AEDs How it started, where is it now and (maybe) where it will go

Ruud Koster Academic Medical Center Amsterdam







Conflict of interests: many!

- Physio-Control (now Stryker)
- HeartSine
- Zoll Medical
- Philips Medical
- Cardiac Science
- Defibtech
- Netherlands Heart Foundation







What will I tell?

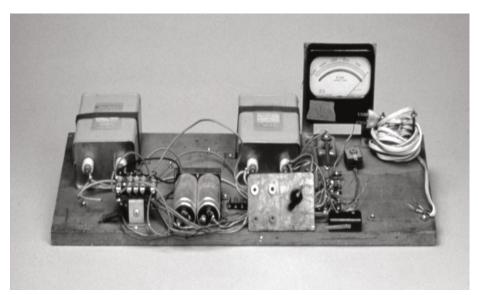
Development of AEDs Waveforms What we achieved What can/must we expect in the next years?







Dr. Edmark



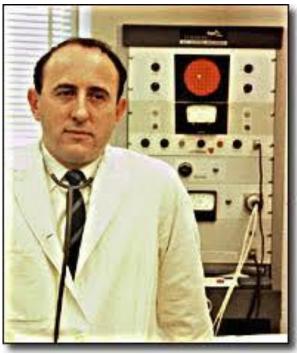


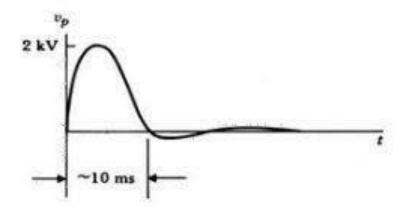
1955

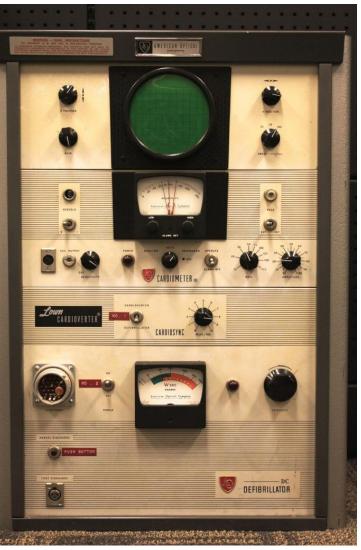




1961: Lown Defibrillator





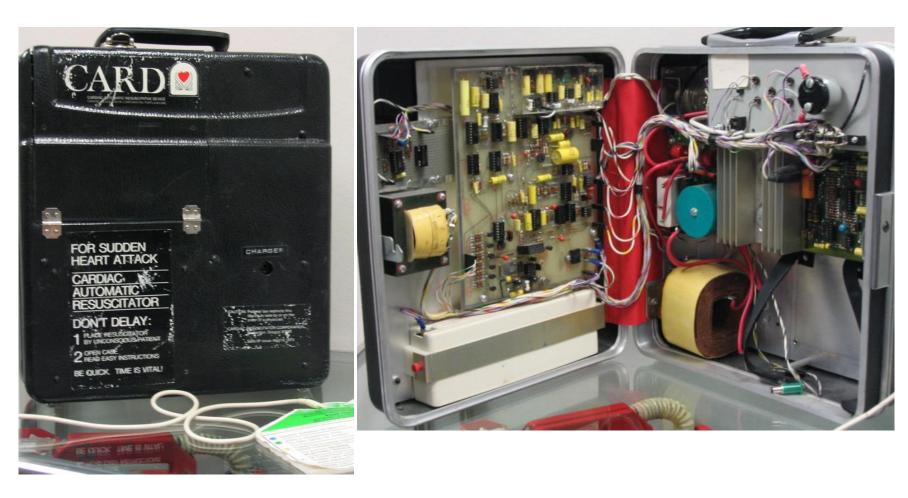






Automatische Externe Defibrillator: AED

1978: Cardiac Resuscitator







Automatic Externe Defibrillator: AED

1978: Cardiac Resuscitator







1987: Heart Aid













1987: CRC Heart Aid 80







Physio Control Lifepak 100

- First use 1987
- Much experience
- safe, effective





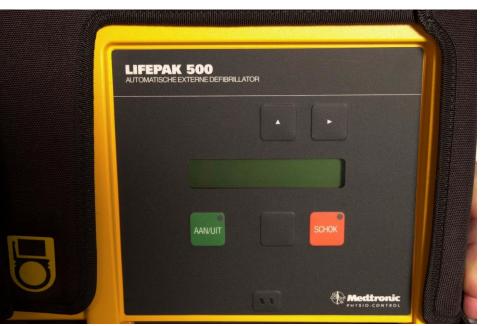


the AED anno 1999



Heartstream FR1 BTE

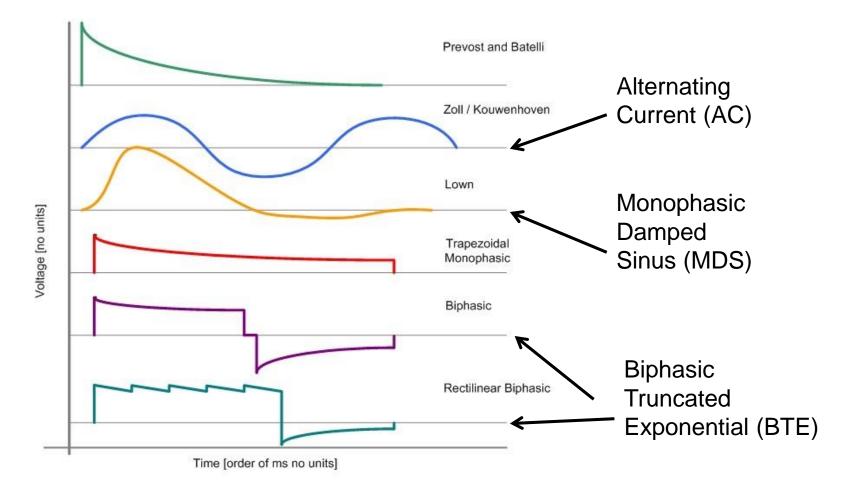
Lifepak 500 MDS and BTE





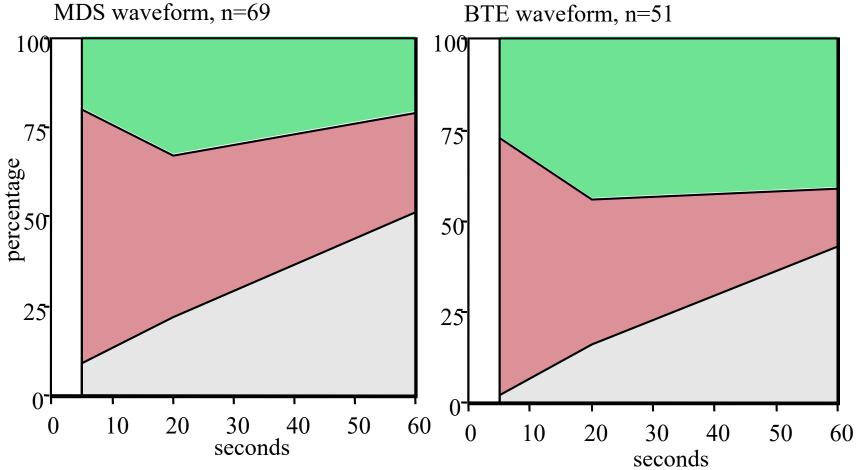


Waveforms





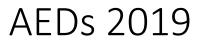




Randomized comparison for VF

AEDs through time













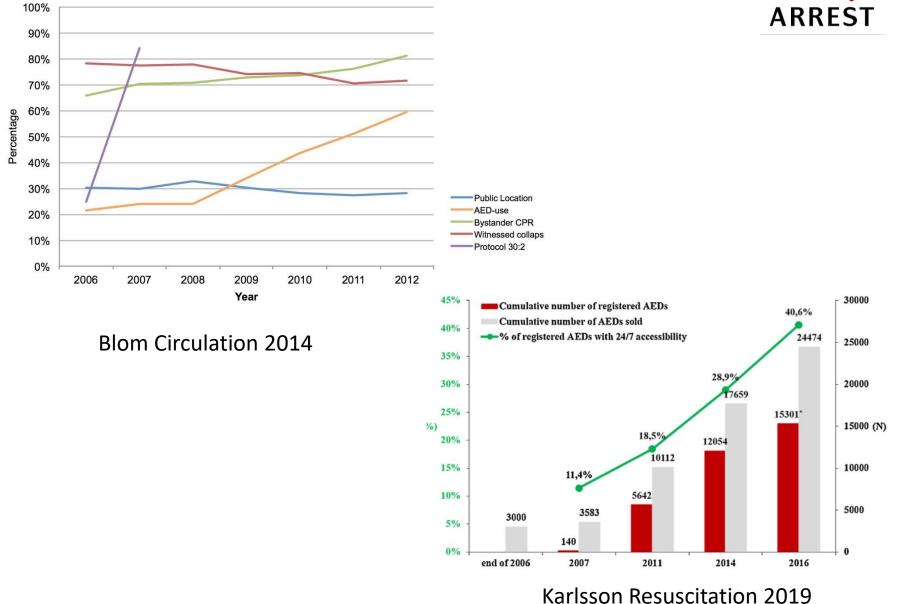




AEDs through time



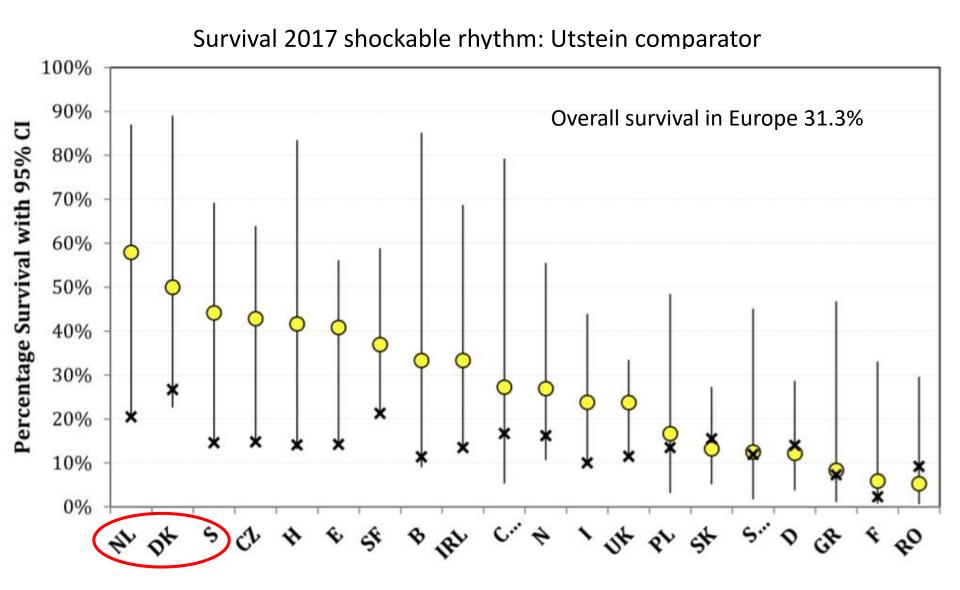








EuReCa One study



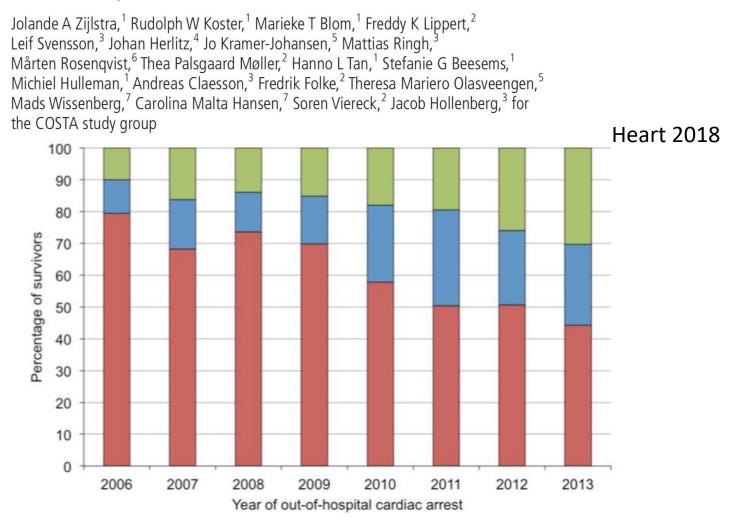


AMAN

ARREST

ORIGINAL RESEARCH ARTICLE

Different defibrillation strategies in survivors after out-of-hospital cardiac arrest









What holds the (near) future?









As we speak: Public vs residential use of AEDs Nearby responders with smart phones + GPS

Near future: CPR during rhythm analysis Connectivity: remote surveillance and patient data

Possible future: Standardization of design? Connections







As we speak: Public vs residential Nearby responders with smart phones + GPS

Near future: CPR during rhythm analysis Connectivity: remote surveillance and patient data

Possible future: Standardization of design? Connections







Where are we using AEDS? Public vs Residential?

Facts: "Public Access Defibrillation" PAD = use in Public Of all cardiac arrest 25% in public; 75% residential Public 70-80% VF; residential 40-50% VF

Simple math:

How many with shockable rhythm?Public:80% of 25% = 19%Residential:50% of 75% = 38%

AED in residences reach twice as many patients as in public!

AEDs through time











As we speak: Public vs residential Nearby responders with smart phones + GPS

Near future: CPR during rhythm analysis Connectivity: remote surveillance and patient data

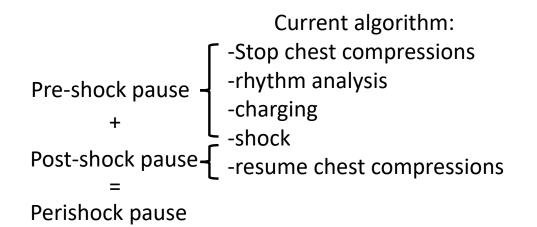
Possible future: Standardization of design? Connections







Rhythm analysis during chest compressions



in .				Р
Preshock pause, s	<10	10–19	≥20	
Survival, %	35.1	35.5	25.1	0.02
Postshock pause, s	<10	10–19	≥20	
Survival, %	31.8	30.8	22.7	0.06
Perishock pause, s	<20	20–39	≥40	
Survival, %	32.6	31.9	20.3	0.01

Table 3.Survival to Hospital Discharge as a Function ofMaximum* Shock Pause

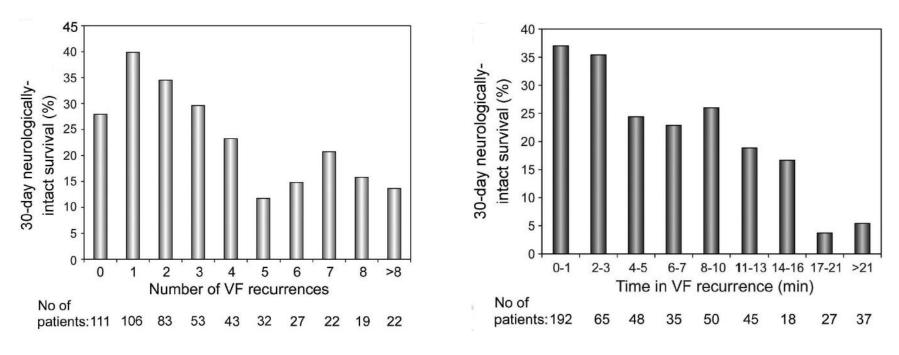
*Limited to first 3 shocks.

Cheskes Circulation 2011





These algorithms have far more potential!



Time in recurrence (median (IQR) 12 minutes (6-18)





As we speak: Public vs residential Nearby responders with smart phones + GPS

Near future: CPR during rhythm analysis Connectivity: remote surveillance, patient data

Possible future: Standardization of design? Connections







Standardization? No change since 2011....

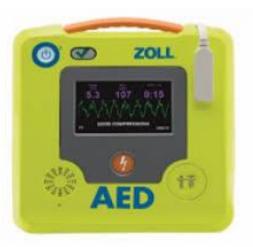






Some progress....

WiFi



Zoll AED3 Patient+status



Stryker Lifepak CR2 Patient+status

WiFi



Mindray BeneHeart D1 Status

But only part of the story.... Who will receive the patient information? Local? Industry? National?





One last thing:

Long term and good outcome of cardiac arrest is mainly determined in the first 10 minutes after collapse



AED 1978



