



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.

**RESULTS:** In the CoP group, the means were: PWV 4.65m/s (5.4 ±4.2); AIX@75 23.22% (40.7±9.3); HR 89.5bpm (119±71); CSBP 97.72mmHg (118±80); CDBP 76.68mmHg (98±61). While in the NI group, the means were: PWV 4.58mmHg (5.2±3.1); AIX@75 21.85% (41.7±5.3); HR 86.3bpm (128±60); CSBP 97.6mmHg (113±80) and CDBP 73.8mmHg (54±91). There was no statistical difference between PWV (p=0.95) and AIX@75 (p=0.63) values between CoP and NI group.

**CONCLUSION:** Although higher values were observed for the CoP group in several hemodynamic and arterial stiffness parameters, no statistical difference was obtained between this group and NI group. However, it is valid to emphasize the importance of further studies in the area to be able to affirm or rule out the influence of the SARS-COV-2 virus on vascular integrity.

doi:10.1016/j.carrev.2022.06.128

## 200.06

### Impact of the COVID-19 Pandemic on Cardiology Services and Catheterization Volumes in the Second Year: A Comparison of 2020 and 2021 at a South Asian Cardiac Centre

F. Aaysha Cader<sup>a</sup>, Ishmum Z. Chowdhury<sup>b</sup>, M. Maksumul Haq<sup>a</sup>, Saidur Rahman Khan<sup>a</sup>

<sup>a</sup>Ibrahim Cardiac Hospital & Research Institute, Dhaka, Bangladesh

<sup>b</sup>birdem General Hospital, Dhaka, Bangladesh

**Background:** There is little data from South Asia on the impact of the COVID-19 pandemic on cardiology services and cath lab volumes during the 2nd year of the pandemic, particularly considering the delta variant, which had profound regional effects during the second quarter (Q2) of 2021. We aimed to assess this impact at a tertiary cardiac centre in Dhaka, Bangladesh.

**Methods:** Data on patient visits, admissions, procedures and catheterization volumes were collected for January to October 2020 and 2021 via electronic health records. Data were compared for each corresponding month in 2021 and 2020. The difference was expressed as a percentage (%Δ). Data for each quarter (Q1 to Q3) were compared using paired t-test. P < 0.05 was considered significant.

**Results:** Overall, there was a significant increase in cardiology admissions (%Δ 45.54%; p=0.04), outpatient procedures (%Δ 47.39%; p=0.002), cath lab procedures (%Δ 43.24%; p= 0.013) and permanent pacing (%Δ 52.46%; p=0.009) in 2021 as compared with 2020. ER visits increased no-significantly by 11.96% in 2021 (p=0.7). Compared to Q1, admissions and cath lab volumes declined in Q2 (coinciding with the delta variant wave), but picked up in Q3, with continuing rise. Despite this Q2 decline in 2021, admissions (p=0.036), outpatient visits (p=0.024) and outpatient procedures (p=0.046) were significantly elevated compared to Q2 in 2020. Further, cath lab volumes were also elevated numerically (p=0.055) in Q2 of 2021, with increasing volumes in Q3.

**Conclusion:** Cardiology services and cath lab volumes had reached almost pre-pandemic levels in Q1 of 2021. Although they declined in Q2, coinciding with the delta wave, they were still higher than corresponding months in the preceding year, indicative of an encouraging adaptation of the healthcare systems to care delivery during the prevailing pandemic.

doi:10.1016/j.carrev.2022.06.129

## 200.07

### Six-Month Outcomes for COVID-19-Negative Patients With Acute Myocardial Infarction Before Versus During the COVID-19 Pandemic

Ali Aldujeli<sup>a</sup>, Ayman Haq<sup>b</sup>, Anas Hamadeh<sup>c</sup>, Kristen M. Tecson<sup>d</sup>, Zilvinas Krivickas<sup>a</sup>, Laurynas Maciulevicius<sup>a</sup>, Kasparas Briedis<sup>a</sup>, Montazar Al Dujeli<sup>a</sup>, Rima Braukyliene<sup>a</sup>, Andrius Pranculis<sup>e</sup>, Ramunas Unikas<sup>a</sup>, Diana Zaliaduonyte<sup>a</sup>, Peter A. McCullough<sup>f</sup>

<sup>a</sup>Lithuanian University of Health Sciences, Kaunas, Lithuania

<sup>b</sup>Abbott Northwestern Hospital/Minneapolis Heart Institute, Minneapolis, MN

<sup>c</sup>Texas Cardiovascular Institute, Dallas, TX

<sup>d</sup>Baylor Heart and Vascular Institute, Dallas, TX

<sup>e</sup>Republican Hospital of Panevezys, Panevezys, Lithuania

<sup>f</sup>Baylor University Medical Center, Dallas, TX

**Background:** The Coronavirus disease 2019 (COVID-19) pandemic has changed the way patients seek medical attention and how medical services are provided. We sought to compare characteristics, clinical course, and outcomes of patients presenting with acute myocardial infarction (AMI) during the pandemic compared to before it.

**Methods:** This is a multicenter, retrospective cohort study of consecutive COVID-19 negative patients with AMI in Lithuania from March 11, 2020 to April 20, 2020 compared to patients admitted with the same diagnosis during the same period in 2019. All patients underwent angiography. Six-month follow-up was obtained for all patients.

**Results:** A total of 269 patients were included in this study, 107 (40.8%) of whom presented during the pandemic. Median pain-to-door times were significantly longer (858 [quartile 1=360, quartile 3 = 2600] vs. 385.5 [200, 745] mins, p<0.0001) and post-revascularization ejection fractions were significantly lower (35 [30, 45] vs. 45 [40, 50], p<0.0001) for patients presenting during vs. prior to the pandemic. While the in-hospital mortality rate did not differ, we observed a higher rate of six-month major adverse cardiovascular events (MACE) for patients who presented during vs. prior to the pandemic (30.8% vs 13.6%, p = 0.0006).

**Conclusion:** In conclusion, 34% fewer patients with AMI presented to the hospital during the COVID-19 pandemic, and those who did waited longer to present and experienced more 6-month MACE compared to patients admitted before the pandemic.

doi:10.1016/j.carrev.2022.06.130

## 200.08

### Outcomes of Acute Coronary Syndrome in Patients With Coronavirus 2019 Infection: A Systematic Review and Meta-Analysis

Mahmoud Abdelghany<sup>a</sup>, Jaswinder Virk<sup>b</sup>, Vijay Raj<sup>b</sup>, Kalpesh Shah<sup>c</sup>, Kanica Yashi<sup>d</sup>, Robert Carhart<sup>b</sup>, Hany Tawfik Fathelbab<sup>e</sup>, Siddharth Shah<sup>f</sup>

<sup>a</sup>Boston University, Boston, MA

<sup>b</sup>SUNY Upstate Medical University, Syracuse, NY

<sup>c</sup>St. Joseph's University Medical Center, Paterson, NJ

<sup>d</sup>Mary Imogene Bassett Healthcare, Cooperstown, NJ

<sup>e</sup>Cairo University Medical School, Cairo, Egypt

<sup>f</sup>Indiana University, Indianapolis, IN

Impact Of The COVID-19 Pandemic On Cardiology Services And Catheterization Volumes In The Second Year: A Comparison Of 2020 And 2021 At A South Asian Cardiac Centre

