



**ABC Cardiol**  
Arquivos Brasileiros de Cardiologia

**Abstracts**

Volume	Number	Supplement
119	4	1
<b>October 2022</b>		

Sociedade Brasileira de Cardiologia  
ISSN-0066-782X

## ABSTRACTS PRESENTED AT



**77° CONGRESSO BRASILEIRO  
DE CARDIOLOGIA**

together with

**WORLD CONGRESS OF CARDIOLOGY**

Rio de Janeiro - Brazil

**OCTOBER 13 TO 15, 2022**

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MODALITY: E-POSTER YOUNG RESEARCHER - NON-CASE REPORT  
 CATEGORY: HEART FAILURE/ CARDIOMYOPATHY/ TRANSPLANT

TITLE: MULTIDISCIPLINARY HEART TRANSPLANT OUTPATIENT CLINIC: A PILOT STUDY OF PHARMACEUTICAL CARE

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Background: The role of clinical pharmacists as part of multidisciplinary teams for solid organ transplant care has been discussed worldwide. Particularly, heart transplant recipients have a complexity of medication regimens, which greatly impact on both patient and transplant program outcomes. Aim of the study: To evaluate the participation of clinical pharmacists in the multidisciplinary heart transplant outpatient clinic through the identification of drug therapy problems (DTPs) and interventions in the pharmacotherapy based on pharmacist recommendations. Methods: In this descriptive pilot study, pharmacists provided direct patient care in the weekly heart transplant clinic from January to December 2021. Each patient seen at a pharmacist consult visit received a comprehensive assessment using a systematic drug therapy review process (Figure 1). Pharmacist's activities were documented in electronic charts, and data, collected prospectively. DTPs and pharmacist interventions were classified according to the PCNE. Results: A total of 207 clinic visits to 70 patients were performed and 223 DTPs identified, leading to a median of 2 [0, 9] interventions per consult visit. In more than a third of the opportunities, patients received a dose adjustment recommended by the pharmacist (39.2%). Frequent interventions included laboratory monitoring (15.9%) and medication deprescribing (9.3%). Immunosuppressants were the drugs most commonly involved (35.6%), followed by electrolyte supplements and antihypertensive agents (15.1% and 13.7%, respectively). Conclusion: Our study was the first to describe pharmaceutical care of ambulatory heart transplant recipients in Brazil. Pharmacist-led interventions can potentially contribute to the management of challenging post-transplant pharmacotherapy



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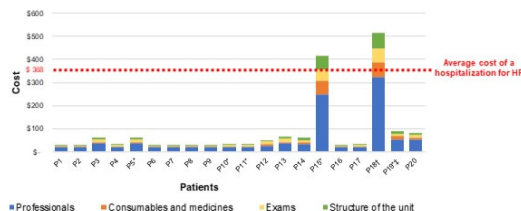
MODALITY: E-POSTER YOUNG RESEARCHER - NON-CASE REPORT  
 CATEGORY: HEART FAILURE/ CARDIOMYOPATHY/ TRANSPLANT

TITLE: MICROCOSTING OF INTRAVENOUS DIURETIC USE STRATEGY IN DAY HOSPITAL FOR PATIENTS WITH HEART FAILURE

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BACKGROUND: The use of intravenous (IV) diuretics to treat congestion in outpatients with heart failure (HF) seems to be as effective in maintaining clinical stability as usual hospital therapy, and can potentially reduce costs. OBJECTIVE: To assess the cost of a day hospital strategy for IV diuretic in patients with HF. METHOD: Cost study was carried out in a public and university hospital in Brazil. Time-driven Activity-based Costing was applied to calculate the total cost of services and their composition per patient, in addition to an exploratory analysis of a day hospital schedule for HF. RESULTS: Data of 68 sessions of IV diuretic from 20 patients during 2020 were analyzed. On average, 80 mg of furosemide was administered in sessions lasting 39 minutes; 11 patients had a single session of IV diuretic, while 2 patients underwent 19 and 21 sessions each. The annual median cost per patient was US\$ 34 (min. US\$ 30; max. US\$ 515) (Figure). Costs was attributed to professionals (58%), exams (23%), physical structure of the unit (10%), consumables (5%) and medicines (3%). A hypothetical schedule with 48 monthly sessions would cost US\$ 1,464. CONCLUSIONS: This study contributes with novel information involving microcosting of a day hospital strategy for IV diuretic treatment in patients with HF. This data can generate subsidies for the incorporation of such potentially cost-saving strategies in a sustainable manner.



110183

MODALITY: E-POSTER YOUNG RESEARCHER - NON-CASE REPORT  
 CATEGORY: HEART FAILURE/ CARDIOMYOPATHY/ TRANSPLANT

TITLE: ASSOCIATION OF CYP11B2 RS3097 C>T AND RS3802228 G>A POLYMORPHISMS WITH REDUCED EJECTION FRACTION HEART FAILURE IN A POPULATION OF MIXED ANCESTRY.

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Introduction: Heart failure (HF) is a clinical and multifactorial syndrome that affects approximately 26 million people around the world. HF is generally subclassified according to the left ventricular ejection fraction (LVEF) into 3 categories: HF with preserved ejection fraction (LVEF≥50%), HF with mid range ejection fraction (LVEF 41%-49%), and HF with reduced ejection fraction (HFrEF, in which the LVEF is ≤40%). The pathophysiology of HFrEF is complex, and it is usually preceded by direct injury to the myocardium or a previous disease that leads to reduced ventricular contraction. The renin-angiotensin-aldosterone system (RAAS) is an important target to study the pathophysiological mechanisms involved in HF development. Objective: The main objective of this study was to determine the association of rs3097 (C>T) and rs3802228 (A>G) single nucleotide polymorphisms, present in CYP11B2 gene, with HFrEF. Ancestry informative markers of polymorphisms insertion/deletion were also determined to identify individuals' ancestry and exclude spurious associations regarding the selected genetic targets. Methods: A total of 185 unrelated patients with HFrEF were selected, in addition to 124 unrelated volunteers without cardiovascular diseases. Data provided by HGDP-CEPH reference, containing profiles from African, European, and Native American populations were used to perform ancestry analysis estimations. Results: The control and patient groups were aligned according to gender (HfMen= 86% versus CMen= 55%, p= 0.06) and age (HF= 50.6 ± 11.6 versus C= 48.5 ± 8.9, p= 0.09). A statistically significant association can be observed in relation to the genotypic frequencies of rs3097 C>T between HF group versus controls when using the codominance (p = 0.0031), dominance (p = 0.0007) and overdominance (p= 0.0035) models. There were not observed any association regarding the rs3802228 A>G polymorphism. The analyses involving the ancestral relationships between the groups are still being carried out. Conclusion: The preliminary results suggest a possible link between the T allele of CYP11B2 rs3097 C>T polymorphism and HFrEF.

110087

MODALITY: E-POSTER YOUNG RESEARCHER - NON-CASE REPORT  
 CATEGORY: PHYSICAL EDUCATION

TITLE: HEALTH EDUCATION FOR RHEUMATIC HEART DISEASE PREVENTION AND EARLY DETECTION AT A HIGHLY PREVALENT PERI-URBAN COMMUNITY IN MOZAMBIQUE

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Abstract Rheumatic Heart Disease (RHD) usually follows repeated episodes of acute rheumatic fever (ARF), which complicates untreated group A streptococcus (GAS) infections in susceptible individuals. RHD is a neglected disease that affects socially and economically disadvantaged young people in endemic areas, with a more malignant course in Africa, where it is an important cause of premature mortality, including indirect maternal mortality. We report an approach to increase awareness and promote health education of high-risk populations in a low-income setting. Methods The activities were implemented in peri-urban Maputo, Mozambique from February/2019 to February/2020. We trained 21 maternal health professionals in RHD screening and implemented a bi-monthly joint cardio-obstetric clinic involving health education sessions run by six patients living with RHD (PLRHD) trained as peer-educators. At Matchikitchi Primary School we painted outdoor RHD educational walls (September-October/2019) and trained 40 teachers to support RHD book coloring and video workshops. Results The Cardiac-Obstetric Clinic assisted 127 women, of which 21 (17.3%) with RHD. Six trained PLRHD delivered 17 health education sessions to 127 patients. We trained 864 children (375 colored the book), 357 watched and discussed the educational video, and 232 were involved in outdoor activities using the RHD wall. Conclusions Training of teachers, maternal health professionals and PLRHD allows creation of awareness and early detection of RF/ RHD in high-risk populations. These strategies may foster decentralization of early diagnosis and prevention of RF/RHD in highly prevalent communities in Africa.