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## ABSTRACTS PRESENTED AT



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## 111695

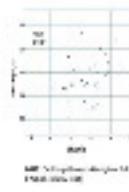
**MODALITY: E-POSTER YOUNG RESEARCHER - NON-CASE REPORT**  
**CATEGORY: ATHEROSCLEROSIS/ CARDIOVASCULAR RISK FACTORS/**  
**CARDIOVASCULAR PREVENTION**

**TITLE: RELATIONSHIP BETWEEN NECK CIRCUMFERENCE, NECK-TO-HEIGHT RATIO AND**  
**ARTERIAL STIFFNESS IN HYPERLIPIDEMIC PATIENTS**

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Background Hyperlipidemia is an important cardiovascular risk factor. Pulse wave velocity (PWV), the gold standard to assess arterial stiffness (AS), can detect subclinical atherosclerosis with accuracy, however, it's a high-cost tool. Neck circumference (NC) and neck-to-height ratio (NHR), inexpensive and easily obtainable anthropometric measurements, may be associated with AS. Aims To evaluate the relationship between NC, NHR, and AS assessed by PWV in treated hyperlipidemic patients. Methods We performed a cross-sectional study with 47 hyperlipidemic patients, over 18 years. Excluded those with cervical anatomical abnormalities. Brachial PWV (bPWV) was obtained by a non-invasive oscillometric method. NC and NHR were assessed. Data were present as frequency (%) or means±S.D., used Pearson correlation for analyses, P-value:5%. Results • Sample: 53,2% woman, mean age of 63.6±13,2 years, 63,8% Fredrickson's phenotype IIa, 63,8% used high-potency statin, 87,2% hypertensives, 14,9% current smokers. On average, patients were overweight (BMI 28±3,5). Mean NHR of 23.5±1,8cm/m, NC of 37,6±3,8cm, bPWV of 9,3±2,2m/s; • bPWV was positively associated with NHR (figure 1), but not with NC (r=0.083; p=0.580); • Age (years), a well-established risk factor for increased AS, was strongly correlated with PWV (r=0.962, p=0.000) and was also associated with NHR (r=0.386, p=0.007). Conclusion Our findings suggest that NHR, but not NC, was positively associated with bPWV in hyperlipidemic patients and might be an inexpensive potential predictor of arterial stiffness, contributing to the clinical follow-up, and preventing cardiovascular events in this population.



## 111700

**MODALITY: E-POSTER YOUNG RESEARCHER - NON-CASE REPORT**  
**CATEGORY: ACUTE AND CHRONIC CORONARY DISEASE/ THROMBOLYSIS**

**TITLE: OUTCOMES IN THE CARE OF PATIENTS WITH ACUTE ST-ELEVATION**  
**MYOCARDIAL INFARCTION IN THE PUBLIC HEALTH SYSTEM**

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Introduction: Although we have records that observe patients with Acute Coronary Syndrome (ACS), there is still a lack of studies that show the differences between the public and private service in the care of patients with ACS, in particular the presentation of STEMI (ST-Elevation Myocardial Infarction). The present study aimed to investigate the differences in acute treatment and the presence of outcomes after 12 months of patients affected by STEMI, who participated in the ACCEPT Registry, comparing them with regard to access: Public versus Private Network. Method: The ACCEPT Registry is a prospective observational study that included inpatients diagnosed with ACS in 47 Brazilian hospitals. Patients were observed from admission to discharge and then followed up for 12 months. Clinical data, previous history and index event, such as medical prescription and occurrence of major cardiovascular events (cardiovascular mortality, reinfarction and stroke) were collected. The current study compared the results obtained by the public system user population and the private network user population, specifically affected by the STEMI. Values of p<0.05 were considered statistically significant. The ACCEPT Registry included a total of 5,047 patients from August 2010 to April 2014, making it the largest prospective registry ever published with ACS in Brazil. For the present article, only patients with STEMI were considered (n=1550), which corresponds to the most common diagnosis of ACS (35.8%). This study was approved by the Research Ethics Committee of the Federal University of Sergipe, under registration number 302.544. Results: Patients treated in the public health service spent more days hospitalized (after 7 days, 40.7% were still hospitalized) and the death rate in this group was 12.3% in 1 year. Age and diabetes were independently associated with the occurrence of major cardiovascular events. Patients with STEMI who need to use the Public hospitals are more likely to spend more time in hospital and have worse outcomes 12 months after the event. Conclusion: The need to be transferred to a better equipped service seems to contribute to this difference. Thus, there is a need to understand in a better way these variables that impact the dichotomy between services, as well as the implementation of strategies that ensure adequate patient management.

## 111702

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

**TITLE: INDEPENDENT ASSESSMENT OF THE ATRIAL FIBRILLATION - HYPERTROPHIC**  
**CARDIOMYOPATHY SCORE IN A BRAZILIAN COHORT**

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Background: Atrial fibrillation (AF) is a common arrhythmia in hypertrophic cardiomyopathy (HCM), frequently related to adverse outcomes. The AF-HCM point-score is a recently validated predictive model for the assessment of AF risk. Objectives: We sought to independently evaluate the novel AF-HCM score in a tertiary HCM center cohort in Brazil. Methods: A longitudinal HCM cohort followed between 2007-2022 was retrospectively stratified for new onset AF, according to the presence of left atrial dimension (+2 points per 6mm increase), age at clinical evaluation (+3 points per 10-year increase), age at HCM diagnosis (-2 points per 10-year increase) and heart failure symptoms (+3 points if symptomatic). The AF-HCM score was classified as low (<1,0%/year, score ≤17), intermediate (1,0-2,0%/year, score 18 to 21), and high risk (>2,0%/year, score ≥22) for AF development. Cox regression model and Kaplan-Meier survival free from AF were analyzed, P<0.05. Results: A total of 116 patients, aged 56±13 years, 64 (55%) females, were followed for 7.0±5.5 years. The left ventricular maximal wall thickness was 18±3mm, the left atrial diameter 46±6mm, 46 (40%) subjects were in NYHA class I, 49 (42%) in class II and 21 (18%) in class III. The AF-HCM score stratified risk as low in 13 (11%) individuals, as intermediate in 49 (42%) and as high in 60 (52%). Over the follow-up, 37 (32%) were diagnosed with AF. Among those with newly diagnosed AF, none was classified as low risk, 14 (38%) as intermediate and 23 (62%) as high, P=0.027. The area under the ROC curve to detect AF was 0.671 (95% CI 0.565-0.777, P=0.003). The Kaplan-Meier curve showed that patients in intermediate and high-risk were more likely to develop AF [P (Log-Rank) < 0.001]. The intermediate and high-risk groups were associated with developing arrhythmia with a hazard ratio of 56.8 (95% CI 3.4-944.6), P=0.005. The specificity and the negative predictive value were 100%. On the contrary of the previous North-America study population, most patients of the Brazilian cohort were in the high-risk category (37% vs. 52%). Conclusion: The AF-HCM score is a reasonable tool for recognizing patients not prone to develop AF among those stratified as low risk in a Brazilian cohort. However, the model was limited to identify intermediate and high risk individuals in contrast to the previously stratified North-American population.

## 111708

**MODALITY: E-POSTER YOUNG RESEARCHER - NON-CASE REPORT**  
**CATEGORY: ATHEROSCLEROSIS/ CARDIOVASCULAR RISK FACTORS/**  
**CARDIOVASCULAR PREVENTION**

**TITLE: RISK FACTORS RELATED TO THE DEVELOPMENT OF PREECLAMPSIA AND THE**  
**IMPORTANCE OF EARLY IDENTIFICATION IN PRENATAL CARE**

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Introduction: Hypertensive disorders occupy the first place in the ranking of causes of maternal deaths in developing countries, as well as being responsible for about 14.0% of all maternal deaths in the world, especially preeclampsia (PE). Despite the lack of knowledge about the etiology of PE and the complexity of its pathophysiology, some factors are related to the development of the disease. Therefore, the early identification of risk factors and the correct management of pregnant women at risk of preeclampsia is a decisive factor in the maternal-fetal clinical outcome. Objective: To investigate the risk factors and maternal characteristics for the development of preeclampsia in pregnant women. Method: Prospective cohort study carried out in 18 Primary Health Care Units in the city of Fortaleza, Ceará, Brazil between March 2018 and February 2020. The study population consisted of pregnant women captured in the 1st gestational trimester, being followed up until postpartum. Sociodemographic, clinical and obstetric data were collected using a form and processed using the Statistical Package for Social Sciences (SPSS) version 24.0 and R software version 3.5.5. Study approved by the Research Ethics Committee of the Federal University of Ceará, according to opinion number 2.448.308. Results: Results: Final sample consisted of 146 patients, of which 39 developed preeclampsia (26.71%). No sociodemographic and clinical aspects were associated with preeclampsia. However, obstetric data such as previous hypertensive disorder (p=0.03), family history of preeclampsia (p=0.007) and body mass index (p=0.01), with a mean of 28.52 (SD± 7,32) had a strong relation with preeclampsia. Conclusion: In prenatal care, the identification of risk factors related to the development of PE is essential, in order to early identify pregnant women at greater risk for the disease and offer them specialized follow-up, with actions aimed at reducing maternal and perinatal morbidity and mortality.