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417
Alarming increased rate of smoking and associated lifestyle behaviours in patients with chronic cardiac diseases during COVID-19 pandemic related lockdown

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Background   COVID-19 outbreak and lockdown is a situation associating social and physical isolation, limited care access, psychological stress, and potential adoption of unhealthy lifestyle behaviours such as smoking. In a cohort of outpatients with chronic cardiac diseases, including congestive heart failure (CHF) and chronic coronary syndromes (CCS), we aimed to evaluate the impact of Covid-19 outbreak on tobacco consumption.

Patients and methods   During the 6th week of lockdown (which had started on March, 17th), 150 randomly selected CHF patients (from the Dijon HF-Clinic) and 250 CCS patients from the RICO survey were invited to answer an anonymous questionnaire. The 20-min lasting phone interview was conducted by 8 trained research assistants. The questionnaire, which was validated through internal and external control procedures, addressed medical, lifestyle topics and psychological distress through Kessler 6 score (K6) $\geq$ 5.

Table 1   Characteristics (Mean $\pm$ SD, or n(%)).

Variables	Total	Male	Female
Current smokers (CCS + CHF)	43/325 (13.2)	33/219 (15.1)	10/106 (9.4)
CCS	35/201 (17.4))	26/144 (18.1)	9/57 (15.8)
CHF	8/124 (6.5)	7/75 (9.3)	1/49 (2.0)
	n = 43	n = 33	n = 10
Age, y	56.3 $\pm$ 12.2	56.1 $\pm$ 11.9	58.7 $\pm$ 13.6
Psychological distress (K6 $\geq$ 5)	12 (27.9)	10 (30.3)	2 (20.0)
Smoking increase (% among smokers)	13 (30.2)	10 (30.3)	3 (30.0)
Alcohol consumption increase	4 (9.3)	4 (12.1)	0 (0)
Physical activity decrease	20 (46.5)	15 (45.5)	5 (50.0)
Screen time increase	16 (37.2)	13 (39.4)	3 (30.0)
Weight increase > 2 kg	11 (25.6)	10 (30.3)	1 (10)
CCS = chronic coronary syndrome; CHF = congestive heart failure			

CCS: chronic coronary syndrome; CHF: congestive heart failure.

Results   Among the 400 patients, 325 were responders (81.2%), including 201 CCS and 124 CHF. Among the current smokers (n = 43), 13 (30.3%) declared increased tobacco consumption, including one woman who started smoking during the lockdown and one man who relapsed after quitting. The main reported explanations for increased smoking was stress (7) and inactivity (5); none declared the influence of media messages on a potential protective effect of nicotine as a cause of increase. Main results are summarized in Table 1.

Conclusion   During COVID-19 lockdown, a significant rate of cardiac patients has increased their tobacco consumption, which is often associated with psychological distress and other deleterious lifestyle behaviours, in particular in men. These alarming findings may have major implications for disease destabilization and event recurrence in such high-risk patients at both short and long term. This may help to define preventive strategies to target after lockdown relief in chronic cardiac populations.

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

415
Evaluation of the impact of educational interview for patients who have received a cardiac valvular replacement

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Introduction   Valvular replacement (VR) is commonly performed for severe valvular disease. Thrombosis and endocarditis represent the two main complications after VR. Patient education is essential to prevent these risks.

Purpose   To assess the impact of an educational interview (EI) on the knowledge of patients who have benefited from VR.

Methods/Population/study design   Adult patients with a prosthetic valve (PV), were enrolled in a prospective, controlled, monocentric study.

Intervention   EI carried out by a pharmacist considering specific risks related to the PV and safety skills. A booklet containing essential information was given to the patient.

Intervention allocation   The EI was conducted at baseline in the intervention group. A follow up was carried out two months after VR (M2) to assess the patients' knowledge. The control group only benefited from follow-up at M2 without baseline EI.

Outcome measures   The assessment of the patients' knowledge score using a weighted survey (/100) and the patients' satisfaction regarding the EI.

Statistics   A T-Student test was used to compare the knowledge score between the two groups.

Results   82 patients were included (41 per group) from June to September 2019 with a mean age of 75 $\pm$ 12 years (57% man). Baseline characteristics were comparable between the 2 groups. At M2, the knowledge score was significantly higher in the intervention group (58 $\pm$ 25 versus 22 $\pm$ 19; P < 0.001). A significant better awareness was observed for the need of long-term medical follow-up and for prevention infective endocarditis (dentist visits, antibiotic