



ABC Cardiol
Arquivos Brasileiros de Cardiologia

Abstracts

| Volume | Number | Supplement |
|---------------------|--------|------------|
| 119 | 4 | 1 |
| October 2022 | | |

Sociedade Brasileira de Cardiologia
ISSN-0066-782X

ABSTRACTS PRESENTED AT



**77° CONGRESSO BRASILEIRO
DE CARDIOLOGIA**

together with

WORLD CONGRESS OF CARDIOLOGY

Rio de Janeiro - Brazil

OCTOBER 13 TO 15, 2022

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MODALITY: E-POSTER YOUNG RESEARCHER - NON-CASE REPORT
CATEGORY: EPIDEMIOLOGY AND HEALTH POLICIES/ GLOBAL HEALTH

TITLE: THE PREVALENCE OF CARDIOMETABOLIC DISEASE MULTIMORBIDITY AND ITS ASSOCIATIONS WITH FUNCTIONAL DISABILITY IN CHINA: A NATIONALLY REPRESENTATIVE POPULATION-BASED COHORT STUDY

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Background: Cardiometabolic disease has been a clinical and major public health challenge worldwide. We aim to examine the epidemiology of cardiometabolic multimorbidity and the association of cardiometabolic multimorbidity with the onset of functional disability. **Methods:** This cohort study utilizes data from the China Health and Retirement Longitudinal Study between 2011 and 2018, which includes 9,016 adults aged 45 years and older. Poisson-distributed Generalized Linear Models were conducted to determine the association of cardiometabolic multimorbidity with the activities of daily living (ADL) limitation and the instrumental activities of daily living (IADL) limitation. **Results:** The prevalence of cardiometabolic multimorbidity was 31.9% among 9,016 Chinese adults, and increased with age. Compared with the group of none and single disease, cardiometabolic multimorbidity was associated with a higher risk of ADL limitation (Relative risk ratio [RR] = 1.297, 95% CI = 1.160, 1.450) and of IADL limitation (RR = 1.165, 95% CI = 1.054, 1.288), after adjusting socio-demographic and lifestyle behavioral covariates. Stratified analyses revealed stronger relationships between cardiometabolic multimorbidity and the onset of ADL limitation (RR = 1.309, 95% CI = 1.138, 1.505) among the females compared to the males. The association of cardiometabolic multimorbidity with IADL limitation was only statistically significant (RR = 1.473, 95% CI = 1.158, 1.676) in urban residents. **Conclusions:** Cardiometabolic multimorbidity is associated with the greater onset of functional impairment. The Health system needs to shift from single-disease models to new clinical and healthcare delivery models to effectively manage cardiometabolic multimorbidity.

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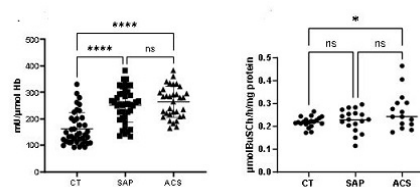
MODALITY: E-POSTER YOUNG RESEARCHER - NON-CASE REPORT
CATEGORY: CARDIOVASCULAR PHARMACOLOGY

TITLE: ASSESSMENT OF CHOLINERGIC ENZYME ACTIVITY AS A POSSIBLE THERAPY AGAINST DAMAGE FROM ISCHEMIC HEART DISEASE

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Heart failure (HF) injury is an important cause of myocardial infarction and heart failure after cardiovascular surgery. Among the therapeutic possibilities, the modulation of the cholinergic system has been highlighted as a prevention of cardiac dysfunction after a cardiac event. The central mechanism of the cholinergic system is related to the stimulation of inflammatory agents in the afferent branch of the vagus nerve. From this perspective, the literature suggests that the greater availability of ACh during and after ischemic deficiencies is associated with a preservation of cardiac function. Thus, the present study was designed to investigate the enzymatic activity of cholinesterases in patients with RHI, given the relationship between ACh and protection against heart problems. Seventy patients with IHD from the Hospital of the Federal University of Santa Maria were selected for the study. Ten milliliters of blood were obtained from each patient and used for biochemical determinations. The protocol was approved by the Human Ethics Committee of the Health Sciences Center of the Federal University of Santa Maria. Thus, the present study demonstrated that the enzymatic activity of AchE and BuChE is increased in patients with IHD, directly responsible for the reduction of ACh in the middle and triggering a worsening in the outcome of the disease.



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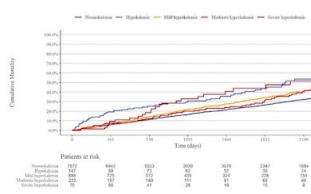
MODALITY: E-POSTER YOUNG RESEARCHER - NON-CASE REPORT
CATEGORY: HEART FAILURE/ CARDIOMYOPATHY/ TRANSPLANT

TITLE: ASSOCIATION OF POTASSIUM DISORDERS WITH THE MODE OF DEATH IN PATIENTS WITH CHRONIC HEART FAILURE

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Background: Previous observational trials suggested a U-shaped association between potassium disorders and clinical outcomes in HF. However, the mechanism and modes of death, as well as the factors influencing this association are not yet fully understood. **Aim:** Evaluate the association of potassium disorders with all-cause mortality, as well as to describe the association of potassium disorders with the mode of death in patients with coexisting HF. **Methods:** A retrospective cohort study conducted in a tertiary hospital from January 2013 to December 2020 including 10390 patients. In-hospital deaths were reported by cause and outside of the hospital deaths were considered sudden deaths. **Results:** Among the causes of in-hospital death HF was reported in 41.7%, cardiogenic shock in 31.2%, and other causes of death in 25.3%. Death outside of the hospital was reported in 12% of patients. The association between serum potassium disorders and mortality was stronger for severe hyperkalemia, adjusted HR (aHR) of 2.06 (1.36 - 3.12, p < 0.01), and hypokalemia, aHR of 1.93 (1.42 - 2.63, p < 0.01). Mortality outside of the hospital was more frequent in patients with hyperkalemia (8.7%) in comparison with hypokalemia (4%). **Conclusion:** Concurrent potassium disorders were associated with mortality in HF. The potassium disorders may have potential to be a new frontier in the management of HF. Out-of-hospital deaths, were more frequently reported in patients with hyperkalemia



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MODALITY: E-POSTER YOUNG RESEARCHER - NON-CASE REPORT
CATEGORY: NURSING

TITLE: MULTIPROFESSIONAL CARE PROTOCOL FOR PATIENTS WITH HEART FAILURE DURING THE COVID-19 PANDEMIC

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Introduction: During the SARS-CoV-2 pandemic, the population also suffers from the damage associated with the reduction in the number of outpatient visits and elective exams. In this sense, telemedicine was promoted and expanded, and it served as a strategy in the follow-up and control of patients with chronic diseases, such as heart failure (HF). **Objective:** To report the experience of a care protocol, including nursing teleconsultation, during the covid-19 pandemic in patients with heart failure. **Method:** Experience report of descriptive character constructed from the experience of teleconsultations with patients from a university hospital in southern Brazil during the Covid-19 pandemic. **Experience report:** In HF, multiprofessional programs focused on care transition, patient education, medication regimen simplification and outpatient follow-up are effective in reducing costs and readmissions. However, during the pandemic period, there was need to reduce outpatient care, which caused a greater team distancing of the patient to the care team which may have contributed to HF decompensation. Faced with this challenge, the nursing team implemented teleconsultation for patients with HF. The team composed of nurses and academic students, physiotherapists and dietitians was trained to use a telephone care protocol based on the application of the European scale, validated for use in Brazil, which evaluates self-care – European Heart Failure Self Care Behavior Scale – EHFS-CBS. The process begins during hospitalization for decompensated HF, where the patient is evaluated for his/her self-care, receives health education by a multidisciplinary cardiology team, establishes bonding, and has post-discharge follow-up by the team through teleconsultations. In the immediate post-discharge period (5th to 7th day) a telephone call is made with the same questions applied during the hospital evaluation and educational guidelines for self-care are resumed. For the patients who were not hospitalized during the pandemic, teleconsultations were also carried out. **Conclusions:** The team observed that teleconsultation proved to be efficient for the control of adherence to therapies and it also served as an instrument to reconnect the patient to the team. However, it is worth mentioning that the inability of some patients to use electronic devices, as well as the absence of physical examination during the consultation are some of the difficulties encountered in the use of such strategy.