same between the discharged and deceased patients groups, and the average time, about 4.6 days, is assumed to be a threshold level to decide to switch from ECLS to VAD.

Conclusion: Patients with AMI who suddenly develop CPA with LTA without deteriorating LOS show the most appropriate indication for ECLS and those with one diseased vessel showed a high probability of recovering with ECLS. However, patients with 2 or 0-CPA and CPA of in-hospitalized patients were associated with a poor outcome. In biochemical examination during ECLS, levels of CK, CK-MB, LDH, Cr, and AMY after starting ECLS were very informative to prepare for VAD, and increasing Cr and LA were considered signs to switch from ECLS to VAD. The decision to switch to VAD should be decided upon after 4.6 days from starting ECLS.

NOVEL FINDINGS IN PATIENTS UNDERGOING CARDIOVASCULAR INTERVENTIONS

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Acute myocardial infarction patients treated by primary angioplasty lack personal control over their illness and display less risk factor modification compared to other treatment modalities
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Purpose: Treatment for acute myocardial infarction (AMI) differs according to presentation, and there are claims in the literature that this may impact on patients’ understanding of the diagnosis and subsequent behavioural changes. This study is designed to compare three groups of AMI patients receiving different treatment modalities; STElevation Myocardial Infarction (STEMI) treated by Primary angioplasty (PPCI), STEMI treated by thrombolytic therapy (THROMB), and Non STElevation Myocardial Infarction (NSTEMI) treated by medication and/or PCI as appropriate. We aim to determine if treatment modality impacts on illness perception, coping, anxiety, depression, and secondary prevention outcomes.

Method: A quantitative repetitive measures research design was used to survey a consecutive AMI sample patients admitted to Queen Alia Heart Institute in Jordan. Data were collected during hospitalisation and six months later using the Revised Illness Perception Questionnaire, Coping Response Inventory, SF-36 quality of life, Hospital Anxiety and Depression Scale, International Physical Activity Questionnaire, and medical record review.

Results: The total sample comprised 186 patients (65 treated by PPCI, 62 treated by THROMB and 59 with NSTEMI). Analysis of variance demonstrated no significant differences between groups at baseline except few significant differences in coping and general health factors. However, examining the changes six months after hospitalization using the repeated analysis of variance; PPCI patients had significantly (P<0.05) lower perception of personal control, general health, and higher perception of control treatment and illness coherence compared to the baseline time. While no significant changes among both THROMB and NSTEMI groups.

The outcomes of behavioural measure differences between groups in the initial time and the second measure test showed no significant difference between the groups. However, examining the changes between the baseline and six months later; THROMB patients had higher control of cholesterol, and higher activity level. In addition, PPCI patients had lower control of blood pressure (BP). 

Conclusion: We have found negative illness perception, lower general health and poorer control of BP AMI patients treated by PPCI compared to other groups. Further research is required to determine the generalizability of these findings and explore the impact on secondary prevention.

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Gender-specific time delays to primary PCI in STEMI: a consequence of the presentation or the management at the EMC centre?
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Background: Women with ST elevation myocardial infarction (STEMI) tend to have longer treatment delays than men. This may partly be due to women delaying calling for help, difficulties for the Emergency Medical Communication (EMC) service in interpreting a different constellation of presenting symptoms than men, or gender-specific ambulance delays due to differences in the management by the EMC service.

Method and results: We studied the EMC audio logs and medical records of 244 consecutive STEMI patients (65 women and 179 men) who contacted a single EMC center directly. Patient demographics, clinical findings and outcome after primary PCI were similar for the two genders. More women than men reported chest discomfort and discomfort in other areas of the upper body as debuting symptoms. The combined effects of longer patients delay and system delay led to longer total ischemic time in women (total ischemic time 142 (180) minutes (median (interquartile range)) vs. 135 (83), women vs. men, p=0.024). Despite similar presentation, women had lower priority for emergent ambulance service (78.7% and 89.4% of women vs. men, p=0.035). Lower priority for ambulance service was associated with longer total ischemic time.

Conclusion: Despite similar presentation and clinical findings, women with STEMI were given significantly lower priority for emergent ambulance service than men.

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Early discharge (third day) following primary PCI is associated with a high degree of patient satisfaction if patients are well informed to discharge
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Purpose: Previous studies suggest that patients may be discharged early following hospitalization with STEMI treated by primary PCI (pPCI) and an uncomplicated course. However, there is concern that early discharge may not leave sufficient time for an appropriate education and counseling of patients prior to discharge. The aim of this study was to assess patient satisfaction in patients discharged from hospital - 3 days following pPCI in STEMI patients.

Methods: This prospective, nurse-led study included 215 consecutive low-risk patients (Zwolle score <5) with STEMI treated by pPCI. All patients were discharged from hospital within 3 days of pPCI. During the hospitalization, patients were individually informed by a nurse on the cause and mechanisms of ischemic heart disease, treatment, complications, prognosis, medication, sexual activity and lifestyle modifications including anti-smoking measures. To assure a consistent line of information a predefined checklist was used. Additionally, patients were informed by a doctor during ward-rounds, and they were invited to attend a patient information meeting scheduled twice a week. All patients were interviewed by telephone, 10 days following discharge to assess patient satisfaction.

Results: A total of 211 (98.1%) of all included patients completed the 10-day interview; 85 (40.3%) were over 60 years old, 182 (86.3%) were males, 197 (93.4%) of patients had first time MI. A total of 181 (85.8%) patients were satisfied with the information given, there were no significant differences in the proportion of satisfied patients when comparing men (n=157, 86.3%) and women (n=24, 82.8%); patients < 60 years (n=19, 15.1%) vs. > 60 years (n=8, 9.4%); previous MI (n=12, 85.8%) vs. first time MI (n=169, 85.7%). Neither the weekday of discharge, nor the duration of stay influenced patient satisfaction. In patients that were not satisfied, a significant larger proportion reported a reduced mood (n=16, 10.2%) with normal mood vs 11 (20.4%) with lowered mood were unsatisfied, p=0.048).

Conclusion: The use of structured, nurse-led information permits a high degree of patient satisfaction in patients discharged < 3 days following acute MI managed by uncomplicated pPCI.

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Episodes of psychomotor agitation associated with trans-catheter aortic valve implantation in ICU: an observational study
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Background: The trans-catheter aortic valve implantation (TAVI) has been introduced to offer a new treatment option for patients who are not eligible for conventional aortic valve replacement, mostly elderly. Changes in cognitive function are frequent in these patients so they need a multidisciplinary approach, that is not usually included in the assistance programs. The role of the nurse is essential in the early detection of symptoms by means of a multidimensional assessment to be carried out in the pre and post TAVI.

Method: From November 2009 to January 2013 we conducted an observational study of 69 consecutive patients, 38 females, admitted to ICU after TAVI implantation, with a mean age of 83.5±4.1 years, with a range from 74 to 90 years. The cognitive status was assessed with the Short Portable Mental Status Questionnaire (SPMSQ) in the pre-admission visit (pre-TAVI) and again at the time of admission to ICU (post-TAVI). During the stay in ICU we detected episodes of psychomotor agitation (PA).

Results: 14 patients (20.29%) had episodes of PA post-TAVI (PA group) and 55 did not. In the PA group the average of cognitive status pre-TAVI was worse (Zwolle <1000), the dependence in IADL, pre-TAVI was higher (χ²= 13.8 p=0.008) and the average stay in ICU was higher (4,1±4.9 vs 2,5±1.7; χ²=0.0468). Between the two groups the difference in sex and mean age was not significant. Patient with a resulting normal cognitive status pre-TAVI presented a reduced risk for PA (OR=0.52, 95% CI=0.34-0.82).

Conclusion: Elderly patients who undergo TAVI are complex and frail. Our results also suggest that the information provided by nurses on the assessment of cognitive function could be particularly useful in the prevention of episodes of agitation, and lead to a reduction in average length of stay in intensive care.