

Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

S170 CSANZ ASM 2021 Abstracts

171

The Use of Telemedicine and Remote Monitoring for Managing Patients With Implantable Cardiac Devices at Risk of Significant Cardiac Arrhythmias is a Safe Alternative to Face-to-Face Reviews During the COVID-19 Era

E. Wong*, J. Xie, K. Rajakariar, K. Masman, J. Mekel, V. Nadurata

Bendigo Health, Bendigo, Vic, Australia

Background and Aim: Telemedicine has been used to deliver care during the COVID-19 pandemic. The use of remote monitoring could be a safe addition for the management of cardiac devices in the outpatient setting. We studied the safety of cardiology telehealth consultations utilising remote monitoring for the identification of significant arrhythmias.

Methods: We performed a retrospective analysis on cardiac patients attending the pacing clinic at a regional hospital between March and September 2020. Patients were stratified into three groups which included face-to-face physician reviews, pacing-technician interrogation, and telehealth reviews. The primary outcome was detection of significant arrhythmias.

Results: We identified 408 patients (65% male, age 65 \pm 14 years) from medical records, of which 230 received telehealth review, 115 technician reviews, and 63 physician reviews. A total of 52% (n=120) of the telehealth cohort utilised remote monitors. There was no significant difference in baseline demographics. There were 1.3% (n=3) and 0.9% (n=1) episodes of sustained ventricular tachycardia (VT) or ventricular fibrillation seen in the telehealth and technician review groups, respectively, with none seen in the physician group (p=0.642). There was no significant difference in rates of non-sustained

VT (p=0.927). New atrial fibrillation (AF) was seen in 5.3% (n=12), 8.1% (n=5), and 3.5% (n=4) of the telehealth, physician, and technician review groups, respectively (p=0.421).

Conclusion: Our study demonstrated no difference in detection of new AF or ventricular tachyarrhythmias between telemedicine and face-to-face consultations. Performing telemedicine consultation utilising remote monitoring could be a safe alternative for patients at risk of arrhythmias.

https://doi.org/10.1016/j.hlc.2021.06.174

172

0.4

14 21

Standard drinks/week

Total and Beverage-Specific Alcohol Consumption and Incident Ventricular Arrhythmias



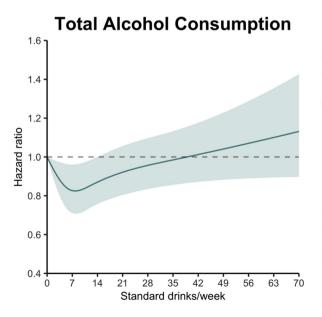
S. Tu*, C. Gallagher, A. Elliott, D. Linz, B. Pitman, J. Hendriks, D. Lau, P. Sanders, C. Wong

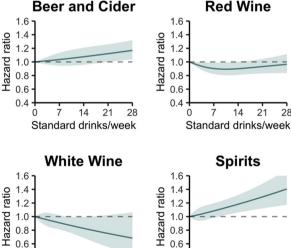
Centre For Heart Rhythm Disorders, University of Adelaide, Adelaide, SA, Australia

Background: Although a significant body of literature has examined the effects of alcohol on coronary heart disease, comparatively less is known about ventricular arrhythmia risk. We characterised associations of alcohol consumption with incident ventricular arrhythmias using data from the UK Biobank.

Methods: Self-reported alcohol consumption from a baseline questionnaire was calculated as standard drinks (8g alcohol) per week. Non-drinkers and those with a history of ventricular arrhythmias were excluded. Incident ventricular arrhythmias were assessed through hospitalisation and death records. Alcohol consumption was modelled in multivariate Cox regression models,

Results: The cohort consisted of 386,385 participants with 1,783 incident ventricular arrhythmias over a median (IQR)





0.4

14

Standard drinks/week