



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.

method, both the prevalence of LEAD and the influence of HIV severity on LEAD in HIV outpatients in Central Africa.

Methods: A cross-sectional study was conducted among 1250 HIV-infected outpatients in Burundi. Inclusion criteria were as follows: age ≥ 20 years, positive HIV status, and currently receiving ART. Clinical data were extracted from Centre records. Personal information and details of PAD-related symptoms were obtained through face-to-face interviews. All patients underwent ankle-brachial index (ABI) measurement and LEAD was diagnosed by $ABI \leq 0.9$.

Results: The prevalence of LEAD was 14.72% (CI 95%: 13.2–22.1). The mean age was 42, 8 \pm 7, 4 years. On multivariable analysis, factors associated with LEAD were diabetes (OR= 1.7; 95% CI: 1.09–2.79), obesity (OR=2.5, 95% CI: 1.27–5.02) and stage IV HIV clinical infection (OR=4.7, 95% CI: 2.29–9.85).

Conclusions: This is the first study performed on a large HIV population in Central Africa, reporting high LEAD prevalence. It underlines the influence of HIV infection on peripheral atherosclerosis at latest clinical stage and the need for LEAD screening in HIV-infected patients.

EP758 / #564, TOPIC: ASA04 - CLINICAL VASCULAR DISEASE / ASA04-14 OTHER, POSTER VIEWING SESSION.
APELIN13 LEVEL IN PATIENTS WITH ESSENTIAL HYPERTENSION AND PREMATURE BEATS

A. Ivankova¹, N. Kuzminova¹, Y. Ivanova². ¹Internal Medicine 1, National Pirogov Memorial Medical University, Vinnytsya, Vinnytsya, Ukraine; ²Physical Training And Mps, National Pirogov Memorial Medical University, Vinnytsya, Vinnytsya, Ukraine

Background and Aims : Background. Today the world is actively studying various metabolic markers of cardiovascular risk and apelin13 is one of them. It has a positive effect on the cardiovascular system because it counteracts the renin-angiotensin system, has an antihypertensive and positive inotropic effect. Aim. To assess apelin13 level in patients with essential hypertension and premature beats.

Methods: Materials and Methods. The study involved 156 patients with stage II essential hypertension (EH), including 124 with frequent premature beats. They formed the main clinical group of the study. Another 32 patients with EH II had no cardiac arrhythmias and formed the comparison group. We also examined 30 healthy normotensive individuals. They were referred to the control group. General clinical examination, office blood pressure measurement, 12-lead ECG, ECG monitoring, and apelin13 serum level were performed in all patients who agreed to participate in the study.

Results: . In patients with EH, the level of apelin13 was significantly lower ($p < 0.0001$) compared with healthy individuals, both in patients with EH II and arrhythmias, and EH II without arrhythmias. The mean value of apelin13 in all patients with hypertension was 919 (755; 1177) pg/ml. It was 29.9% ($p < 0.0001$) lower than the corresponding concentration in healthy individuals and 12.1% 0.002 lower than the level of apelin13 in patients with EH II without arrhythmias.

Conclusions: Conclusion. In patients with essential hypertension, the level of apelin13 was significantly lower compared to control. Moreover, the mean level of apelin13 in patients with essential hypertension and premature beats was significantly lower than in patients with hypertension but without arrhythmia.

EP759 / #627, TOPIC: ASA04 - CLINICAL VASCULAR DISEASE / ASA04-14 OTHER, POSTER VIEWING SESSION.
THE PATIENT WILL SEE YOU NOW: PATIENT PREFERENCES FOR LIPID CLINIC REVIEWS IN A COVID ERA

C. Kennedy^{1,2}, M. Hall¹, P. O'Connor^{1,2}. ¹Pharmacology And Therapeutics, St James Hospital, Dublin, Ireland; ²Pharmacology And Therapeutics, Trinity College Dublin, Dublin, Ireland

Background and Aims : The COVID-19 pandemic disturbed health systems across the world. Telephone reviews became the only method of review for most outpatients. For our Lipid Clinic to operate efficiently, staff

contacted the patient pre-clinic to organize updated biochemical tests and check availability. We aimed to seek the opinion of our patients to inform our future service model.

Methods: An anonymous survey was created using Google Forms. The survey included sections about preparation for the telephone review, the review itself and the communication afterwards. A distribution list was created using contact details of patients which were requested during patient consultations from March to May 2021.

Results: 97 patients provided contact details. 48% consented to and completed the survey. The majority (89%) reported the pre-clinic call from our nursing staff worked well, however, 23% had difficulty arranging the required blood tests and sending them to us. Over 90% reported the clinical review worked well. Of the patients who received a copy of the communication to their primary care physician, 91% favoured this new practice and 65% reported it improved their self-care. A hybrid clinic, with in person or telephone reviews, was the most popular choice.

Conclusions: Reorganisation of our clinic to facilitate telehealth increased the administrative burden. Including patients in communications to their primary care physician was well received and may improve patient self-care. Patient feedback indicated that a flexible hybrid clinic is required. We now wish to create a patient portal to reduce the administrative burden of telehealth and further improve communication with our patients.

EP760 / #81, TOPIC: ASA04 - CLINICAL VASCULAR DISEASE / ASA04-14 OTHER, POSTER VIEWING SESSION.
PREDICTORS OF MAJOR ADVERSE EVENTS OF CARDIOVASCULAR DISEASE IN INDIVIDUALS WITH EARLY ISCHEMIC HEART DISEASE

M. Konnov¹, V. Sergienko¹, C.A. Stevens². ¹Laboratory of Clinical Cardiology, Federal Research and Clinical Center of Physical-Chemical Medicine of FMBA, Moscow, Russian Federation; ²Departement Of Primary Care And Public Health, Imperial college London, London, United Kingdom

Background and Aims : To identify the predictors of the combined endpoint (cardiovascular death, non-fatal myocardial infarction (MI), stroke) in individuals with early onset (≤ 55 - men; ≤ 60 - women, years) ischemic heart disease.

Methods: The 393 probands, included in this analysis (males: 65.9%, mean [SD] age: 49.5 [5.84] years, post-MI: 77.1%) were followed for a median ([interquartile range]) 10 [6.33–14.9] years between 1993–2014 in Moscow. Potential predictors included: education level, tobacco smoking, alcohol consumption, BMI, waist circumference, heart rate (HR), SBP, DBP, triglycerides, HDL-cholesterol, LDL-cholesterol, basal glycemia, peripheral arterial disease (PAD), atherogenic dyslipidemia (ATP-III, USA, 2002), arterial hypertension (ESC), diabetes (ADA, 2021), metabolic syndrome (MetS [JIS, 2009 criteria]). All analyses were carried out with adjustment for age, sex and medication taking. To reveal predictors, we used the semi parametric Multivariate Cox proportional hazard test.

Results: We identified 161 fatal (CVD [122]) and 90 non-fatal (MI [n=62], stroke [n=28]) endpoints. CVD-predictors, associated ($p < 0.1$) in the univariate analysis (age ≥ 50 years, episodic/every day smoking, without statin therapy, heart rate ≥ 80 bpm, SBP ≥ 140 , DBP ≥ 90 mm Hg, glycemia ≥ 5.55 mmol/L, diabetes, PAD and MetS) were included in the stepwise regression procedure (table). Table

Independent predictors	Hazard ratio	95% confidence interval	p-level
Heart rate, bpm	1.03	1.01 – 1.04	<0.001
Ageing, years	1.05	1.02 – 1.07	0.002
Diabetes mellitus	1.68	1.15 – 2.46	0.007
Male gender	1.61	1.10 – 2.34	0.014
Current tobacco smoking	1.48	1.04 – 2.08	0.027