

INTRODUCTION

- Early in the coronavirus disease 2019 (COVID-19) pandemic, a low incidence of cardiovascular complications was reported amongst hospitalised patients with COVID-19 in Singapore
- Little was known about the trend of cardiovascular complications as the pandemic progressed
- As such, we sought to examine the evolving trends in electrocardiographic and cardiovascular manifestations in patients hospitalised for COVID-19 infection.

METHOD

Patient recruitment

- Consecutive patients (n=1781) with PCR-confirmed COVID-19 were examined
- Admitted to tertiary hospital for clinical management and evaluation

Data collection

- Demographic data including age, sex, past medical history
- Clinical presentation including symptoms, vital signs, laboratory findings obtained within 24h of admission, and baseline ECG
- Adverse composite clinical outcomes were defined as either mortality, intensive care management

Statistical analysis

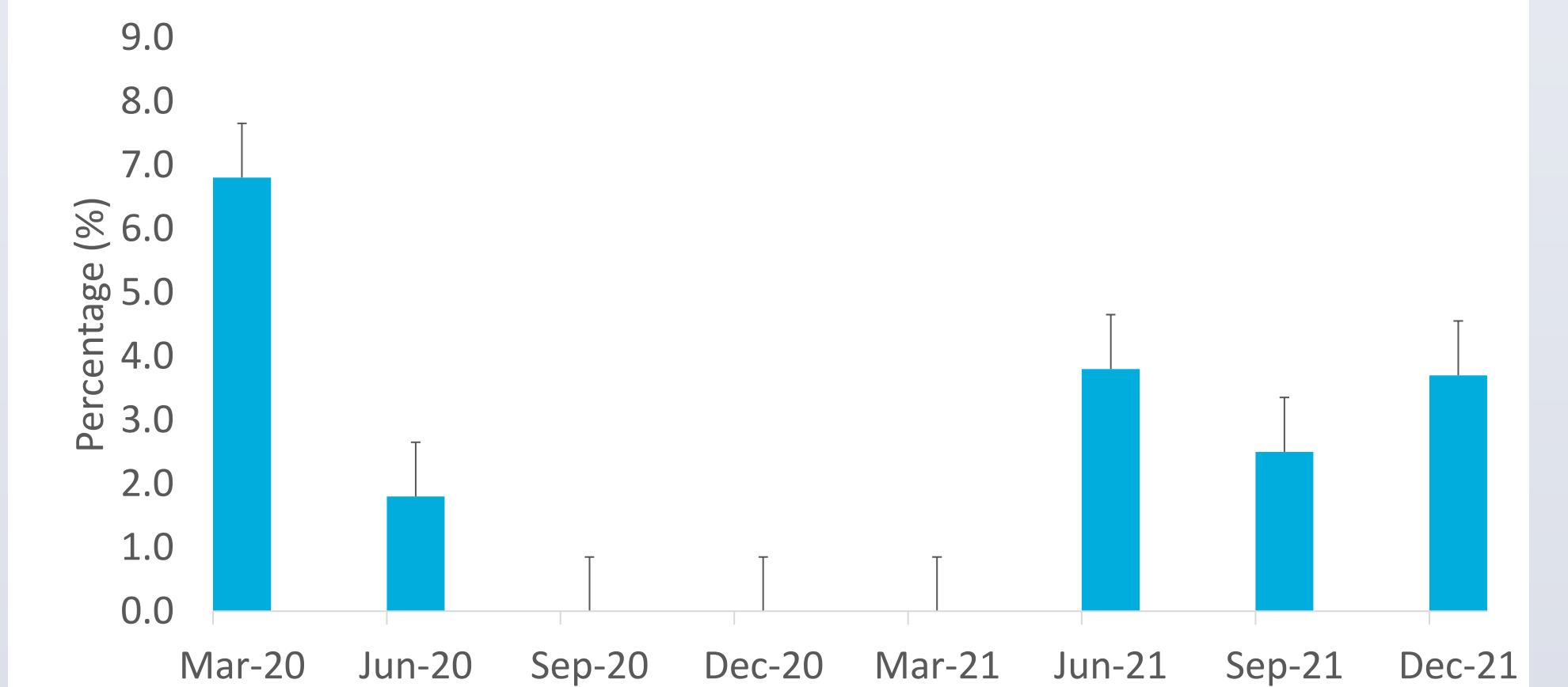
- Independent samples Student's t-tests and chi-squared tests were employed to compare between groups
- P-value of <0.05 was considered significant

RESULTS

Parameter	Overall population (n=1781)	Abnormal ECG (n=261)	Normal ECG (n=1520)	p-value
Age (years)	42.1 (±14.6)	40.4 (±16.0)	42.4 (±14.4)	0.053
Sex (male)	1426 (80.2%)	221 (85.7%)	1205 (79.3%)	0.018
Body mass index (kg/m ²)	25.8 (±5.4)	25.1 (±5.1)	26.0 (±5.4)	0.318
Smoking history	130 (7.7%)	20 (7.9%)	110 (7.6%)	0.858
Hypertension	254 (14.3%)	37 (14.2%)	217 (14.3%)	0.966
Hyperlipidaemia	173 (9.7%)	31 (11.9%)	142 (9.3%)	0.201
Diabetes mellitus	130 (7.3%)	17 (6.5%)	113 (7.4%)	0.597
Prior history of atrial fibrillation	12 (0.7%)	9 (3.4%)	3 (0.2%)	<0.001
Ischaemic heart disease	51 (2.9%)	8 (3.1%)	43 (2.8%)	0.833
Previous stroke	14 (0.8%)	5 (1.9%)	9 (0.6%)	0.042
No past medical history	1399 (78.6%)	206 (78.9%)	1193 (78.5%)	0.873
Received at least one dose of COVID-19 vaccination	273 (15.3%)	25 (9.6%)	248 (16.3%)	0.005
Received at least two doses of COVID-19 vaccination	230 (13.0%)	22 (8.4%)	208 (13.7%)	0.009
Shortness of breath	83 (4.7%)	19 (7.3%)	64 (4.2%)	0.030
Palpitations	9 (0.5%)	5 (1.9%)	4 (0.3%)	0.005
Chest pain	77 (4.3%)	18 (6.9%)	59 (3.9%)	0.032
Syncope	7 (0.4%)	1 (0.4%)	6 (0.4%)	0.978
Acute respiratory symptoms	1166 (65.5%)	157 (60.2%)	1009 (66.4%)	0.051
Asymptomatic illness	307 (17.2%)	35 (13.4%)	272 (17.9%)	0.077
Haemoglobin concentration (g/dL)	14.5 (±1.7)	14.7 (±1.8)	14.5 (±1.7)	0.042
Troponin I	41.6 (±264.3)	97.0 (±482.9)	19.7 (±68.4)	0.047
Serum C-reactive protein (µmol/L)	14.9 (±29.7)	20.1 (±50.7)	13.9 (±24.1)	0.003
Serum ferritin (µg/L)	209.1 (±295.1)	226.5 (±300.5)	205.9 (±294.1)	0.319
Lactate dehydrogenase (U/L)	420.0 (±262.2)	444.0 (±373.8)	415.9 (±237.5)	0.121
Length of hospital stay (days)	7.7 (±8.8)	9.3 (±10.1)	7.4 (±8.6)	0.036
Pneumonia	285 (16.0%)	39 (14.9%)	246 (16.2%)	0.613
Requiring intensive care	55 (3.1%)	10 (3.8%)	45 (3.0%)	0.452
Acute myocardial infarction	5 (0.3%)	3 (1.1%)	2 (0.1%)	0.025
Stroke	5 (0.3%)	1 (0.4%)	4 (0.3%)	0.548
Myocarditis	12 (0.7%)	5 (1.9%)	7 (0.5%)	0.021
Pulmonary embolism	10 (0.6%)	5 (1.9%)	5 (0.3%)	0.009
Mortality	13 (0.7%)	3 (1.1%)	10 (0.7%)	0.421

Parameter	Abnormal ECG (n=261)
Rhythm	
Normal sinus rhythm	21 (8.0%)
Sinus bradycardia	99 (37.9%)
Sinus tachycardia	123 (47.1%)
Sinus arrhythmia	8 (3.1%)
Atrial fibrillation	10 (3.8%)
ST-Segment changes	
ST elevation	13 (5.0%)
ST depression	13 (5.0%)
Left ventricular hypertrophy (by voltage criteria)	9 (3.4%)

Subgroup analysis of patients with abnormal ECG



Changes in % of COVID-19 patients with cardiovascular events over time

DISCUSSION AND CONCLUSION

- The 261 (14.7%) patients with abnormal ECG were more likely to be symptomatic with breathlessness, palpitations and chest pain
- Abnormal ECG was also associated with higher CRP, Troponin I levels
- Over time, there was a trend towards a higher proportion of hospitalised patients with cardiovascular complications

REFERENCES

1. Li YWT, Ngiam JN, Chew NWS, Tham SM, Lim ZY, Cen S, Lim SL, Cherian R, Wong RCC, Chai P, Yeo TC, Tambyah PA, Santosa A, Cross GB, Sia CH. Low incidence of cardiac complications from COVID-19 and its treatment among hospitalised patients in Singapore. Ann Acad Med Singapore 2021;50:490-3.
2. Ngiam JN, Chew N, Tham SM, et al. Demographic shift in COVID-19 patients in Singapore from an aged, at-risk population to young, migrant workers with reduced risk of severe disease International journal of infectious diseases: IJID: official publication of the International Society for Infectious Diseases 2020; 103:329-335.