

Dansk Hjertestop- register

V/MARIANNE SØNDERGAARD PAPE



Dansk Hjertestopregister - DHR

- Landsdækkende register med hjertestop udenfor hospital i Danmark
- Data indsamles af ambulancetjenesterne i de fem regioner siden juni 2001
- DHR støttes økonomisk af TrygFonden
- Data anvendes til talrige forskningsprojekter nationalt



Association of National Initiatives to Improve Cardiac Arrest Management With Rates of Bystander Intervention and Patient Survival After Out-of-Hospital Cardiac Arrest

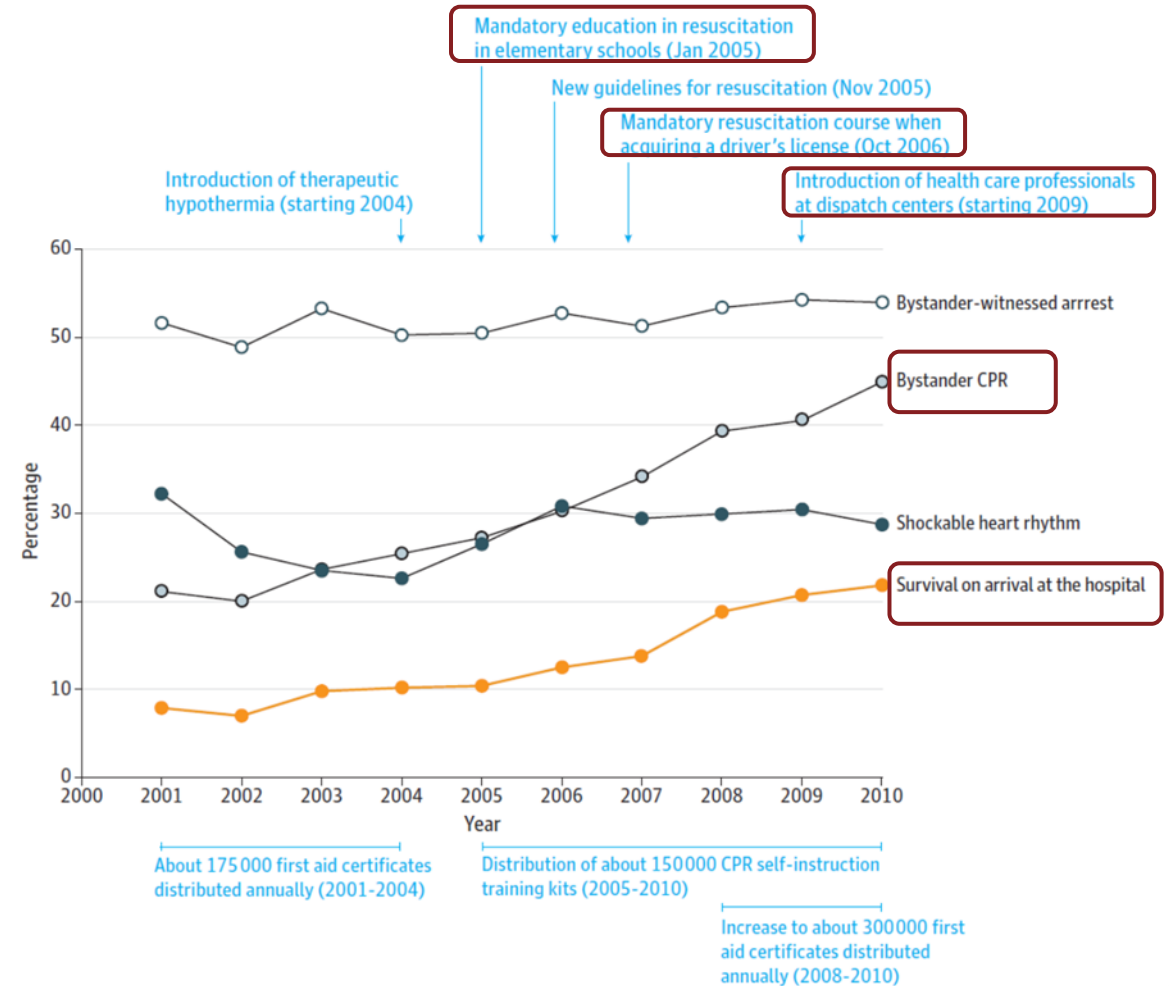
Mads Wissenberg, MD; Freddy K. Lippert, MD; Fredrik Folke, MD, PhD; Peter Weeke, MD; Carolina Malta Hansen, MD; Erika Frischknecht Christensen, MD; Henning Jans, MD; Poul Anders Hansen, MD; Torsten Lang-Jensen, MD; Jonas Bjerring Olesen, MD; Jesper Lindhardsen, MD; Emil L. Fosbol, MD, PhD; Søren L. Nielsen, MD; Gunnar H. Gislason, MD, PhD; Lars Kober, MD, DSc; Christian Torp-Pedersen, MD, DSc

IMPORTANCE Out-of-hospital cardiac arrest is a major health problem associated with poor outcomes. Early recognition and intervention are critical for patient survival. Bystander cardiopulmonary resuscitation (CPR) is one factor among many associated with improved survival.

OBJECTIVE To examine temporal changes in bystander resuscitation attempts and survival during a 10-year period in which several national initiatives were taken to increase rates of bystander resuscitation and improve advanced care.

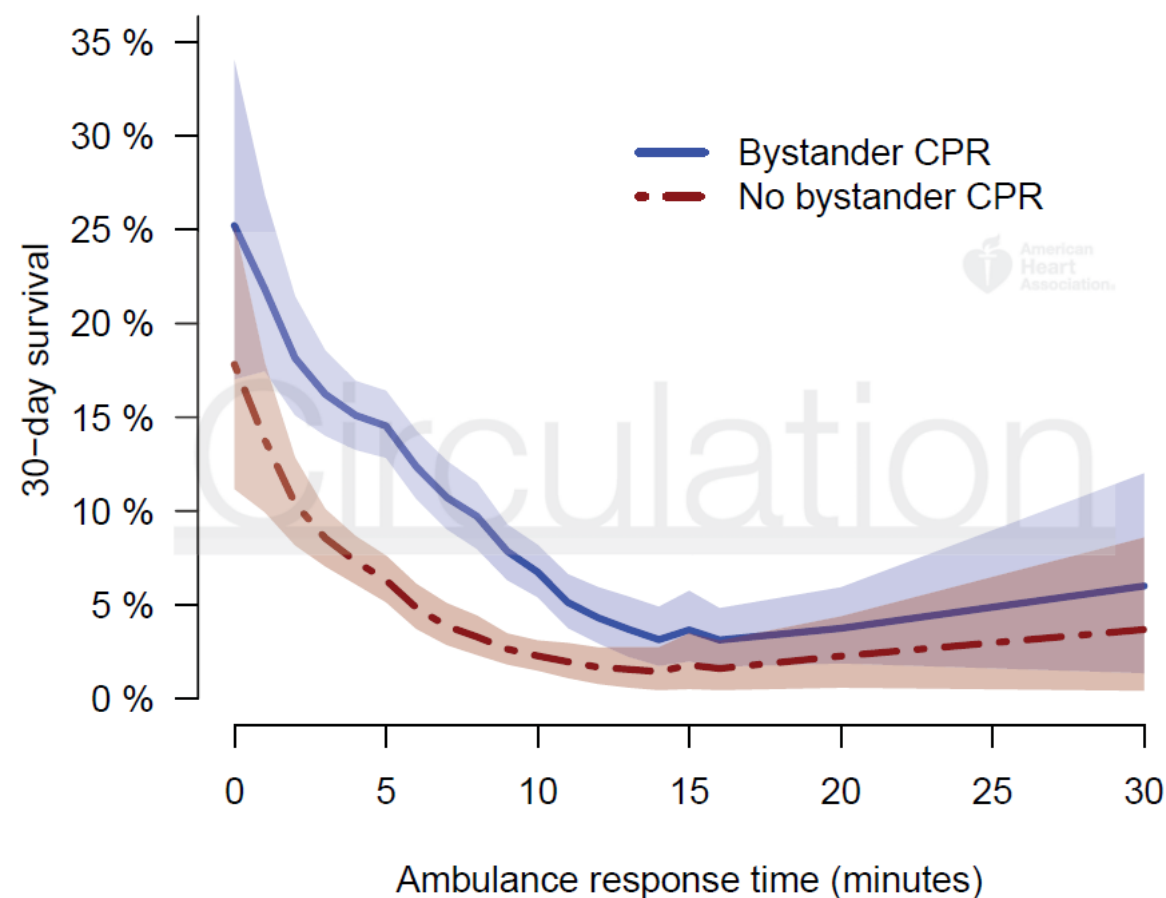
DESIGN, SETTING, AND PARTICIPANTS Patients with out-of-hospital cardiac arrest for which resuscitation was attempted were identified between 2001 and 2010 in the nationwide Danish Cardiac Arrest Registry. Of 29 111 patients with cardiac arrest, we excluded those with presumed noncardiac cause of arrest ($n = 7390$) and those with cardiac arrests witnessed by emergency medical services personnel ($n = 2253$), leaving a study population of 19 468 patients.

MAIN OUTCOMES AND MEASURES Temporal trends in bystander CPR, bystander defibrillation, 30-day survival, and 1-year survival.



Association of Bystander Cardiopulmonary Resuscitation and Survival According to Ambulance Response-times after Out-of-Hospital Cardiac Arrest

Running Title: *Rajan et al.; Bystander CPR and response-time*



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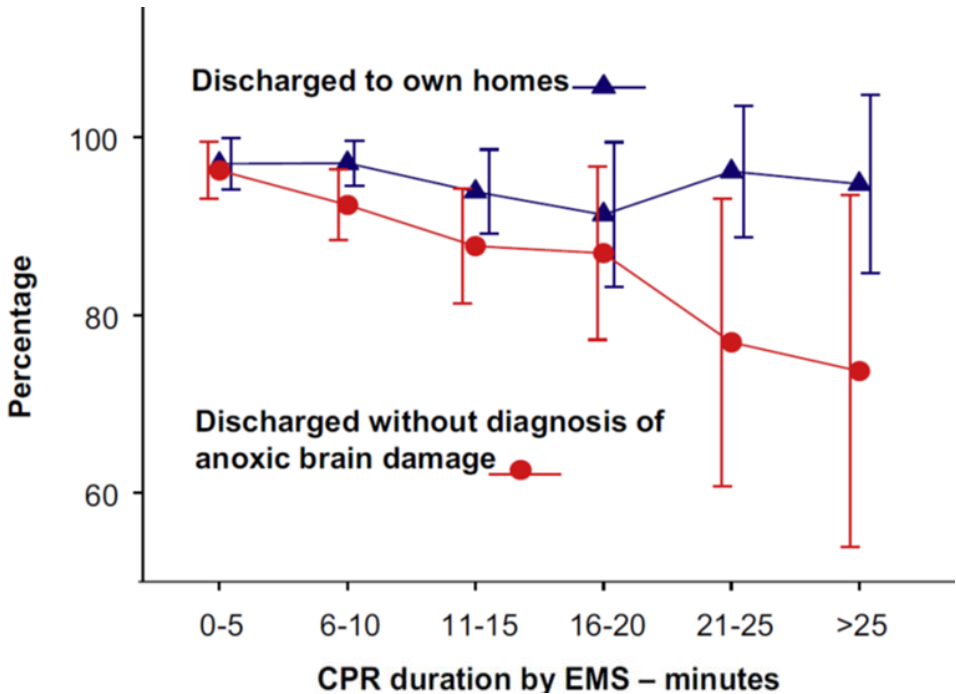
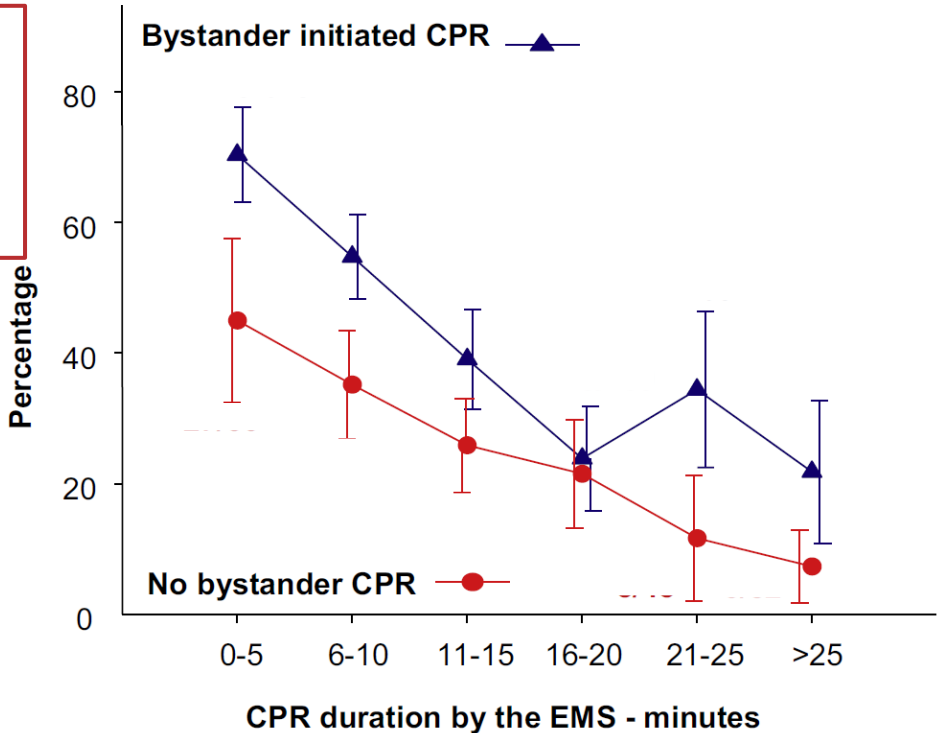
Clinical paper

Prolonged cardiopulmonary resuscitation and outcomes after out-of-hospital cardiac arrest[☆]



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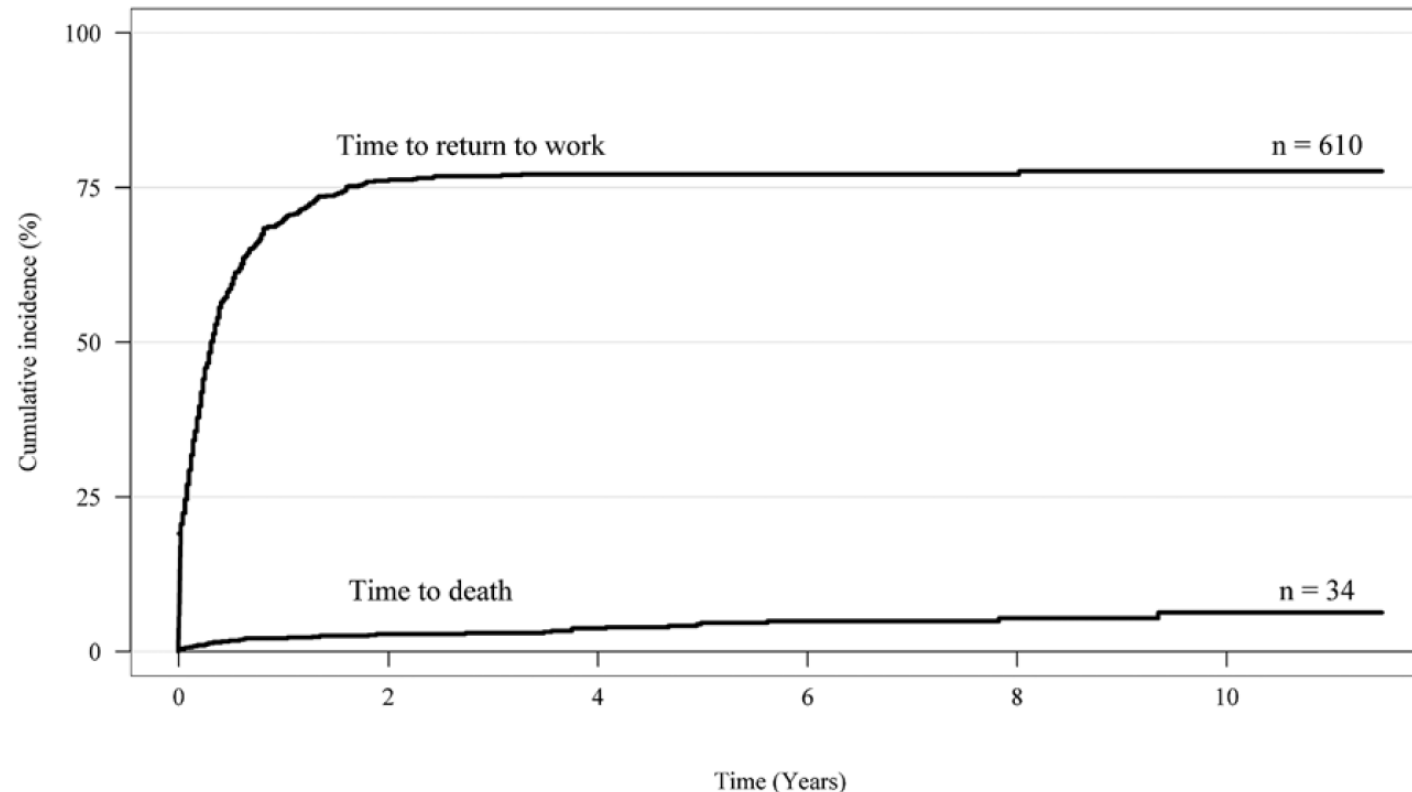
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Return to Work in Out-of-Hospital Cardiac Arrest Survivors

A Nationwide Register-Based Follow-Up Study

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Out-of-hospital cardiac arrest survivors are sparse. We examined return to work and long-term survival in survivors.

Out-of-hospital cardiac arrests have been systematically reported to the Danish Cardiac Arrest Register since 2000. We identified 4354 patients employed before arrest among 12332 patients who survived to day 30. Among 796 survivors (median age, 53 years) who returned to work in a median time of 4 months [quartile 1–3, 1–19 months], 74.6% (N=455) remained employed without using sick leave. This latter proportion of survivors returning to work increased over time (2000–2011; $P=0.002$). In multivariable Cox regression analysis, factors associated with sustainable employment were as follows: (1) arrest during 2006–2011, HR, 1.05–1.82; (2) male sex, HR, 1.48 (95% CI, 1.06–2.07); (3) age ≥ 65 years, HR, 1.02–1.68; (4) bystander-witnessed arrest, HR, 1.79 (95% CI, 1.02–3.14); (5) out-of-hospital resuscitation, HR, 1.38 (95% CI, 1.02–1.87).

Among survivors who did not return to work, 76.6% returned to work. The percentage of survivors who returned to work improved survival during 2001–2011, suggesting an increase in survival over time. (*Circulation*. 2015;131:1682-1690. DOI: 10.1161/CIRCULATION.123.1161/

Resuscitation ■ epidemiology ■ heart arrest

