

arily used, TS offers better mitral perspective. Although, TS has been associated with more heart block and rhythm disturbances, strong data are not supporting.

Methods: This retrospective study considered of 1441 patients who underwent mitral valve procedure exclusively or concomitant with other valve surgery or Coronary Artery Bypass Grafting (CABG) through a median sternotomy at Tehran Heart Center from March 2002 to March 2009. Of these, 1167 were performed through the standard LA approach and 274 by a minitransseptal approach comprise of right atriotomy with a 4–5-cm vertical incision through fossa ovalis.

Results: Ninety three percent had mitral valve replacement, 6.5% had mitral valve repair, and 48.1% had concomitant valve procedures, Coronary Artery Bypass Grafting (CABG) simultaneously performed in 24.4% of patients. There were no significant differences between two groups in post-operative complications and 30-days mortality. The maintenance of sinus rhythm at discharge time and the incidences of post-operative atrial fibrillation (36.9% versus 33.6%, $p = 0.304$), newly developed atrioventricular block (3.6% versus 2.1%, $p = 0.145$) and need to permanent pacemaker (4.3% versus 3.8%, $p = 0.105$) were not significantly different between the two groups.

Conclusion: The minitransseptal approach can provide excellent mitral valve exposure without any significant increase in atrial fibrillation, atrioventricular block or new pacemaker requirements.

Tracks: Cardiovascular Surgery.

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SHA 42. Centralized pan-Middle East survey on the undertreatment of hypercholesterolemia (CEPHEUS)

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Objectives: Evaluate current use and efficacy of lipid lowering drugs (LLD) and identify possible patient/physician characteristics associated with failure to reach treatment goals.

Methods: Cepheus Middle East is part of a multi-regional, multi-centre survey in six Middle East countries (KSA, UAE, Kuwait, Qatar, Bahrain, and Oman), including 5000 patients on LLD for > 3 months (stable dose > 6 weeks). One visit is for data collection: fasting lipids, glucose and HbA1c, investigator/patient questionnaires. Blood and data are analysed centrally. Individual LDL-C target setting follows NCEP guidelines. Investigators receive lab results and guidelines to determine patient's risk profile for taking appropriate measures.

Results: Primary: proportion of patients on LLD reaching NCEP goals, overall and by country. Secondary: (a) primary objective in subpopulations (primary or secondary prevention, metabolic syndrome), (b) primary objective according to Third Joint European Task Force guidelines in the same subgroups, (c) number of patients reaching NCEP non HDL-C goals (200 mg/dL). (d) determinants for under-treatment, and (e) investigator characteristics associated with treatment allocation.

Conclusion: This survey aims to provide Middle East data for updating the current treatment of hypercholesterolemia and investigating possible associations between patient and physician characteristics, as well as attitudes towards hypercholesterolemia and under-treatment.

Tracks: Adult Cardiology.

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SHA 43. The effect of cardiac rehabilitation on diastolic function in patients underwent CABG in Tehran Heart Center

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Objectives: Cardiac rehabilitation aims to reverse limitations experienced by patients who have suffered the adverse consequences of cardiac events. The problem is even more problematic in our country because age of the disease onset is lower.

Methods: The study was conducted from data relating to the consecutive post CABG patients who referred to cardiac rehab department from 2007 till 2009 in Tehran Heart Center. The inclusion criteria were: performing CABG during the last 3 weeks, and performing at least 8 of 24 sessions of rehab programs. We excluded the patients with AF rhythm. All the patients underwent Doppler echocardiography before and after the course. We evaluated deceleration time and E/A (E represents myocardial distension during early diastole and A represents the passive myocardial distension).

Results: In this study, we had 93 patients (mean age: 58.01 ± 8.808 years; the youngest patient was 39-year old and the oldest; 75-year; 78.5% males). Only one third of them completed the 24 sessions of rehab course. Deceleration time before and after rehabilitation were not significantly different (222.86 ± 40.05 vs. 209.44 ± 44.77 , respectively; $P = 0.111$) and E/A as well (0.78 ± 0.18 vs. 0.80 ± 0.30 , respectively; $P = 0.56$).

Conclusion: We found no association between doing mean 18 sessions rehab programs and any significant changes in diastolic function in post-CABG patients. Then we could say that the rehab programs may not be sufficient and it may necessitate increasing the numbers of rehab sessions. It can be concluded that rehab programs are needed to be continued either in other centers or by the patients at homes.

Tracks: Adult Cardiology.

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SHA 44. Women and heart attack: A call for action

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Objectives: The purpose of this study was to examine women's knowledge of heart attack risk factors and symptoms, identify women's treatment-seeking behavior for AMI, and to explore which independent variable predicts psychological distress in women with first time heart attack.

Methods: Based on Leventhal's Self-Regulation Theory, a correlational cross-sectional design with path analysis was used. A convenience sample of 53 women (mean age 60.3 years, SD 13.7) with first time AMIs participated in face-to-face interviews after they were physiologically stable.

Results: Results showed that median delay time-to-treatment was 3 h. One third of the participants perceived their symptoms as serious and one third perceived their symptoms as not at all serious. In addition, 67% of the participants used self-medication strategies to cope with their symptoms. The majority of women had high knowledge regarding typical risk factors and symptoms associated with AMI, and reported low knowledge regarding gender-specific risk factors and atypical symptoms. Regression analysis revealed that knowledge of AMI symptoms mostly predicted perception of symptoms seriousness. Controlling for education,