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.
Method Retrospective study from the French SC services CDT-net database. Inclusion criteria were age ≥18 years, and ≥1 CV risk factor (BMI ≥ 25 kg/m², hypercholesterolemia, diabetes, arterial hypertension) or CVD [history of stroke, myocardial infarction or angina pectoris, peripheral arterial disease (PAD)]. Smoking abstinence (≥ 28 consecutive days) was self-reported and confirmed by exhaled carbon monoxide < 10 ppm. Logistic regression assessed the association between SC and sociodemographic factors, medical characteristics and patients’ smoking profile.

Results Among the 246,364 subjects in the database, 15% (36,864) fulfilled the inclusion criteria. One month-abstinence was lower in women [52.6% (n = 8102) vs. 55% (n = 11,848) in men, P < 0.001]. For both sex, smokers with the lowest abstinence rates were those with respiratory diseases (47% among women vs. 50% among men respectively), depression history (48% vs. 48%, P < 0.001), anxiety or depression symptoms (49% vs. 50%) use of anxiolytics/antidepressants, use of opioid substitution treatment, use of cannabis (42% vs. 41%) and benefit less than 3 follow-up visits (36% vs. 41%). Factors positively associated with SC in both sex were age > 65 years, having a degree, being employed, coming by self-initiation or by one’s relatives, being overweight, having previous quit attempts, presenting with low nicotine dependence and being confident in achieving abstinence. Factor negatively associated with abstinence only in women but not in men was alcohol disorder. Finally, factors negatively associated with abstinence only in men but not in women were PAD, and tobacco-related cancers.

Conclusion Our results from a large nationwide database suggest the relevance of differentiated management according to sex in smokers at high CV risk, given the major sex-specific disparities in factors associated with abstinence rates.

Disclosure of interest The authors declare that they have no competing interest.

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361 Main air pollutants and out-of-hospital cardiac arrest: A systematic review and meta-analysis

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Introduction Short-term exposure to high levels of air pollution may trigger out-of-hospital cardiac arrest (OHCA), but this association remains unclear and controversial.

Objective To assess and quantify the association between short-term exposure to major air pollutants (ozone, carbon monoxide, nitrogen dioxide, sulfur dioxide, and particulate matter 10 µm [PM10] and 2.5 µm [PM2.5] in diameter) on OHCA risk.

Method Several electronic databases (from inception to April 15, 2022) were searched for the keywords combination with “air pollution” and “OHCA”. Two independent reviewers selected studies of any study design and in any language, using original data and investigating the association between short-term exposure (for up to 3 days) to 1 or more air pollutants and subsequent OHCA risk. Selection was performed from abstracts and titles and pursued by reviewing the full text of potentially eligible studies. Using a random effects model, relative risks (RRs) and 95% CIs were calculated for each increment of 10 µg/m³ in pollutant concentration, excepted for carbon monoxide, which increase was of 1 mg/m³. I² was calculated for heterogeneity as well as the Egger regression test P-value for publication bias. The population-attributable fractions (PAFs) were also estimated for the main air pollutants using an exposure prevalence of 80% in industrialized countries.

Results After a screening of 2177 citations, 21 studies were finally selected for meta-analysis. All the main air pollutants were significantly associated with an increase in OHCA risk: I² was mainly important but there was no statistical argument for a publication bias. Population attributable fractions were not negligible (Table 1).

Conclusion All the main air pollutants were significantly associated with a short-term increase in OHCA risk with population attributable fractions of public health significance.

Table 1 Main air pollutants and out-of-hospital cardiac arrest meta-analyses results.

| Pollutant          | RR and 95% CI | p   | I²   | Egger regression test p value | PAF with an exposure prevalence of 80% |
|--------------------|---------------|-----|------|-----------------------------|--------------------------------------|
| Ozone              | 1.009–1.011   | 0.009 | 85%  | 0.23                        | 0.75%                                |
| Carbon monoxide    | 1.007–1.009   | < 10² | 77%  | 0.08                        | 5.08%                                |
| Nitrogen dioxide   | 1.030–1.031   | 0.011 | 89%  | 0.82                        | 0.79%                                |
| Sulfur dioxide     | 1.020–1.030   | 0.012 | 90%  | 0.13                        | 1.57%                                |
| PM10               | 1.006–1.008   | < 10² | 90%  | 0.67                        | 1.13%                                |
| PM2.5              | 1.026–1.030   | < 10² | 18%  | 0.79                        | 1.13%                                |

Discussion The authors declare that they have no competing interest.

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116 Nationwide initiation of cardiovascular risk treatments during the COVID-19 pandemic in France: Women on a slippery slope?

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Introduction During the COVID-19 pandemic, healthcare use has been challenged and several implications regarding the incidence and management of cardiovascular diseases and their risk factors were found.

Objective This study examines time trends in the initiation of prescribed medication treatments for cardiovascular risk (anti-hypertensives, lipid-lowering drugs, oral anticoagulants in atrial fibrillation, and smoking cessation medications) during the COVID-19 pandemic in the French population.

Method For each year between 2017 and 2021, we used the French National Insurance Database to identify the number of people with at least one reimbursement for the medications of interest but no reimbursement in the previous 12 months. We computed
crude and age-standardized rates along with incidence rate ratios (IRRs) between 2017–2019 and respectively 2020 and 2021 using Poisson regression adjusted for age and 2017–2019-time trends. We recorded the number of lipid profile blood tests, Holter electrocardiograms, and consultations with family physicians or cardiologists.

**Results** In 2020, IRR significantly decreased for initiations of antihypertensives (−11%), lipid-lowering drugs (−5%), oral anti-coagulants in atrial fibrillation (−9%), and smoking cessation medications (−52%) compared to 2017–2019. Larger decreases were found in women compared to men except for smoking cessation medications, with the sex difference increasing with age. Similar analyses comparing 2021 to 2017–2019 showed an increase in the initiation of lipid-lowering drugs (+12%) but even lower rates for the other medications, particularly in women. Besides, the 2020 number of people visiting a family physician or cardiologist decreased by 8.4% and 7.4%, respectively, with a higher decrease observed in those over 65 years and a greater use of teleconsultations in women.

**Conclusion** The COVID-19 pandemic heavily impacted the initiation of medication treatments for cardiovascular risk in France, particularly in women and people over 65 years.

**Disclosure of interest** The authors declare that they have no competing interest.

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**Prevalence of diabetes in the Tunisian population: Results of the ATERA-survey**

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**Introduction** Diabetes mellitus is among the diseases with great impact on health and society, not only for its high prevalence but also for its chronic complications and high mortality.

**Objective** This study aimed to estimate the prevalence of type 2 diabetes (T2D) in Tunisia and to evaluate the relationship between this diagnosis, demographics, medical history, physical and blood biochemical measurements and socioeconomic variables.

**Method** The ATERA-survey was a nationally representative, cross-sectional study conducted between January 2016 and March 2019 using the World Health Organization (WHO) criteria. Data were collected by face-to-face interviews during a door-to-door visit. Diabetes was defined as self-reported history with prescribed glucose-lowering medication or fasting plasma glucose (FPG) ≥ 126 mg/dL (7 mmol/L) or HbA1c level ≥ 6.5% (≥ 48 mmol/mol).

**Results** Out of an initial recruitment of 11,853 individuals, 10,576 participants (4642 men and 5934 women) aged 25–75 years completed an interview and medical examination. The overall prevalence of T2D obtained from this study was 23.0% [95% confidence interval (CI): 22.2%–23.8%] of which 16.6% were previously known cases of diabetes and 6.4% were newly detected. The prevalence was 23.8% [95% CI: (22.9–24.6)] in men and 22.30% [95% CI: (21.5–23.0)] in women as well as 24.5% and 18.7% in urban and rural residents, respectively.

**Conclusion** Our results indicate that T2D has become a major public health problem in Tunisia. Urgent measures are needed to prevent diabetes and its related complications.

**Disclosure of interest** The authors declare that they have no competing interest.

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**587 Causes of resuscitated sudden cardiac death over 10 years in a large population of consecutive patients**

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