in subjects with pulmonary hypertension (PH) we employed two dimensional (2D) global longitudinal strain (GLS) of RV using transthoracic echocardiography (TTE) to assess RV function.

**Methods:** A total of 24 PH subjects confirmed by right heart catheterization (RHC) with pulmonary hypertension (PH) were included in the study. RV function was assessed using 2D GLS on TTE images acquired in the parasternal long-axis view, with strain values calculated using commercially available software (QLAB). The study was conducted at Aarhus University Hospital, Denmark.

**Results:** GLS values for RV free wall and tricuspid annular plane systolic excursion were significantly lower in PH patients compared to controls. The area under the curve for 2D GLS for RV free wall was 0.898, indicating excellent discrimination between PH patients and controls.

**Conclusions:** 2D GLS is a promising non-invasive tool for assessing RV function in PH patients. Further studies are needed to validate the use of 2D GLS in larger cohorts of PH patients.

**P3641 | BEDSIDE**

**Variation in access to primary percutaneous coronary intervention in 120 European regions: why do inequalities persist?**

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**Purpose:** To study potential inequalities in survival across levels of education in patients hospitalized for an incident acute myocardial infarction (AMI) during 2001-2009 in Norway.

**Methods:** The Cardiovascular Disease in Norway (CVDNOR) project has collected data on all AMI hospitalizations between 1994 and 2009 through patient administrative systems at Norwegian hospitals and linked the data to the Cause of Death Registry, the Population Registry and the National Education Database. Incident AMI was defined as a hospitalization with an AMI-diagnosis (ICD9:410, ICD10:121-122) without any AMI-events the previous 7 years.

**Results:** We detected a large variation in the absolute numbers of PCI per million inhabitants across European education levels. The disparities were largest in Italy, Sweden, and Spain. Significant differences in PCI rates were also observed within educational groups in all European countries, but there was great variation within country regions.

**Conclusions:** Regional inequalities in PCI rates were associated with both demographic and socioeconomic factors. Further studies are needed to understand the underlying mechanisms driving these inequalities and to develop strategies to reduce these disparities.

**P3642 | BEDSIDE**

**Educational differences in 28-day and 1-year survival after hospitalization for incident acute myocardial infarction - A CVDNOR project**

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**Conclusions:** Regional inequalities in PCI rates were associated with both demographic and socioeconomic factors. Further studies are needed to understand the underlying mechanisms driving these inequalities and to develop strategies to reduce these disparities.