There was an inverse relation between BMI as a continuous variable and NT-proBNP in the multivariable regression model (p <0.001). Each one unit increase in BMI (1 kg/m2) was associated with a 3% lower NT-proBNP level (p <0.001). Each SD increase in BMI (5.7 kg/m2 in our sample) was associated with a 10% lower NT-proBNP level (p <0.001). Age, sex, creatinine, LVEF, presence or absence of NYHA III-IV, and presence or absence of atrial fibrillation were also independent predictors of NT-proBNP levels (p <0.001). Among all the independent predictors identified, BMI had the weakest association with NT-proBNP.

Conclusion In patients referred for suspected HF, there is an inverse relation between BMI and NT-proBNP. The effect remains clinically significant even when relevant confounders are considered.

Conflict of Interest None

149 CLINICAL OUTCOMES WITH CARDIAC RESYNCHRONIZATION THERAPY IN PATIENTS WITH CARDIAC SARCOIDOSIS: A SYSTEMATIC REVIEW AND PROPORTIONAL META-ANALYSIS

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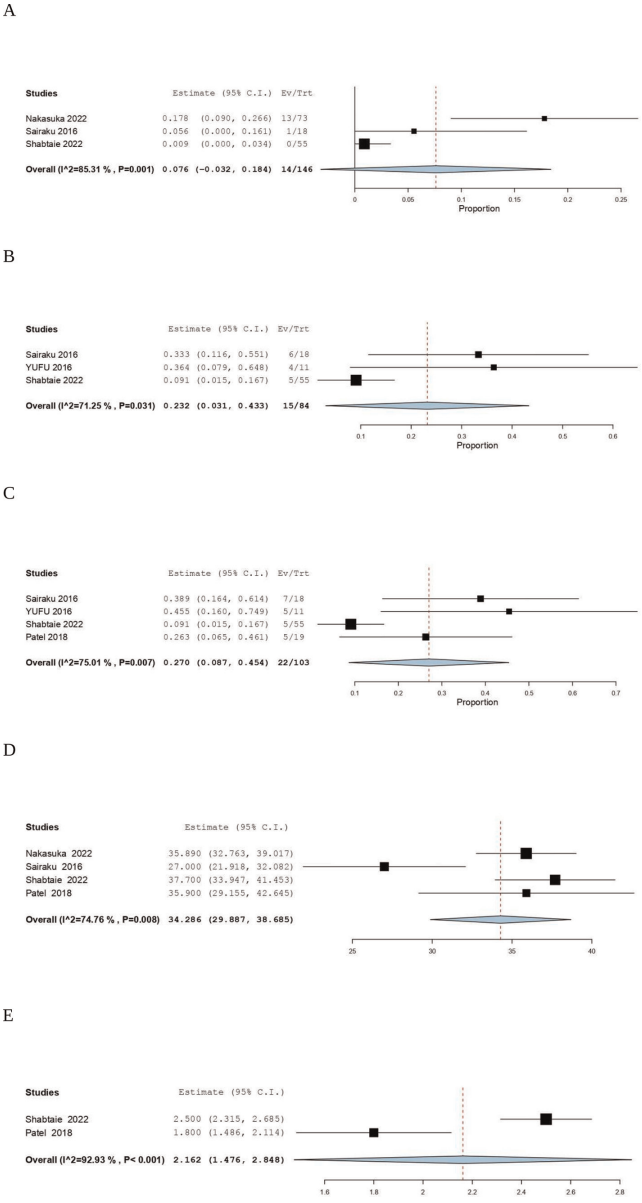
Background Patients with cardiac sarcoidosis (CS) can present with atrioventricular conduction defects and heart failure (HF)



Abstract 149 Figure 1 A: Forest Plot of all-cause mortality in studies containing cardiac sarcoidosis patients with cardiac resynchronization therapy. B: Forest Plot of heart failure related hospitalizations in studies containing cardiac sarcoidosis patients with cardiac resynchronization therapy. C: Forest Plot for major adverse cerebral and cardiovascular events in studies containing cardiac sarcoidosis patients with cardiac resynchronization therapy. D: Forest Plot for left ventricular ejection fractions in studies containing cardiac sarcoidosis patients with cardiac resynchronization therapy. E: Forest Plot for NYHA class in studies containing cardiac sarcoidosis patients with cardiac resynchronization therapy

with reduced ejection fraction (EF). Cardiac resynchronization therapy (CRT) may improve ejection fraction, reduce mortality and HF-related hospitalization in CS patients, however the clinical evidence supporting its efficacy is very limited.

Purpose The aim of this study is to systematically synthesize the available data and provide the most comprehensive evidence regarding the effectiveness of CRT in patients with CS. This is the first proportional meta-analysis to assess the usefulness of CRT in CS and address the existing literature gap.

Methods A systematic literature search was conducted using PubMed/Medline, Embase, and the Cochrane library from inception to February 2024. The aim of this search was to identify studies that reported clinical outcomes following the use of CRT in CS patients. Data for outcomes was extracted, pooled, and analyzed. We used OpenMetaAnalyst for pooling untransformed proportions using DerSimonian Laird random effects model.

Results Five studies with a total of 176 CS patients who received CRT were included. The pooled incidence for all-cause mortality was 7.6% (95% CI: -0.03 to 0.18), for HF-related hospitalizations 23.2% (95% CI: 0.02 to 0.43), and for major adverse cerebral and cardiovascular events 27% (95% CI: 0.08 to 0.45) on a mean follow-up of 21.6 months in patients who received CRT. The pooled left ventricular ejection fraction (LVEF) was 34.28% (95% CI: 29.88 to 38.68) showing an improvement of 3.75% in LVEF from baseline. The average New York Heart Association (NYHA) functional class was 2.16 (95% CI: 1.47 to 2.84) after CRT as compared to baseline average NYHA of 2.58.

Conclusion CRT leads to variable response in patients with CS. Although improvements were observed in LVEF and average NYHA, further evidence is required to establish the effectiveness of CRT.

Conflict of Interest none

150 A UK SURVEY OF THE PERCEPTIONS OF HEALTHCARE PROFESSIONALS AROUND HYPERKALAEMIA AND THE PRESCRIPTION OF RAAS INHIBITORS

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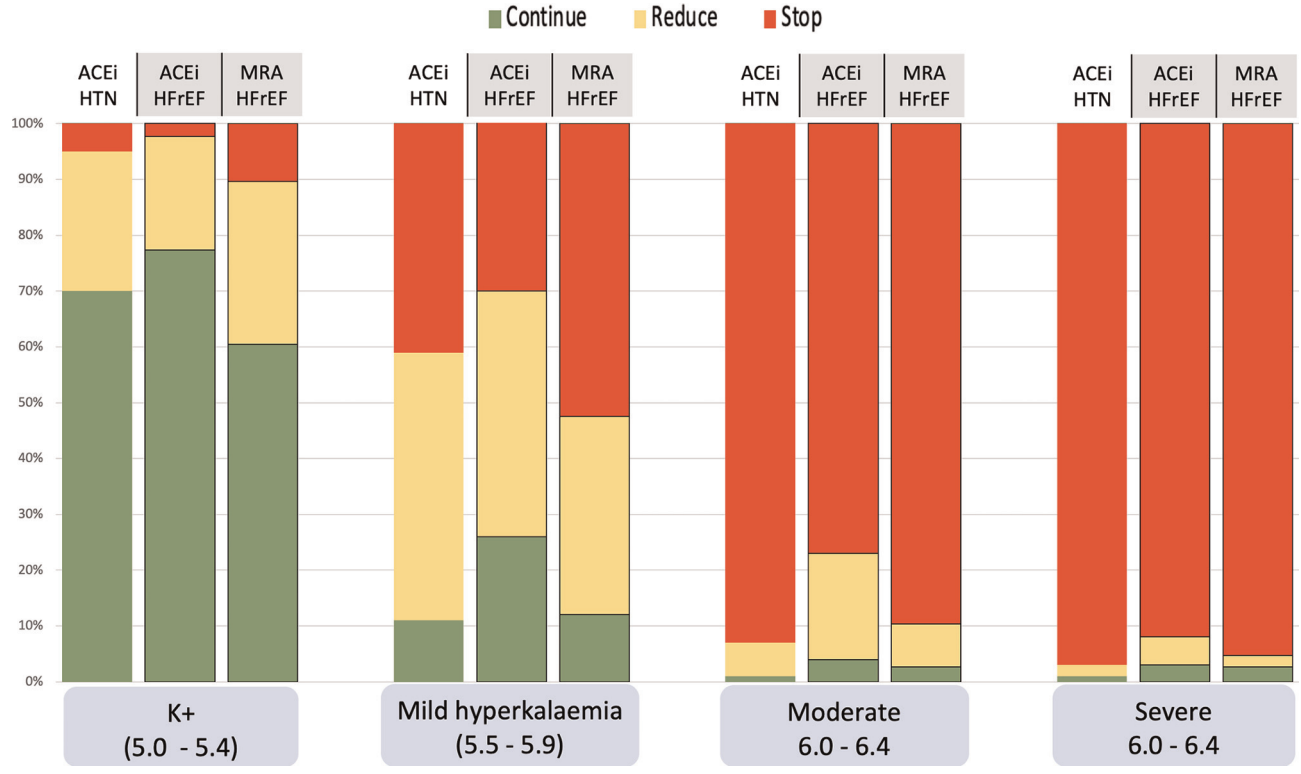
Introduction Renin-angiotensin-aldosterone-system inhibitors (RAASi) are commonly used for a number of indications, including in the management of hypertension, proteinuric chronic kidney disease (CKD), post myocardial infarction and heart failure with reduced ejection fraction (HFrEF). Their use is often hindered by hyperkalaemia leading to underutilisation and/or underdosing.

Purpose Assess perceptions of primary and secondary healthcare professionals regarding benefits of RAASi according to indication and in the context of developing hyperkalaemia, to identify barriers to optimal utilisation, and to explore options for improving management protocols, specifically in HFrEF.

Methods An online survey was distributed in primary and secondary healthcare settings in Hampshire, UK, to evaluate: (i) understanding of benefit of the drugs according to indication, (ii) prescription of RAASi at various levels of potassium (K+) in patients with hypertension or HFrEF, (iii) educational needs. Hyperkalaemia was divided into mild (serum K+ 5.5 - 5.9 mmol/L), moderate (serum K+ 6.0 - 6.4 mmol/L), and severe (serum K+ ≥ 6.5 mmol/L).

Results From November 2021 to January 2023, 300 questionnaires were completed by 274 (91%) doctors (123 juniors, 56 registrars, 54 consultants and 41 general practitioners), 22 (7%) non-medical prescribers, and 4 (1%) pharmacists. 80%



Abstract 150 Figure 1 Healthcare professional responses to RAASi in patients with hypertension and HFrEF at varying levels of potassium