

Long-term functional and quality-of-life outcomes of OHCA survivors stratified by shock provider

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Introduction

- With the proliferation of first responder and public access defibrillation programs for out-of-hospital cardiac arrest, it is important to assess their impact on 12 month health related quality of life (HRQoL) outcomes for survivors.

Methods

- Using Victoria Ambulance Cardiac Arrest Registry data we performed a 10 year retrospective analysis of HRQoL outcomes for survivors, initially shocked by bystanders (n=271), 1st responders (n=161) or paramedics (n=1088).

Results

- Bystander shocked survivors had better HRQoL outcomes at 12 months post-arrest. (Fig. 1)
- Bystander shocked survivors had higher adjusted odds of good functional recovery and HRQoL outcomes compared to paramedic shocked survivors. (Fig. 2)
- Early defibrillation was associated with better functional recovery and HRQoL outcomes. (Fig. 3)

Discussion

- Strategies to improve early defibrillation will improve 12 month functional recovery and HRQoL outcomes.

Such as...

- Equipping GoodSAM responders with AEDs.
- Increasing 24/7 AED access in residential areas.

Minutes to 1st shock from emergency call



Compared to paramedic defibrillation, at 12 months post arrest bystander defibrillation increased the adjusted odds of.....

- Living at home without care by 77%**
- Returning to work by 72%**
- Having a GOS-E ≥ 7 by 53%**
- Having an ED-5D VAS ≥ 80 by 56%**

The only effect for 1st responder defibrillation was an increase in the adjusted odds of.....

- Returning to work by 84%**

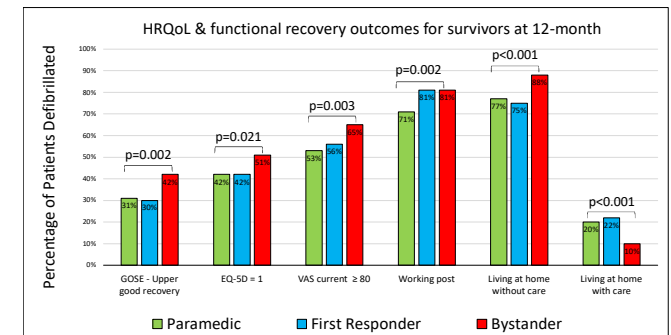


Fig 1: HRQoL and functional recovery outcomes at 12-months

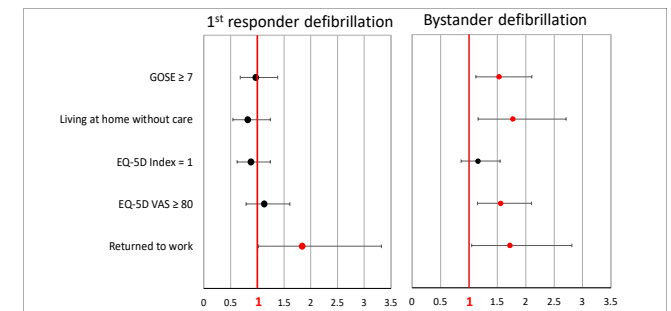


Fig 2: AOR for 12-month HRQoL outcomes (ref paramedic)

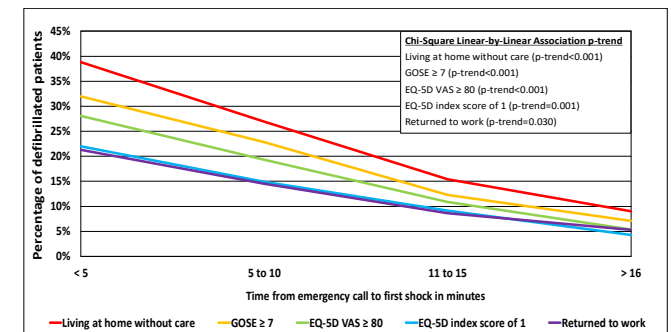


Fig 3: Outcomes by 5 minute intervals from call to 1st shock