

hypertension, 46% (61/132) had coronary artery disease, 39% (51/132) had chronic kidney disease, and 38% (50/132) had COPD. The patients were divided into 2 groups, cardiac and non-cardiac, based on the primary organ system affected at admission. Out of the 132 patients, 48 (36%) were in cardiac and 84 (64%) in non-cardiac group. Return of spontaneous circulation (ROSC) was achieved in 27/48 (56%) patients in cardiac and 49/84 (58%) in non-cardiac group ( $p=0.816$ ). Survival-to-discharge after ROSC was 16/27 (59%) in cardiac and 18/49 (36%) in non-cardiac group ( $p < 0.0001$ ).

**CONCLUSION** Return of spontaneous circulation was similar between cardiac and non-cardiac group; however, survival-to-discharge after ROSC is significantly higher in patients admitted primarily for cardiac cause. Further studies are needed to define the characteristics of patients achieving ROSC and then survival-to-discharge after in-hospital CA.

#### CRT-100.70

##### Self-knowledge Screening For Cardiovascular Risk Factors for Women In Different Age And Labor Activies Populations



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**BACKGROUND** Cardiovascular disease (CVD) may be clinically different in women compared to men being underdiagnosed and treated. Worldwide, CVD and stroke are the leading causes of death in females, reporting 8.6 million deaths per year in the literature. The objective of this study was to identify the self-knowledge (SK) and prevalence (P) of risk factors (RF) for CVD and stroke in female populations of different age groups and work activities: students of basic cycle medical students (group MS), Police Pacifying Units Police (PPU) (group PPU), and government employees (group GE).

**METHODS** Cross-sectional, observational study of P of RF for CVD and stroke in female populations of different ages and labor activities between: group GE-27/09/13 and 10/24/2013; group PPU-10/05/2013 and 10/10/2013; groups MS-06/2016 and 12/2016; through the filling of a similar and anonymous questionnaire with 30 objective questions of quick answers about SK of RF: age, stress level, smoking, hypertension (H), dyslipidemia, sedentary lifestyle, obesity, diabetes, weight, height, pregnancy, menopause, gynecological/year (G/Y) and cardiological/year (C/Y) consultations. A positive response or ignorance equaled 1 point. Considered a risk group: women with  $\geq 2$  points for positive or unknown response.

**RESULTS** A total of 961 women interviewed were divided into groups MS (total 159), PPU (602) and GE (200), respectively: mean age 20.62, 28.1 and 44.3; high stress 44%, 31%, without report; smoking 3.8%, 7.0%, 16%; H 2.5% (1.3% unaware), 7% (3%), 13% (3%); 76.7% had they cholesterol levels measured (10.0% total cholesterol  $> 200$  mg / dL and 33.3% did not know, 62.9% did not know HDL  $< 40$  mg / dL), 76.0% (7% and 59%, 87%), 95% (22% E 25%, 62%); 89.9% had measured blood glucose, 76%, 88%; S 45.3%, 53%, 36%; BMI calculated 88.7% (weight and height reported) 12.57%  $\geq 25$  and 0.0%  $\geq 30$ , BMI 51% being 23%  $\geq 25$  and 0.0%  $\geq 30$  and 49% being 17%  $\geq 25$  and 8%  $\geq 30$ ; they did consultations G/Y: 79.9%, 90.0% 98% and C/Y: 7.54% 12% and 33%; score  $\geq 2$ : 98.75%, 97.0%, 74.0%.

**CONCLUSION** Most women, in different age groups and work activities, were at risk of developing CVD and stroke due to the high prevalence of RF or their lack of knowledge, after applying a similar questionnaire. It was highlighted the importance of primary prevention and awareness programs.

#### CRT-100.71

##### Correlating The Presence Of Mitral Valve Calcification In Patients With Aortic Valve Sclerosis On Coronary Artery Disease



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**INTRODUCTION** Mitral annular calcification (MAC) has been proposed as a risk of atherosclerotic disease, which may be used as a risk marker for CAD.

**AIM OF STUDY** To compare the CAD risk associated between the presence and the absence of MAC in patients with aortic valve sclerosis (AVS).

**PATIENTS AND METHODS** Sixty patients with suspected coronary artery disease with aortic valve sclerosis and/or mitral annular calcification, referred for diagnostic coronary angiography for evaluation of chest pain between January 2015 and April 2017. Patients were divided into: Group I - 30 patients with aortic valve sclerosis and Group II - 30 patients with aortic valve sclerosis and mitral annulus calcification. Inclusion criteria: Less than 65 years - patients indicated for coronary angiography. Exclusion criteria: aortic stenosis, rheumatic or congenital aortic valves, hyperparathyroidism, hemodialysis.

**METHODS** All patients were subjected to history, clinical, lab assessment, ECG, and echo evaluation. AVS were defined as a focal area of increased echogenicity and thickening of the aortic valve leaflets without restriction of leaflet motion and a transaortic flow velocity ( $< 2.5$  m/s) on TTE. MAC was defined as intense echo-producing structure located at the junction of the atrio-ventricular groove and posterior mitral leaflet in parasternal long axis view, measured in millimeters from the leading anterior to the trailing posterior edge and quantified as mild to moderate (1 to 4 mm) and severe ( $> 4$  mm) considering its thickness. Diagnostic angiography were done to all patients evaluated by two observers, which were graded according to Friesinger score. This ranges from 0 to 15. Each of the three main coronary arteries is scored separately from 0 to 5. Score 0: No arteriographic abnormality, Score 1: Trivial irregularities (lesion from 1-29%), Score 2: Localized 30-68% luminal narrowing, Score 3: Multiple 30-68% luminal narrowing of same vessel, Score 4: 69-100% luminal narrowing without 100% occlusion of proximal segments, and Score 5: Total obstruction of a proximal segment of a vessel.

**RESULTS** According to Friesinger score, there was high statistically significant difference (mean  $\pm$  SD was  $7.3 \pm 2.87$  % in group I, and  $9.53 \pm 2.36$  % in group II) ( $P < 0.001$ ). Friesinger score ( $r=0.75$ ) and Leaman score ( $r=0.42$ ).

**CONCLUSION** MAC can be an independent predictor of significant CAD and there is positive correlation between severity of MAC and severity of CAD.

#### CRT-100.73

##### Sex and Racial Disparities in Outcomes in Patients Undergoing Percutaneous Intervention: Data from a Large Tertiary Center



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**BACKGROUND** Cardiovascular disease is the leading cause of death in men and women. However, there exist limited outcomes data for women and blacks after percutaneous coronary intervention (PCI). The aim of this retrospective analysis was to evaluate the 1-year major cardiovascular events (MACE) in patients undergoing PCI based on gender and race.

**METHODS** Within our PCI database, we identified 14,387 subjects, of whom 2331 were black men (BM), 1974 were black women (BW), 7151 were white men (WM), and 2931 were white women (WW). MACE at 1