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## ABSTRACTS PRESENTED AT



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## 110129

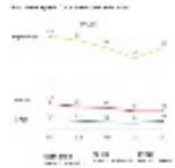
**MODALITY: E-POSTER YOUNG RESEARCHER - NON-CASE REPORT**  
**CATEGORY: CARDIOVASCULAR INTENSIVE CARE/ CARDIOVASCULAR EMERGENCIES**

**TITLE: ECG PROTOCOL: EVOLUTION OF CARE TIMES FOR PATIENTS WITH HIGH RISK ACUTE CORONARY SYNDROME IN EMERGENCY ROOMS IN SALVADOR-BA**

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The electrocardiogram (ECG) is essential for the stratification of Acute Coronary Syndromes (ACS), in which the finding of ST-segment elevation reflects coronary occlusion and indicates the need for reperfusion therapies. In order to optimize the door-to-ECG time, the team responsible for the evaluation of cases with high risk ACS in the city of Salvador-BA, entitled "Protocol-IAM" (P-IAM), developed the "ECG Protocol", easy to apply in the risk classification - implemented in the Pre-hospital Emergency Care Units (UPA) of the municipality since July/2020. The time elapsed between the ECG and the P-IAM trigger (ECG-trigger) is also relevant as it starts P-IAM attending. **OBJECTIVE:** To compare the door-to-ECG and ECG-trigger with high-risk ACS in patients at the UPA in the city of Salvador-Ba before and after promoting ECG Protocol in the city. **METHOD:** This is a cross-sectional and descriptive study; The P-IAM database was used, referring to users diagnosed with high-risk ACS treated at the UPA in Salvador, between 03/04/2017 to 12/31/2021. The analyzed data were the mean and median (minutes) of the Symptom-Admission, and ECG-Trigger times; total number of patients on reperfusion therapy. **RESULTS:** A total of 1,679 patients were attended by the P-IAM accessing the public health system through the UPA during this period. Of these, 1,416 (84%) were diagnosed with ST-segment Elevation Myocardial Infarction (STEMI), with an increase of 58% comparing 2017 to 2021, followed by reperfusion therapies (171 in 2017 to 310 in 2021). Median times are seen in figure 1. **CONCLUSION:** After the disclosure of the ECG Protocol, there was an increase of P-IAM team activations; greater sensitivity of the emergency network in identifying patients with STEMI, as beneficiaries of the program.



## 110139

**MODALITY: E-POSTER YOUNG RESEARCHER - NON-CASE REPORT**  
**CATEGORY: ANTICOAGULATION**

**TITLE: THE USE OF ORAL ANTICOAGULANTS AND STRATEGIES TO IMPROVE ITS ADHERENCE AMONG OUTPATIENTS WITH HEART DISEASE**

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**INTRODUCTION:** Among the drugs that make up the treatment of cardiovascular diseases, the class of oral anticoagulants (OAC) stands out. In Brazil, the main representative of the class is sodium warfarin, due to its low cost and distribution by the Brazilian Unified Health System. The treatment with OAC is complex and requires specific care related to prescription, guidelines for use, taking the drug, and monitoring of efficacy. Thus, adherence to treatment is necessary to ensure its full effectiveness and achieve positive prognosis. **OBJECTIVES:** To identify OAC adherence among outpatients with heart disease and to recognize strategies for increasing adherence among non-adherents. **METHODS:** Cross-sectional quantitative study, conducted in the Anticoagulation Outpatient Clinic of a large Cardiology Federal Hospital, located in Rio de Janeiro, Brazil. Data collection occurred from March to July 2021. We included 76 patients in outpatient follow-up, older than 18 years of age, using OAC. Adherence to OAC was measured through the Instrument for Global Assessment of Medication Adherence (IAGAM), already validated for Brazilian culture and for the assessment of adherence among patients using OAC. Data was analyzed through RStudio Software. The research was approved by the local ethics committee under evaluation number 4.531.072 of 09/02/2021. **RESULTS:** Considering only medication adherence rate, the participants had averages above 99% when asked about taking the medication on the day, week, and month prior to data collection. However, when associating the number of pills taken with the care required, only 86.84% implement adequate care. These numbers represent the overall adherence measured by IAGAM. Strategies reported by participants to increase adherence were use of an alarm clock; placing the prescription in a visible place, such as the refrigerator and bedside table; keeping the medicine box next to bed, with the schedule written on it; taking the medication associated with routine activities, such as before going to work; family members being responsible for administering the medication, thus remembering the schedule and the correct dose. **CONCLUSIONS:** The assessment of adherence to OAC should consider, in addition to taking the pills, the care needed to improve the drug efficacy. Strategies to enhance OAC adherence might target the underlying care.

## 110182

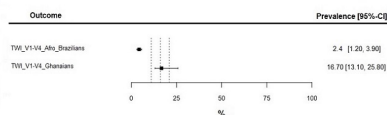
**MODALITY: E-POSTER YOUNG RESEARCHER - NON-CASE REPORT**  
**CATEGORY: CARDIOLOGY OF SPORTS, EXERCISE, ERGOMETRY AND CARDIOVASCULAR REHABILITATION**

**TITLE: ST-SEGMENT ELEVATION AND T-WAVE INVERSION CONFINED TO V1-V4 IN YOUNG SOCCER PLAYERS: PREVALENCE AND DIFFERENCES FROM AFRO-BRAZILIANS TO GHANAIS**

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**Introduction:** Afro-Caribbean athletes may present some peculiarities in resting 12-lead electrocardiogram, such as T-wave inversion (TWI) confined to V1-V4 preceded by ST-segment and J-point elevation. However, the prevalence of this finding in young Afro-Brazilian football players (YABFP) is unknown. **Purpose:** To compare the prevalence of 'domed' ST-elevation and TWI in V1-V4 among YABFP with young Ghanaian black football players (YGBFP). **Methods:** A visual analysis was performed, as the data from the YABFP were raw data and those from Ghana were aggregated data. A forest plot was constructed with the point estimate and 95% confidence intervals. **Results:** 668 YABFP (mean age: 21 years) and 159 YGBFP (mean age: 19 years) were evaluated and compared. The average height and weight were similar (178 cm and 73 kg for YABFP, and 175 cm and 68 kg for Ghanaian players). Ghanaians had a significantly higher prevalence of 'domed' ST-elevation and TWI in V1-V4 than YABFP (16.7% versus 2.4%, respectively). **Conclusion:** YABFP presents a low prevalence of 'domed' ST-elevation combined with TWI in V1-V4, and African players had an almost 8-fold prevalence of this finding compared to Afro-Brazilian players.



## 110181

**MODALITY: E-POSTER YOUNG RESEARCHER - NON-CASE REPORT**  
**CATEGORY: CARDIOLOGY OF SPORTS, EXERCISE, ERGOMETRY AND CARDIOVASCULAR REHABILITATION**

**TITLE: PREVALENCE OF ABNORMAL ELECTROCARDIOGRAPHIC FINDINGS IN A BRAZILIAN COHORT OF YOUNG FOOTBALL PLAYERS: B-PRO FOOT ECG PILOT STUDY**

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**Introduction:** A 12-lead resting electrocardiogram is a useful tool for diagnosing pathological conditions in athletes. The prevalence of electrocardiographic abnormalities in young Brazilian football players (YBFP) is unknown. **Purpose:** To describe the prevalence of abnormal electrocardiographic findings in YBFP based on the "2017 International Criteria for Electrocardiographic Interpretation in Athletes". **Methods:** Cross-sectional/descriptive study. Intra-group differences were estimated by linear models or binomial and multinomial logistic regressions. **Results:** 3,490 athletes from 41 Brazilian clubs, aged 15-35 years (median: 19 years) were evaluated. 1,668 were Caucasians, 1,154 were Mixed-race (MR), and 668 Afro-Brazilians (AB). T-wave inversion in the inferior leads (4%), high lateral leads (0.5%), V5 (2.4%), V6 (2%), and V5-V6 (2%) were identified. Prolonged corrected QT interval (0.1%), QRS ≥140 ms (0.1%), premature ventricular contractions (0.2%), PR interval ≥400 ms (0.03%), Wolff-Parkinson-White pattern (0.06%), and a suggestive case of a type 2 Brugada pattern were also observed. Other abnormalities were not observed. Overall, 216/3,490 (6%) YBFP had electrocardiographic changes considered to be abnormal. **Conclusion:** This is the first large electrocardiographic cohort of YBFP described. In it, a prevalence of approximately 6% of abnormal findings was identified. Further evaluation in all these cases is indicated.

Abnormality	Prevalence (%)	95% CI	n	95% CI
TWV inferior leads (%)	4.0	3.5 - 4.5	139	131 - 147
TWV high lateral leads (%)	0.5	0.3 - 0.7	17	12 - 22
TWV V5 (%)	2.4	1.9 - 2.9	83	75 - 91
TWV V6 (%)	1.7	1.3 - 2.1	59	51 - 67
TWV V5-V6 (%)	1.7	1.3 - 2.1	59	51 - 67
QTc interval ≥140 ms (%)	0.1	0.0 - 0.2	6	3 - 9
PR interval ≥400 ms (%)	0.03	0.0 - 0.06	11	6 - 16
Premature ventricular contractions (%)	0.2	0.1 - 0.3	63	55 - 71
Wolff-Parkinson-White pattern (%)	0.06	0.0 - 0.1	2	0 - 4
Type 2 Brugada pattern (%)	0.06	0.0 - 0.1	2	0 - 4
Total Abnormalities (%)	6.0	5.5 - 6.5	216	208 - 224

Note: TWI = T-wave inversion; CI = corrected QT interval; n = number analyzed; 95% CI = 95% confidence interval; TWV = T-wave inversion; V5, V6 = leads V5 and V6; PR = PR interval; P-VC = premature ventricular contraction; WPW = Wolff-Parkinson-White; B-BrS = Brugada type 2; MR = Mixed-race; AB = Afro-Brazilian; n = number analyzed; 95% CI = 95% confidence interval; TWI = T-wave inversion; TWV = T-wave inversion; V5, V6 = leads V5 and V6; PR = PR interval; P-VC = premature ventricular contraction; WPW = Wolff-Parkinson-White; B-BrS = Brugada type 2; MR = Mixed-race; AB = Afro-Brazilian; n = number analyzed; 95% CI = 95% confidence interval.