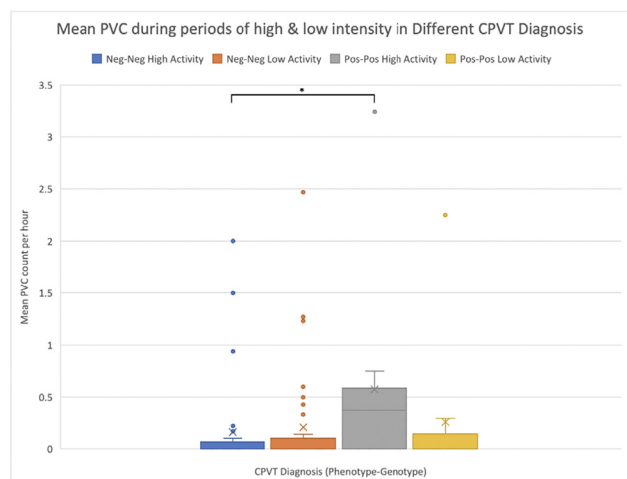


Parameter	Patient Cohort	
	CPVT-Affected	Healthy Controls
Median Age	45	44
Male-Female Ratio	0.48	0.61
Major ETT Arrhythmia	Mono/poly PVC	None (No Ventricular Ectopy)
Average Itoher Reported max IIR	151.7 ± 45.4	144.1 ± 17.27
Mean Holter PVC Burden	1.4 ± 2.6 %	0.05 ± 0.22 %
Major PVC Morphology	Polymorphic	Monomorphic
Referral Reason	% Symptomatic	3.5
	% Asymptomatic	96.5
IQR for PVC during Adrenergic Stress (Above 0.76 max HR)	Min	0.00
	1 st Quartile	0.00
	Median	0.37
	Mean	0.58
	3 rd Quartile	0.42
	Max	3.24
IQR for PVC during Non-adrenergic Stress (Below 0.76 max HR)	Min	0.00
	1 st Quartile	0.00
	Median	0.00
	Mean	0.26
	3 rd Quartile	0.10
	Max	2.25



P073
EFFICACY AND SAFETY OF SUPRACLAVICULAR AND PECTORALIS NERVE BLOCKS AS PRIMARY PERI-PROCEDURAL ANALGESIA FOR CARDIAC ELECTRONIC DEVICE IMPLANTATION: A PILOT STUDY

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BACKGROUND: Cardiac implantable electronic devices (CIED) are routinely implanted using intravenous drugs for sedation. However, some patients are poor candidates for intravenous sedation. We present a case series that demonstrates the safety and efficacy of a novel, ultrasound-guided nerve block technique that allows for pre-pectoral CIED implantation in high-risk patients. The targets are the supraclavicular nerve (SCN) and pectoral nerve (PECS1).

METHODS AND RESULTS: We enrolled 20 patients who were planned for a new CIED implantation at LHSC. Following ultrasound guided-localization of the SCN and PECS1, local anesthetic (LA) was instilled at least 30-60 minutes pre-procedure. Successful nerve block was determined if less than 5ml local anesthetic was used intraprocedurally, in addition to lack of sharp sensation with skin (SCN) and deep tissue pin-prick (PECS1). The majority of patients (n=17, 85%) had successful periprocedural nerve block, with only 3 patients

exceeding 5ml of LA. SCN and PECS1 success occurred in 19 (95%) and 19 (95%) patients, respectively. Only 8 patients (40%) received IV midazolam (mean dose 1.07 mg, SD ± 0.6) and fentanyl (mean dose 35.7mcg, SD ± 13.3) With the exception of 1 patient, all patients reported a low Visual Analogue Score (0-2) immediately after, at 1 hr and 1 day post-procedure. There were no reported major adverse effects. **CONCLUSION:** SCN and PECS1 nerve block is safe and effective for patients undergoing CIED implantation to minimize or eliminate the use of intravenous sedation. A comparison study with the standard of care is needed to assess whether routine use of this technique improves patient outcomes.

P074
FEMALE SEX IS NOT ASSOCIATED WITH INCREASED SURVIVAL AFTER NON-TRAUMATIC OUT OF HOSPITAL CARDIAC ARREST: A SYSTEMATIC REVIEW AND META-ANALYSIS

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BACKGROUND: Survival after out of hospital cardiac arrest (OHCA) remains low and there is increasing interest to determine if female sex is an important prognostic factor. Large prospective studies have demonstrated that females compared to males do not have improved survival to discharge. However, systematic reviews have reported significant survival benefits for females compared to males. The findings of these reviews may not be generalizable due to restricted inclusion criteria and pooling of adjusted and unadjusted effect estimates. This systematic review evaluates the relative and absolute associations of female sex with survival to discharge and survival to 30 days after non-traumatic OHCA.

METHODS AND RESULTS: We searched Medline, Embase, CINAHL, Web of Science, Cochrane Central Register of Controlled Trials, and Cochrane Database of Systematic Reviews from inception through June 2021 for published studies that evaluated female sex as a primary predictor or covariate in multivariable models of survival in adult patients with non-traumatic OHCA. Random-effects inverse variance meta-analyses were performed to calculate pooled odds ratios (ORs) with 95% confidence intervals (CI). The GRADE approach was used to assess evidence quality. Thirty studies with 1,068,788 patients were included in the meta-analyses. The proportion of female patients was 41% with an overall range of 19% to 56% and mean age of 65 ± 25 years. The pooled effect estimate did not demonstrate an association for female compared to male sex with survival to discharge (OR 1.03, 95% CI 0.95-1.12; I2=89%). Subgroup analysis of low risk of bias studies demonstrated an association between female sex and increased survival to discharge (OR 1.20, 95% CI 1.18-1.23; I2=0%) (Table 1). With high certainty in the evidence,

the absolute increase in survival to discharge for females was 2.2% (95% CI 0.1%-3.6%). Female sex was not associated with survival to 30 days post-OHCA (OR 1.02, 95% CI 0.92-1.14; I²=79%) (Table 1).

CONCLUSION: In adult patients experiencing OHCA, with high certainty in the evidence from studies with low risk of bias, female sex was a small and not clinically important prognostic factor for survival to discharge. Differences in survival between men and women are likely to be related to the severity and type of disease leading to the OHCA, the response in the field, and the type of treatment in hospital. Future models that aim to stratify risk of survival post-OHCA should focus on sex-specific factors as opposed to sex as an isolated prognostic factor.

SURVIVAL TO DISCHARGE POST OUT OF HOSPITAL CARDIAC ARREST			
Study Results and Measurements	Absolute Effect Estimates		Quality of Evidence and Summary
	Baseline	With Predictor	
OR 1.20 (CI 95% 1.18-1.23) Based on data from 310,858 patients in 7 studies	130 per 1000	152 per 1000	High
	Difference: 22 more per 1000 (CI 95% 1 more – 36 more)		Female sex does not have an important effect on survival to discharge.
SURVIVAL TO 30 DAYS POST OUT OF HOSPITAL CARDIAC ARREST			
Study Results and Measurements	Absolute Effect Estimates		Quality of Evidence and Summary
	Baseline	With Predictor	
OR 1.02 (CI 95% 0.92-1.14) Based on data from 497,440 patients in 7 studies	169 per 1000	172 per 1000	Low due to serious risk of bias and serious inconsistency.
	Difference: 3 more per 1000 (CI 95% 9 fewer – 21 more)		Female sex probably has little to no important effect on survival to 30 days.

Table 1. Summary of relative and absolute effect estimate for outcomes. Baseline risk was calculated by meta-analyzing the reported absolute risk of all included studies using the random effects method. The pooled OR for female sex was applied on the baseline risk to determine the absolute effect. An *a priori* threshold of 5% (50 per 1000) was set for an important effect. Overall certainty in effect estimates was assessed using the GRADE evaluation system. CI, confidence interval, OR, odds ratio

P076 OBJECTIVE CARDIOVASCULAR AUTONOMIC ABNORMALITIES IN POST-ACUTE SEQUELAE OF COVID-19 (PASC): OVERALL AND SEX-BASED PREVALENCE

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BACKGROUND: The novel coronavirus has negatively impacted the health and economy of Canada and the world. While most patients recover, many patients are left with residual symptoms even several months after resolution of the acute illness (“Post-Acute Sequelae of COVID-19” [PASC]; or “Long COVID”). Symptoms can include fatigue, light-headedness, and achycardia/palpitations, which are common in cardiovascular autonomic disorders such as Postural Orthostatic Tachycardia Syndrome (POTS), Initial Orthostatic Hypotension (IOH), Orthostatic Hypotension (OH), and Inappropriate Sinus Tachycardia (IST). Currently, we do not know the prevalence of objective autonomic abnormalities in patients with PASC, nor if there are sex differences. We aimed to determine the prevalence of objective autonomic abnormalities, and whether there was a sex-difference, among patients with PASC.

METHODS AND RESULTS: Patients with PASC (n=61; F=49; Age=45±11 years) underwent autonomic function testing with beat-to-beat hemodynamics for 10 min supine followed by a 10 min active stand 397±131 days after their COVID infection. Patients were evaluated for hemodynamic criterion for POTS (Δ HR \geq 30 bpm within 10 min), IOH (transient Δ SBP \geq 40mmHg within 45s), OH (Δ SBP \geq 20mmHg within 3 min), and IST (supine HR>100 bpm). Categorical data were analyzed with a Fisher’s Exact test. The POTS criterion was met in 18 (30%) patients with PASC, while the IOH criterion was met in 40 (66%) patients. The IST and OH criteria were each seen in 1 patient. Overall, 44 (72%) patients met the criterion for at least 1 of these disorders. When analyzed by sex, the POTS criterion was met in 18 (37%) females, but no males (P=0.01). IOH criterion was met in females (69%) and males (50%; P=0.2) at a similar frequency. The single OH and IST patients were female. Overall, there was a non-significant trend for more females (78%) than males (50%; P=0.06) meeting the criterion for at least 1 of these disorders.

CONCLUSION: Many patients with PASC have objective evidence of autonomic cardiovascular abnormalities. The most common abnormality is IOH, followed by POTS. IOH will be missed unless an active standing protocol is used. POTS was much more common in females than males, but IOH was evenly split between sexes. Overall, there is a trend toward increased frequency of autonomic cardiovascular disorders in females than males. On behalf of the Canadian Long Covid Autonomic Network (CaLoCAN).

Canadian Institutes of Health Research (CIHR)

P077 PATIENT PERCEPTIONS AFTER EMERGENCY DEPARTMENT VISITS FOR ATRIAL FIBRILLATION: UNNECESSARY FEAR?

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BACKGROUND: Guidelines suggest rate or rhythm control are both appropriate for acute management of atrial fibrillation (AF) in the emergency department (ED). However, patient perceptions after ED visit are not well documented or understood.

METHODS AND RESULTS: Consecutive consenting patients who presented to a participating ED with the primary diagnosis of recent onset AF, and discharged from the ED, were enrolled in the ED and subsequently interviewed by telephone using a structured questionnaire, within 4 weeks of the visit. All management was at the discretion of the treating physician. Quantitative responses were recorded and analyzed using descriptive statistics. Patients (n= 356) were enrolled across 8 centers from 4 provinces, with 25% non-academic centers. Mean age was 67.3, +/- 13, with 45.0% female patients. In total, 52.8% were treated with cardioversion, with 35.7% initially receiving electrical