There were 100 patients who were examined during the study period. The majority (85%) were male (mean age 67 years). In terms of comorbidities, 37% of patients had diabetes, 71% had hypertension. More patients presented via ambulance (57%). The mean time from symptom on set to presentation was (93) hrs. The most frequent symptom for patients was chest pain (61%). Patient reported barriers to earlier presentation included falsely attributed symptoms to non-cardiac cause (28%), desire not inconvenience the health system/relatives (6 %) and hope that the symptoms would alleviate with time (8%). The common single phrase patients described their feeling was "worried" (25%).

As a barrier time delay was most concerning. Chest pain was the most concerning symptom. Patients attribute many negative connotations to their chest pain experience.

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Perceptions of Older Adults Towards the Use of Wearable Cardiac Monitoring Technologies

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Background: *'Wearables only work on patients that wear them'*. There has been recent explosion in the development and uptake of wearable cardiac monitoring technologies amongst patients. Little research has explored cardiovascular patient's perceptions and experiences of their wearability.

Objective: This study aimed to explore patient's perceptions and experiences of wearable cardiac monitoring technologies.

Methods: Participants were recruited from a cardiac rehabilitation service and were living with cardiovascular disease and had experienced wearing a range of cardiac monitoring devices. A series of three focus groups were conducted. These were audio recorded and transcribed verbatim. Data were examined by two researchers and primary themes were identified based on patient's accounts. In the next stage data were analysed using Nvivo 12 to ensure closer alignment of identified categories with the main data and to establish an inductive thematic analysis. Finally, consensus was gained on consistency and interpretation and clarity of findings.

Results: A sample of 18 participants (11 males & 7 females) were included in analyses.

Focus group duration =(mean time 26 mins)

Trust and the uptake of a wearable monitoring technology by participants was influenced by three main themes.
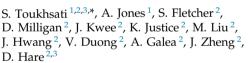
These included:

1) Useability and acceptability
2) Reliability and safety
3) Design implications

Conclusion: Our research revealed many factors that are likely to influence initial uptake of these technologies and short or long term adherence to wearing. It is critical that patients partners in the co-design of new wearable cardiac technologies to optimise use and uptake in clinical practice.

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Psychological Denial is a Risk Factor for All-Cause Unplanned Rehospitalisations Following Acute Myocardial Infarction

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Aim: Psychological denial about the severity or impact of an acute myocardial infarction (AMI) and/or efforts to suppress thoughts about it may be linked to poor health behaviours. The aim of this study was to explore whether psychological denial predicted all-cause unplanned rehospitalisations following an AMI admission.

Methods: A total of 234 consecutive adult post-AMI patients (185 men; mean±SD age=63.84±12.38 years) completed the Verbal Denial Scale, comprising three subscales: Denial of Illness, Denial of Impact, and Suppression. All-cause, unplanned rehospitalisations were sourced from electronic hospital databases (Cerner and TrakCare) from the