

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 Female sex does not have an important effect on survival to discharge.
	Difference: 22 more per 1000 (CI 95% 1 more – 36 more)		
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. Female sex probably has little to no important effect on survival to 30 days.
	Difference: 3 more per 1000 (CI 95% 9 fewer – 21 more)		

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