Background: In clinical practice, achieving 4 weeks of therapeutic anticoagulation with warfarin is challenging and hinders timely DCCV. Dabigatran is a safe and effective alternative. We evaluated the difference in time to DCCV and success rate between those on dabigatran compared to warfarin.

Method: Patients who had DCCV between 12/1/2011 and 31/12/2013 were prospectively collected. Patient demographics and electronic clinical documents were retrospectively reviewed.

Results: Total of 168 DCCV were performed on 153 patients. Mean age was 61 years and mean BMI was 32kg/m² with male predominance (80.4%). 87.6% of patients were referred from Cardiology and 12.4% from General Medicine. 45.2% (n = 76) were on dabigatran.

The median days to DCCV with dabigatran was 63 days (IQR = 44 – 100 days) and 86 days for warfarin (IQR = 56 – 121 days), p < 0.05. The overall immediate success rate of DCCV was 80.4%, 94.1% of atrial flutter (AFL) had successful cardioversion and 76.5% for atrial fibrillation (AF).

At median follow-up of 108 days, 25.5% remained in sinus rhythm (SR). Those with AFL, 50% (n = 17) remained in SR at median follow up of 69 days while 18.5% of AF remained in SR at median follow up of 130.5 days.

There was no difference in the immediate success of DCCV between dabigatran and warfarin groups (80.3% vs 80.4%, p = 0.89). AF accounted for 80.3% and 77.2% respectively.

Conclusion: The median time to outpatient DCCV was 23 days shorter with dabigatran compared to warfarin therapy. There was no difference in success rate between the 2 anti-coagulation groups.

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Does timing of platelet function testing (PFT) contribute to variability in residual on-treatment platelet reactivity in patients with acute coronary syndrome (ACS)?

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Background: ACS patients on dual antiplatelet therapy display large variations in residual platelet reactivity. In part, this may reflect the dynamic nature of the ACS process. Understanding the impact of the timing of measurement on this variability is required. This study examined the effect of time from symptom onset to testing and from antiplatelet agent loading to testing on residual platelet reactivity.

Methods: We prospectively recruited patients presenting with ACS to Wellington Hospital during 2012-2013. Patients were included if they were on chronic antiplatelet therapy or had been preloaded with aspirin and clopidogrel. Pre-angiography, blood samples were collected and platelet function was tested by multiplate analysis (AU*min). We examined residual platelet reactivity stratified by time from symptom onset to testing, and time from loading with antiplatelet agents to testing.

Results: 637 patients were enrolled in the study (165 STEMI, 430 NSTEMI, 42 UA). Most patients underwent angiography 2 days after loading with clopidogrel (123), with a range from the same day (n = 50) to 7 days (n = 44). While platelet reactivity was highly variable within the patient group, there was no relationship between time of loading and measured platelet reactivity (ANOVA). Similarly, time from symptom onset to platelet function measurement did not demonstrate a relationship.

Conclusion: We found no evidence to suggest variation in the interval between symptom onset or antiplatelet loading and platelet function testing is contributing significantly to the inter-patient variance in residual platelet reactivity. This suggests that measuring platelet reactivity prior to angiography is a reasonable and pragmatic approach.

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Prevalence and predictors of subclinical coronary artery disease in patients with confirmed heterozygous familial hypercholesterolaemia

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Background: Familial hypercholesterolaemia (FH) is associated with a marked increase in risk of premature coronary artery disease (CAD). The aim of this study is to describe the prevalence and predictors of subclinical CAD in those with genetically proven heterozygous familial hypercholesterolaemia (HeFH).

Methods: Patients were sourced from the FHWA clinic. All cases were known to have genetically proven FH, and no history of symptomatic CAD. As part of their clinical care patients were offered a coronary CT scan (CTCA and CAC). Demographic, biochemical and clinical data were prospectively collected. All CT scans were reviewed by a single cardiologist.

Results: 34 patients underwent CT scanning; 18 were male, mean age was 50.5 years, 47% were current or ex-smokers,