Patients after an ACS have a higher risk of anxiodepressive symptoms compared with other. Association between the two diseases is complex, involving among other, pro-inflammatory markers, neuro-hormones and the sympathetic system. Patients with high HADS score more often have unhealthy lifestyle which predict worse outcome and complications. Anxiodepressive symptoms are common after an ACS, but often underdiagnosed. It is essential to train the cardiology team to early identify at risk patients, so to offer them appropriate care.

0201

Symptoms before sudden cardiac death (the northern Tunisian sudden cardiac-death registry)

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Purpose: Despite significant enhancements in resuscitation methodology, survival after sudden cardiac arrest remains low. Improved knowledge of warning signs and symptoms may help to detect victims for sudden death.

Aim: to study the warning symptoms prior to sudden cardiac death.

Methods: We prospectively collected epidemiological and autopsy data from victims of sudden cardiac death in northern Tunisia (3.6 million people) between October 2012 and September 2013. We included victims ≥ 20 years old requiring a forensic autopsy.

Data (risk factors, symptoms) were collected by assessment of the accounts of family members/relatives, witnesses, as well as medical records during this time period.

The heart was weighed and then investigated by macroscopic examination looking for scars of myocardial infarction. The three main coronary arteries were macroscopically examined by transverse slices at 2-3-mm intervals along their lengths.

Results: Of the 542 sudden deaths within the study period, 372 males and 91 females were medico-legally autopsied. Mean age of victims was 50.9±15 years. Physical inactivity and smoking were the most common risk factors, accounting for 74.7% and 61.5%, respectively. A family history of sudden death was identified in 10.8% of victims. Most deaths occurred in a public place (39.3%) or at home (36.9%).

Of the total deaths, 298 (64.4%) occurred while the individuals were relaxing, 52 (11.2%) while sleeping, 92 (19.9%) while dealing with an activity, and 21 (4.5%) under emotional stress.

Syncope was the most frequent symptom occurring in 36.1%, chest pain in 18.6%, dyspnea in 8.6% and 10.1% had dizziness or fainting.

The autopsic study showed that 231 deaths (49.9%) were due to coronary artery diseases. Eight percent of victims have consulted a doctor within the last 48 hours and 21% up to 1 month.

Conclusions: Warning symptoms prior to sudden cardiac death may occur longer before the death. Recognize these precocious signs could have implications for prevention of this public health problem.

0212

Consumers of fresh dairy products and consumers of cheese exhibit different dietary patterns

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Background: Recommendations for healthy food choice emphasize the consumption of 2 to 3 servings of dairy products per day. We aimed to describe dietary patterns and adherence to recommendations according to the consumption of different types of dairy products.

Methods: Data from the 2010 CCAF (Comportements et Consommations Alimentaires en France) cross-sectional survey with 7-day food record were analysed. Fresh Dairy Products (FDP) included all fresh dairy except dairy desserts and Greek yogurts. Cheese included all cheese except cottage cheese.

The PANdiet (Probability of Adequate Nutrient intake) score was used to assess adherence to dietary recommendations.

Methods: The sample comprised 348 French adults from the general population, 22% consumed no FDP and 30% were low FDP consumers (1 to 3 servings/week), 9% consumed no cheese and 37% were low cheese consumers (1 serving/day). Compared to low consumers, high FDP and cheese consumers were characterized by significantly (p<0.05) higher intakes of fruits and vegetables. High FDP consumers also exhibited significantly higher intakes of simple sugars (+25%) than low FDP consumers, and significantly lower intakes of pastas (~27%), ready-to-eat meals (~16%), and alcoholic beverages (~22%). No significant difference was observed for daily energy intake, total fat, saturated fat, or sodium. On the other hand, high cheese consumers exhibited significantly higher daily energy intake (+23%) and higher consumptions of alcohol (+96%), total fat (+31%), saturated fat (+41%) and sodium (+36%), compared to low consumers, with no difference for simple sugar intake. The PANdiet score was significantly better among high FDP consumers than among low, but significantly worse among high cheese consumers than among low.

Conclusion: Consumers of FDP and consumers of cheese adopt different dietary patterns with varying intakes of sugars, fats, and sodium. Adherence to dietary recommendations is better among high FDP consumers.

0396

Impact of low sodium diet on health-related quality of life in heart failure patients: development and first validation results of a new burden scale

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Background: Quality of life (QoL) and burden scales have proved to be useful in estimating the impact of diseases and treatments from the patient’s perspective. Yet, no data nor scales are currently available with respect to the burden associated with the low sodium diet usually prescribed in heart failure (HF) patients, despite the lack of evidence of its efficacy and the previously reported evidence for negative effects in restricted diets (e.g. gluten-free).

Objectives: To develop and validate a low sodium diet burden scale in HF patients.

Methods: After a literature review and interviews with patients, 14 items were selected (coded 0–4, global score/70, higher scores reflecting higher burden) for the following domains relating to dietary habits: organization, pleasure, leisure, social life, vitality and self-rated health. The validation study was conducted in HF patients (NYHA I–IV) prospectively enrolled between 09/2012–09/2013 (H.Mondor Hospital, Cardiology Dpt, Creteil).

Results: Patients could complete the burden scale (men 64%; mean age 63.2 [±13.3]), of whom 14% had a highly restricted low sodium diet (<3 g/d), 37% moderately restricted (3–6 g) and 49% mildly restricted. Median burden score was 9 (IQR 3–17; min 0–max 40); results showed an excellent acceptability of the scale (non response rates/item: 2% to 12%), excellent internal consistency (Cronbach α=0.90; Spearman correlation coefficients between items and global score: r: from 0.47 [appetite] to 0.81 [mental burden]; p=0.001), good convergent validity (positive correlation between the global burden score and dimensions scores from the QoL Minnesota scale: r:0.49 [physical dimension], 0.57 [mental], 0.52 [global]; p=0.001) and good discriminative capacity of the patients with a highly restricted diet (p=0.01; Figure next page).

Conclusion: These first findings demonstrate the good psychometric properties of a new burden scale and show that highly restricted salt diet is associated with high burden in HF patients.
Predictive factors for obtaining a correct therapeutic range using antivitamins K: a tertiary center experience

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Background: Patient adherence is an essential factor in obtaining an efficient oral anticoagulation using antivitamin K drugs (AVK), a situation with a narrow therapeutic window. Therefore patient education and awareness are crucial for a good management and should be based on a correct estimation of the current situation.

Material and methods: This study included 67 hospitalized chronically anticoagulated patients (pts) (mean age: 62.6±13.1 years; men 45.6%) who responded to a 25-items questionnaire to assess their knowledge on AVK therapy management. Laboratory and clinical data were used to determine INR value at admission, as well as to calculate CHADS2-VASC and HAS-BLED scores for patients with atrial fibrillation (AF).

Results: The majority of pts (61.8%) were receiving AVK for AF, the others having a mechanical prosthesis and previous thromboembolic disease or stroke. In the AF group, mean CHADS2-VASC score was 3.1±1.5, while average HAS-BLED score was 1.8±1.2. More than half of all pts (52.9%) had at admission an INR outside of the therapeutic range, with the majority (42.1%) having a low INR. A correct INR value was predicted by the education level (higher education), the diagnostic indication (pts with mechanical prosthesis being best managed), and the concomitant use of other antithrombotic therapies. Pts presenting with a therapeutic INR had a trend towards longer treatment duration than those outside the therapeutic range (62±72 vs 36±35 months, p=0.06). There was no correlation between admission INR and pts living conditions, INR monitoring frequency, bleeding history.

Conclusions: In a tertiary cardiology center, more than half pts receiving AVK are admitted with an INR outside the therapeutic range. Pts with mechanic prosthesis and complex antithrombotic regimens appear as most careful with INR monitoring. Identifying pts groups with lowest therapeutic range rate could help attending physicians educate pts focusing on specific awareness issues.

CHA2DS2-VASc score is a predictor of stroke and death in patients with atrial flutter

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Purpose: The CHA2DS2-VASc score has been validated to stratify the risk of thromboembolism and accurately predicts the risk of stroke in patient with non-valvular atrial fibrillation. We sought to investigate how accurately this score predicts the risk of stroke and death in patients with atrial flutter.

Methods: Between July 1998 and December 2011, 197 consecutive patients, hospitalised for atrial flutter, were enrolled in the cohort. All patients were followed-up at least 6 months and cardiovascular events recorded. The endpoint was defined as the first occurrence of stroke or death. The Cox analysis was adjusted on warfarin, antiplatelet and antiarrhythmic treatments at discharge.

Results: Mean age was 67±13 years and 152 (77%) were men. At baseline, 92 patients (47%) had hypertension, 33 (17%) diabetes, and 10 (5%) had a history of stroke or thromboembolism. CHA2DS2-VASc score was = 0 in 26 (13%), = 1 in 36 (18%), and ≥2 in 135 (69%) patients. Seventy-seven events occurred during a mean follow-up of 4.7±3.7 years. As shown in the Kaplan Meier curves (figure) patients with a CHA2DS2-VASc score ≥2 were at higher risk of stroke or death.

The adjusted Cox model showed that a CHA2DS2-VASc score ≥2 was a predictor of risk of stroke or death with a hazard ratio of 2.17 (95%CI 1.21-3.90, p=0.009).

Conclusion: These results suggest that a CHA2DS2-VASc score ≥2 is associated with a higher risk of stroke and deaths, at mid-term follow-up, in patients with atrial flutter.