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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

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**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.

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172

### Total and Beverage-Specific Alcohol Consumption and Incident Ventricular Arrhythmias

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**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)

