Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
vigorously physical activity and LDL cholesterol. LDL cholesterol was the lowest in subjects that had the highest level of vigorous physical activity. Conclusions: "Yoga training" had more pronounced positive effect on HDL cholesterol. Level of LDL cholesterol was more likely to be associated with intensity of weekly physical activity than with type of physical activity.

**P674 | #168, E-POSTERS TOPIC: 4. CLINICAL VASCULAR DISEASE / 4.12 PREVENTION AND TREATMENT OF CARdiovascularDISEASE; MISCELLANEOUS.**

OUTREACH AND EQUITY IN PATIENT CENTERED OUTCOMES RESEARCH: LESSONS FROM THE ADAPTABLE STUDY AT MONTEFIORE HOSPITAL

O. Sandu 1, M. Aldabagh 1, G. Alvarado 1, H. Jeon 1, H. Yeddu 1, A. Cohen 2, A. Sharlow 2, A. Lamar 3, M. Weiner 1, J. Kizer 4, S. Jones 5, Y. Goldberg 1, 6. 1 Albert Einstein College of Medicine, Montefiore, Bronx, United States of America; 2 Weill Cornell University, Population Health Sciences, NY, United States of America; 3 Duke University, Medicine, Durham, United States of America; 4 UCSF-VA, Cardiology, San Francisco, United States of America

Background and Aims: ADAPTABLE is the first PCOR trial in US, comparing the effectiveness of two aspirin doses for secondary prevention of atherosclerotic disease. Novel features include patients’ representation as research partners, leveraging of electronic health records, participation via internet and low cost. Direct patient engagement can improve research impact and provide access to minority populations, often less represented in clinical research. We aim to analyze patient’s data from Montefiore Hospital in Bronx, NY, serving a community of socioeconomically disadvantaged minorities.

Methods: Out of 6047 eligible patients, 85.8% were contacted about the study, 16.3% requested not to be contacted further. Patients were enrolled online with the help of a research assistant. Patients’ understanding about the study was captured by a knowledge report. Follow up information was obtained thru concerted efforts from the Coordinating Center at Duke University, NYC Data Center at Cornell University, and Montefiore Site.

Results: The non-internet enrollment at Montefiore at the end of the study (EOS) was 69%, significantly higher than the national non-internet rate (p<0.01). We observed 5.8% vs. 4.1% withdrawals and a similar, slightly lower, percentage of deaths: 2.9% vs. 3.7% at Montefiore site vs. nationally. Characteristics related to lower mortality and retention, and knowledge report will be analyzed further.

Conclusions: Patients’ recruitment at Montefiore Hospital depended extensively on direct in-clinic efforts. Combined local and national collaboration supported study completion. Similar mortality rates denoted equal level of care. These results highlight the importance of concerted strategies for educating patients about the value of participation and equal representation in clinical studies.

**P675 | #172, E-POSTERS TOPIC: 4. CLINICAL VASCULAR DISEASE / 4.12 PREVENTION AND TREATMENT OF CARdiovascularDISEASE; MISCELLANEOUS.**

COVID-19 PANDEMIC AND TRIGGERED ACUTE MYOCARDIAL INFARCTION AND OUT-OF-HOSPITAL CARDIAC ARREST IN NON-INFECTED INDIVIDUALS

A. Hammoudelah 1, E. Mdanat 2, R. Almoheisen 3, M. Jabari 4, H. Janabi 5, R. Ibdah 6, 7. Istishari Hospital, Department Of Cardiology, Amman, Jordan; 2 Farah Hospital, Department Of Internal Medicine, Amman, Jordan; 3 Abdali Hospital, Department Of Internal Medicine, Amman, Jordan; 4 Specialty Hospital, Department Of Cardiology, Amman, Jordan; 5 Aqaba Islam Hospital, Department Of Cardiology, Aqaba, Jordan; 6 King Abdullah University Hospital, Department Of Cardiology, Irbid, Jordan

Background and Aims: The Covid-19 pandemic-related stressors are associated with behavioral and psychological problems, but no reports describe the pandemic stress triggering acute coronary events including acute myocardial infarction (AMI) and out-of-hospital cardiac arrest (OHCA) among individuals not infected with the covid-19 virus.

Methods: We enrolled Covid-19 negative patients with AMI or OHCA admitted to 8 centers in Jordan during the covid-19 pandemic (March 15 through December 31, 2020). All of the patients were exposed to pandemic-related psychosocial and financial stressors.

Results: We enrolled 177 patients (mean age 59.6±9.9 years, 84% men). Hypertension was present in 50%, diabetes in 45%, cigarette smoking in 71%, and 36% had history of cardiovascular disease (CVD). Of the whole group, 166 (94%) had AMI and 11 (6%) had OHCA. Patients with OHCA were younger (55±7.1 vs. 59.9±10.7 years, p=0.05) and had lower rate of past CVD (9% vs. 37%, p<0.001) compared with AMI patients. Of the AMI patients, 147 (83%) had coronary angiography, 119 (67%) had percutaneous angioplasty and 14 (8%) had bypass surgery. Survival rate was 0 for the OHCA patients and 98.2% for AMI patients (p<0.0001). The most common reported pandemic-related triggers the patients were exposed to included financial hardships in 82 (46%), loneliness in 77 (44), fear to contract the virus or of lack of medical care in 55 (31%), anger in 29 (16%), and heavy physical exertion in 8 patients (5%).

Conclusions: The Covid-19 pandemic-related stressors can potentially trigger life threatening acute coronary events. The minority of patients who had OHCA had a grim prognosis.

**P676 | #173, E-POSTERS TOPIC: 4. CLINICAL VASCULAR DISEASE / 4.12 PREVENTION AND TREATMENT OF CARdiovascularDISEASE; MISCELLANEOUS.**

VISIT-TO-VISIT BLOOD PRESSURE VARIABILITY IN RURAL MALES WITH ARTERIAL HYPERTENSION: THE ASSOCIATION WITH THE SCORE CARdiovascular RISK AND RISK AGE

K. Mikhailiev 1, T. Nimtssovych 1, A. Kravchenko 1, V. Gurianov 2, T. Chursina 3, O. Mishcheniuk 1, S. Stanislavskaya 1. 1 Research and Practical Center of Preventive and Clinical Medicine, Internal Medicine, Kyiv, Ukraine; 2 Bogomolets National Medical University, Medical And Biological Physics And Informatics, Kyiv, Ukraine; 3 Bukovinian State Medical University, Internal Medicine, Clinical Pharmacology And Occupational Diseases, Chernivtsy, Ukraine

Background and Aims: To study the association of blood pressure (BP) visit-to-visit variability (VVV) with cardiovascular risk and risk age, assessed by the SCORE model, in rural males with arterial hypertension (HTN).

Methods: The cross-sectional study enrolled 160 rural males with uncomplicated primary HTN (mean age 50 ± 6 years). Seventy three (45.6 %) patients were overweight; 85 (53.1 %) patients were active smokers. The vast majority of patients (97.5%) presented with dyslipidemia of different magnitude. The SCORE model was used to assess cardiovascular risk and risk age. BP VVV (of systolic BP (SBP) and diastolic BP (DBP)) was assessed by means of standard deviation (SD) (derived from the four consecutive