istics and outcomes of patients admitted for STEMI and NSTEMI according to their coronary status. Obstructive Coronary Artery Disease (ODAC) was defined by at least one significant stenosis (≥50%) in a major epicardial coronary ves- sel or the left main CA. Major events were recorded at hospital discharge and at 3 years. Finally, long-term net mortality in each group was assessed by comparing observed mortality rates with standardized French mortality.

Results: Among 2562 participating patients, 6.4% (n=167) had no obstructive coronary lesion on the first CA (5.21% in STEMI vs. 8.21% in NSTEMI). They had a lower global cardiovascular risk, were younger (61±14 vs. 65±13, p<0.001) and more frequently women (26.8% vs. 43.7%, p<0.001) than patients hav- ing ODAC. ECG abnormalities suggestive of myocardial ischemia were found in 91.4% of patients with and 77.8% of those without ODAC. Life threatening symptoms at admission or in-hospital mortality (1.8% vs. 3% in-hospital deaths for patients without and with ODAC, respectively, p=0.02) did not differ. By con- trast, 3-year prognosis was better in patients with no ODAC (3-year death rates were 5.5% in patients without and 13.7% in patients with ODAC, p<0.01). This difference of risk remain significant after extensive adjustment; HR were 0.31 (p<0.001) for risk of events and 0.42 (p<0.01) for risk of death at 3-year in pa- tients without ODAC.

Moreover, mortality of ACS without ODAC was comparable with expected French population of the same age (p=0.32), whereas risk of death was twice as high in patients with ODAC.

Conclusion: Absence of obstructive coronary lesion was found in 6.4% of pa- tients admitted for AMI. Their early identification before CA remains difficult. More- over, despite a higher prevalence of younger patients and women, in-hospital mor- tality was not significantly different compared to patients with coronary stenosis. By contrast, their long-term survival is comparable with the general population.

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Estimated and perceived cardiovascular risk: the perception gap

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Purpose: Poor patient adherence to medical advices and prescriptions still rep- resents a major public health problem. Patient misperception of his own cardio- vascular risk (CVR) has been pointed as a key driver for low compliance to pre- ventive measures. The aim of this study is to analyze the relationship between CVR objectively estimated by Framingham Risk Score (FRS) and subjective CVR perception by the patient.

Methods: We studied 10,875 individuals (mean age: 42.9 years, 26.9% female) who underwent a routine health evaluation between 2006 and 2012. The evalua- tion included a questionnaire by which each individual rated his own CVR as low, intermediate or high, according to his own perception. 10-year CVR was also ob- tained and expressed using FRS. Individuals were then classified as hypo-perceivers (risk underestimated using FRS), normo-perceivers (risk perceived coin- cident with estimated risk) and hyper-perceivers (perceived risk higher than esti- mated risk).

Results: CVR estimated by FRS was low in 85.8% (N=9,270 of the study pop- ulation); intermediate in 9.2% (N=993); and high in 5% (N=545). Prevalence of high-risk perception significantly increased according to estimated CVR: 5.3% among low-risk individuals; 8.5% among intermediate-risk individuals; and 16.8% among high-risk individuals (p<0.001). Overall prevalence of normo-perceivers was 60.8%, with an opposite gradient to estimated CVR: 66.4% among low-risk subjects; 53.2% among intermediate-risk subjects; and 15.8% among high-risk subjects (p<0.001). Overall prevalence of hyper-perceivers was 9.6%, with a gra- dient in the same direction of estimated CVR: 58.3% in the intermediate-risk group; 32.7% in the low-risk group; and 11.2% in the high-risk group (p<0.001).

Conclusions: There is a significant gap between estimated and perceived car- diovascular risk. The higher the risk, the greater the perception gap.

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Centralized, stepped, patient preference based, depression treatment for patients after acute coronary syndrome. CODIACS vanguard randomized controlled trial

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Purpose: Controversy remains about whether depression can be successfully managed after acute coronary syndrome (ACS) and the costs and benefits of do- ing so. We tested the effects of post-ACS depression care on depressive symp- toms and health care costs.

Methods: We performed a multicenter randomized controlled trial of 150 patients with elevated depressive symptoms (Beck Depression Inventory [BDI] score > 10) 2 to 6 months after an ACS. Patients were recruited from 2 private and 5 academic ambulatory centers in the United States between March 18, 2010 and January 9, 2012. Patients were randomized to 6 months of centralized depression care (pa- tient preference for problem-solving treatment given via telephone or internet, pharmacotherapy, both, or neither), stepped every 6 to 8 weeks, (active treat- ment provided by locally determined depression care after physician notification about the patient's depressive symptoms (usual care; n=77). The main outcome measures were change in depressive symptoms during 6 months and total health care costs.

Results: Depressive symptoms decreased significantly more in active treatment than in usual care (differential between-group change, −3.5 BDI points; 95% CI, −6.1 to −0.7; P=0.01). Although mental health care estimated costs were higher for active treatment than for usual care, overall health care estimated costs were not significantly different (difference adjusting for confounding, −3235; 95% CI, −5268 to 1089; P=0.78).

Conclusions: For patients with post-ACS depression, active treatment substan- tially improved depressive symptoms. This intervention is feasible, effective, and may be cost-neutral within 6 months; therefore, it should be tested in a large phase 3 pragmatic trial. Trial Registration ID: NCT011030018; submitted on behalf of CODIACS I authors.

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Get your cardiologist wherever you want: telecardiology supporting a regional EMS network (8 years and half a million ECGs)

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Background: Tele-medicine support is presently applied in several fields of medicine. Clinical evidence showed as pre-hospital ECG may shorten time to reperfusion in subjects with acute myocardial infarction, thus significantly affect- ing clinical outcomes of these patients.

Methods: A tele-medicine service presently supports the public free Emergency Medical Service (EMS) ‘118’ throughout whole Apulia, a 4-million inhabitants region in South-Eastern Italy. ‘118’ is the Italian public free service for general medical or surgical emergencies, whose aim is an immediate diagnosis of criti- cal diseases in order to avoid emergency room delay-to-diagnosis. Patients are discharged from the ambulance and not transported at all in case of normal find- ings; direct admission to a critical care unit is arranged according to the level of care. Thanks to tele-cardiology support, ‘118’ crews may record a complete 12- lead pre-hospital ECG with an apposite device, in any case of suspected heart disease. The ECG is sent by mobile phone support to a single regional tele- cardiology ‘hub’ control room where a cardiologist promptly reads the ECG and provides a consultation. The ECG may then be sent back via the internet and also visualized by EMS personnel on smart-phones or cath-labs physicians. The ‘118’ control room, according to ECG and EMS crew report, then arranges for hospi- talization when needed. Data from 2004 until early 2013 were hereby reported.

Results: 523,449 ECGs were recorded since 2004. Constantly growing trend of ECGs performed by ‘118’ crews emphasizes the usefulness and liability of tele-cardiology support in every-day EMS practice (16,534 ECGs in 2005, 31,535 2006, 42,854 2007, 49,999 2008, 69,198 2009, 94,326 2010, 106,870 in 2011, 109,750 in 2012). Referring symptoms were dyspnea (9%), chest pain (21%), chest pain (24%), palpitations (7%), or other non-specific symptoms. In 35,898 cases (7%) ECG showed a significant arrhythmia, in 26,819 (5%) signs suggestive for myocardial ischemia needing further examination (ECG monitor- ing, cardiac enzyme assay, coronary care or cath-lab admission).

Conclusions: A single tele-cardiology ‘hub’ may easily support EMS in a 4- million-inhabitant region.

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The prevalence and prognosis of resistant hypertension in patients with congestive heart failure

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Purpose: Resistant Hypertension (RHTN) is associated with adverse clinical out- come in hypertensive patients. However, there is little data with regard to whether RHTN is predictive of poor outcome in Heart Failure (HF) patients.

Methods: In a prospective registry enrolling consecutive patients admitted to a uni- versity hospital for HF was conducted. Demographic characteristics, baseline BP, past medical history, and medications as well as 1 year all-cause mortality and HF-related readmission were recorded. RHTN was defined as uncontrolled Blood Pressure (≥140 mmHg systolic or >90 mmHg diastolic) despite the use of 3 or more antihypertensive med- ications, including a diuretic.

Results: Among 1476 patients with HF, 61.7% patients have a history of hy- pertension. The prevalence of RHTN in HF patients was 34.5%. At 1 year, 215