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IMPACT OF CARDIOVASCULAR RISK FACTOR CONTROL AND HEALTH CARE RESOURCE UTILIZATION DURING THE COVID-19 PANDEMIC

Poster Contributions

For exact presentation time, refer to the online ACC.22 Program Planner at <https://www.abstractsonline.com/pp8/#!/10461>

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Background: We explored experiences of cardiology patients during the Coronavirus-19 (COVID-19) pandemic, focusing on the utilization of health care resources and control of modifiable cardiovascular risk factors.

Methods: During the 2020 and 2021 lockdowns, two hospitals in Sydney, Australia participated in the study; T1=February 2020-July 2021 and T0 = February 2018-July 2019. Patients were individually interviewed with a paper-based questionnaire, and admission data was analyzed, using the Australian Refined Diagnosis Related Groups (AR-DRG) classification system.

Results: Overall, 295 interviews were conducted. Participants included inpatients (n=136), outpatients (n=38) and discharged patients (n=121), were predominantly male (66.1%) with a median age of 65 years [IQR 58-72]. 34% of patients reported English as their second language with patients representing 40 different countries of birth.

During the COVID-19 lockdowns, 20.3% of patients reported decreases in their physical exercise without significant changes in smoking behavior, control of diabetes, hypertension, nor dyslipidemia.

Interestingly, 26% patients reported delaying hospital presentation due to COVID-19 fears, 26% reported decreased frequency of general practitioner (GP) appointments and 19% found increased difficulty accessing medical care. Admissions data revealed a reduction in cardiology admissions of 11.3% during the time period (T1 =4390 vs T0=4951) with an increase in the complexity of admissions (T1=20.3% vs. T0=18.7%) and a 7.9% increase in in-hospital mortality (T1=123 vs T0=114).

Conclusion: In our study population, the pandemic affected health care at multiple levels with reductions to hospital admissions, delays in hospital presentations with subsequent increases in hospital admission complexity and in-hospital mortality. In the community, general practitioner visits were reduced and patients reported difficulty accessing medical care.