$ ).

**Conclusion** The performance of the six-minute walk test reveals that the functional capacity of patients followed for heart failure in Brazzaville is significantly impaired. This is influenced by several factors including age, obesity, physical inactivity, consumption of ace inhibitors/angiotensin receptor antagonist 2 and medication adherence.

**Disclosure of interest** The authors declare that they have no competing interest.

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### 014 Hybrid Cardiac Rehabilitation: A First French experience



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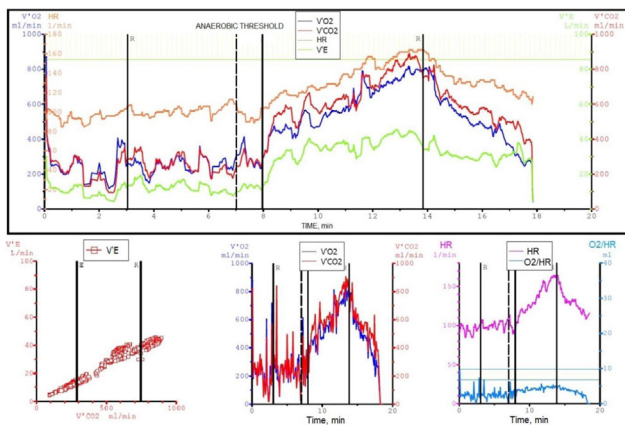
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**Background** The current pandemic imposes changes in the management of cardiac pathologies. Cardiac rehabilitation had to think



**Figure 1** Cardiopulmonary exercise test in a patient with severe hyperventilation 3 months after a mild SARS-CoV-2 infection.