

Regional Variation in Outcomes of Witnessed VF OHCA in Asia



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Introduction



- Outcome of patients with witnessed VF OHCA
 - Depends on "the chain of survival"
 - Reflects emergency care in communities
- Regional variation in outcome of witnessed VF in <u>US</u>
 - Survival to discharge
 8% in Alabama to 40 % in Seattle: Nichol, JAMA 2008
- Regional variation in outcome of witnessed VF in <u>Asia</u>
 - Incidence, characteristics and outcomes of witnessed VF OHCA in Asia have not been fully investigated.

Aims



- Regional variation in Asia
 - To explore whether there is regional variation in the incidence, characteristics and outcomes of witnessed VF OHCA in Asian countries
- Comparison of PAROS data with data from US CARES study
 - To clarify both the similarities and difference in witnessed VF OHCA between US and Asian countries

Hypotheses



- Regional variation in Asia
 - There would be regional variation in the incidence and outcome of witnessed VF OHCA among areas in Asia
- Comparison of PAROS data with data from US CARES study
 - There would be difference in the incidence, patient characteristics, in and out-of-hospital emergency care, and outcomes of witnessed VF OHCA between US and Asia

Methods



Subjects

Non-Traumatic Cardiac Arrest Adult Cases: 18 or 20 years or older Witnessed by Citizens and/or EMS (Cardiac Cause) **Shockable Rhythm** (VF / pulseless VT)

Methods



Analysis

- Description and comparison of information on:
 - Characteristics of witnessed VF OHCA patients
 - Out-of-hospital CPR by EMS
 - In-hospital treatment
- Calculation and comparison of:
 - Incidence
 - Outcome: survival and neurological outcome

Methods



Analysis

- Comparison of PAROS data and data from the USA CARES study on:
 - Characteristics of witnessed VF OHCA patients
 - Out-of-hospital CPR by EMS
 - In-hospital treatment
 - Incidence
 - Outcome: survival and neurological outcome

Significance



- Knowing the current status of incidence and outcomes of witnessed VF OHCA is the first step to the improvement of emergency care in communities.
 - "A bridge cannot be built without knowing the width of a river."
- Comparison of data from different EMS systems may lead us to identify factors that can influence outcomes.