

Ulighed og in- hospital hjertestop

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TrygFonden



In-hospital hjertestop

In-hospital hjertestop \approx hjertestop udenfor hospital under optimale forhold

1

Høj andel af bevidnet hjertestop

2

Kort tid til hjertemassage

3

Kort tid til defibrillering/adrenalin

Studie

Register-baseret observationsstudie

DANARREST-data på **3,223 patienter** med in-hospital hjertestop i 2017 og 2018



ELSEVIER

Available online at [ScienceDirect](#)

Resuscitation

journal homepage: www.elsevier.com/locate/resuscitation



Clinical paper

Socioeconomic status and outcomes after in-hospital cardiac arrest

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Abstract

Aim: To investigate the association between socioeconomic status and outcomes after in-hospital cardiac arrest in Denmark.

Methods: We conducted an observational cohort study based on nationwide registries and prospectively collected data on in-hospital cardiac arrest from 2017 and 2018 in Denmark. Unadjusted and adjusted analyses using regression models were performed to assess the association between socioeconomic status and outcomes after in-hospital cardiac arrest. Outcomes included return of spontaneous circulation (ROSC), survival to 30 days, survival to one year, and the duration of resuscitation among patients without ROSC.

Results: A total of 3,223 patients with in-hospital cardiac arrest were included in the study. In the adjusted analyses, high household assets were associated with 1.20 (95 %CI: 0.96, 1.51) times the odds of ROSC, 1.49 (95 %CI: 1.14, 1.96) times the odds of survival to 30 days, 1.40 (95 %CI: 1.04, 1.90) times the odds of survival to one year, and 2.8 (95 %CI: 0.9, 4.7) minutes longer duration of resuscitation among patients without ROSC compared to low household assets. Similar albeit attenuated associations were observed for education. While high household income was associated with better outcomes in the unadjusted analyses, these associations largely disappeared in the adjusted analyses.

Conclusions: In this study of patients with in-hospital cardiac arrest, we found that high household assets were associated with a higher odds of survival and a longer duration of resuscitation among patients without ROSC compared to low household assets. However, the effect size may potentially be small. The results varied based on socioeconomic status measure, outcome of interest, and across adjusted analyses.

Keywords: Socioeconomic status, In-hospital cardiac arrest, Outcomes

Socioøkonomiske faktorer

1 Husstandsindkomst

2 Husstandsformue

3 Uddannelse

Socioøkonomiske faktorer

1 Husstandsindkomst

2 Husstandsformue

3 Uddannelse

Outcomes

- 1 Genetableret egencirkulation
- 2 30-dages overlevelse
- 3 1-års overlevelse
- 4 Genoplivningstid hos patienter uden genetableret egencirkulation

Outcomes

1 Genetableret egencirkulation

2 30-dages overlevelse

3 1-års overlevelse

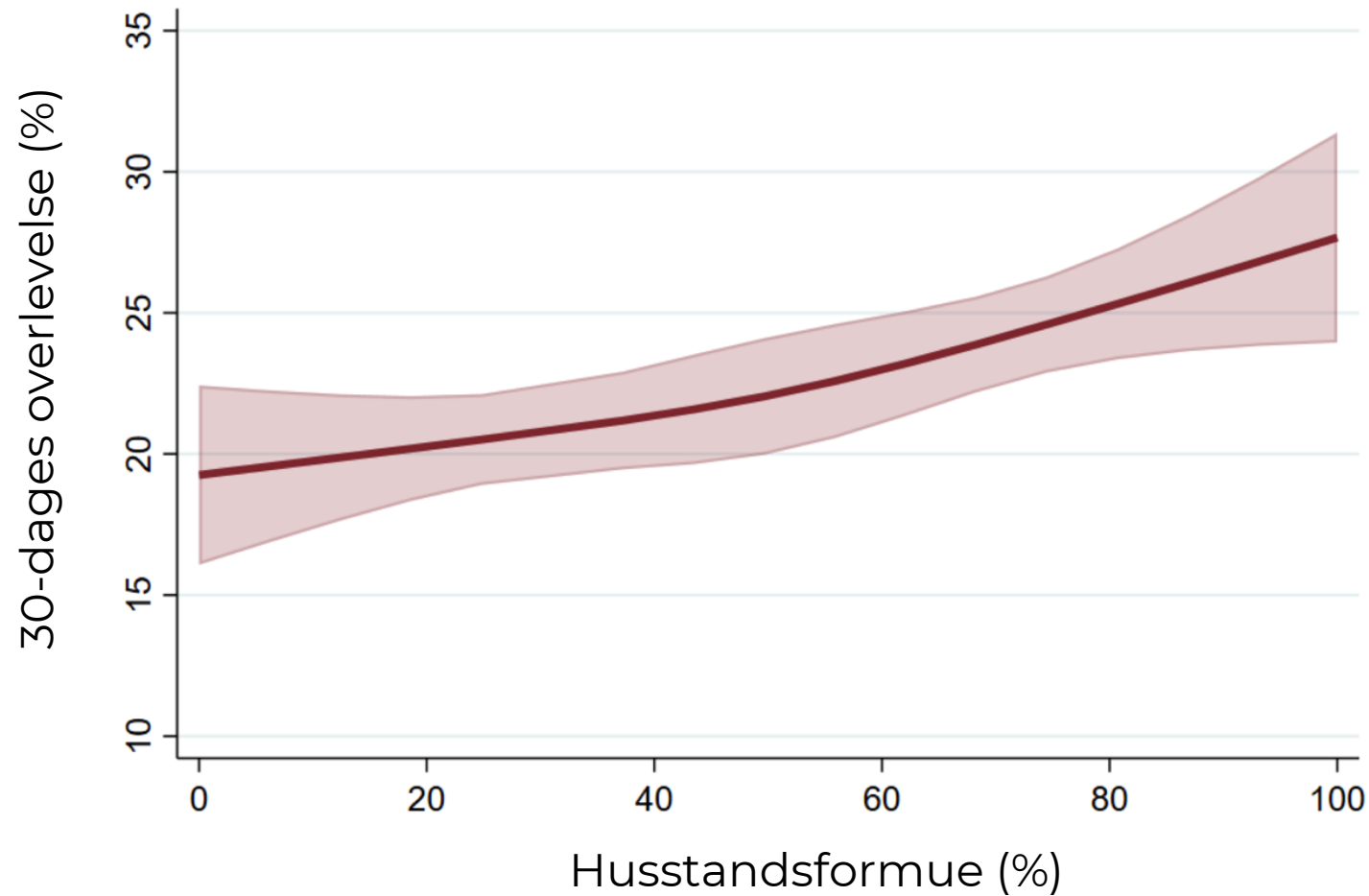
4 Genoplivningstid hos patienter uden genetableret egencirkulation

Patienter med lav husstandsformue

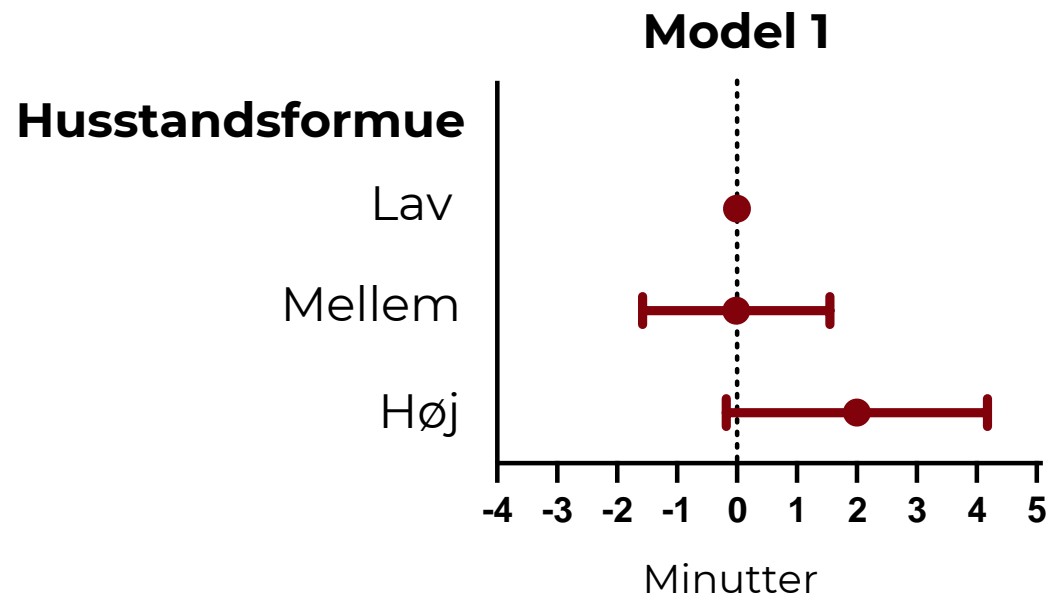
Karakteristika for patienter med lav husstandsformue:

- 1 Psykiatrisk sygdom (24% vs. 7%)
- 2 Diabetes (26% vs. 15%)
- 3 Hjertesvigt (21% vs. 16%)
- 4 Umonitoreret hjertestop (58% vs. 52%)

30-dages overlevelse

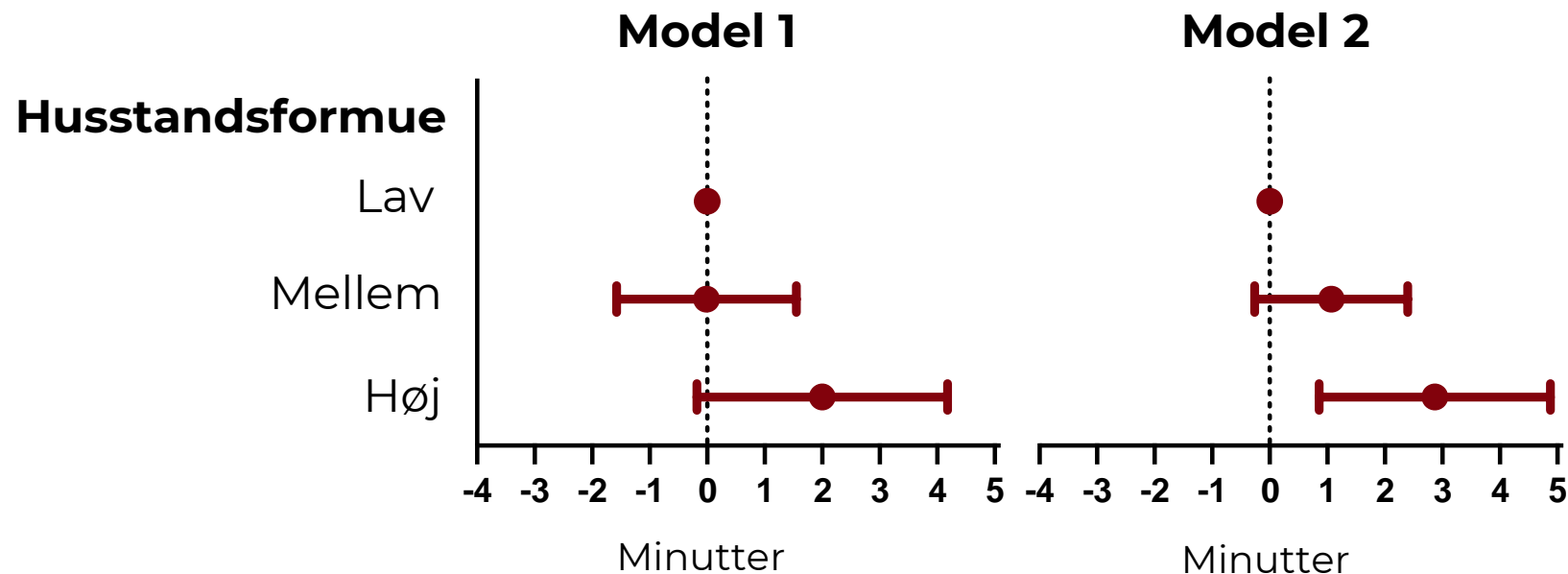


Genoplivningstid hos patienter uden genetableret egencirkulation



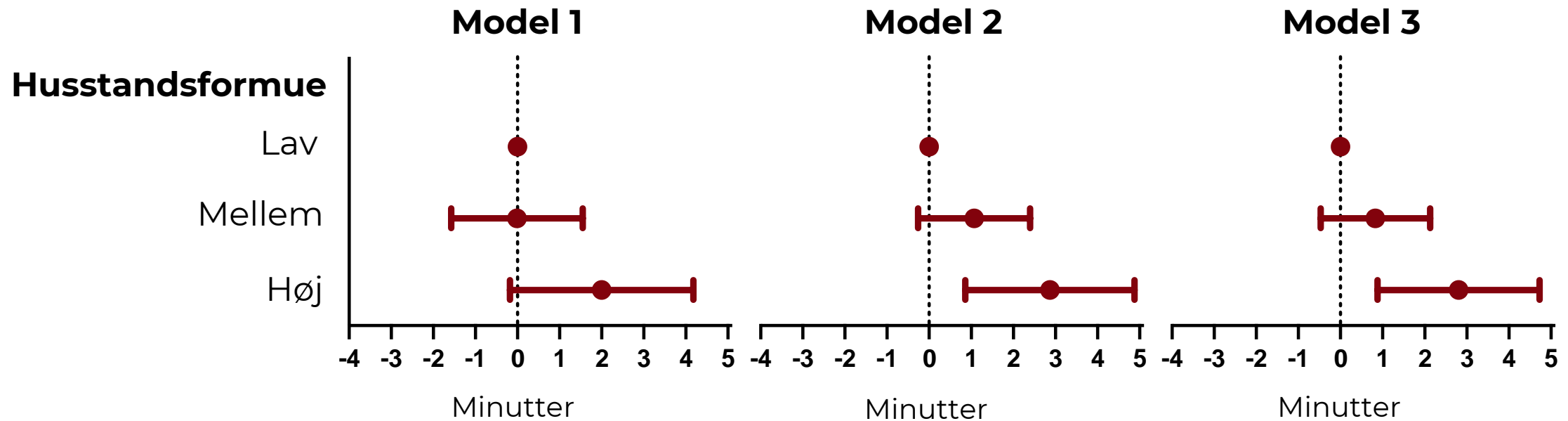
Forskelse (minutter):
2.0 (95% CI: -0.2, 4.2)

Genoplivningstid hos patienter uden genetableret egencirkulation



Forskell (minutter):
2.9 (95% CI: 0.9, 4.9)

Genoplivningstid hos patienter uden genetableret egencirkulation



Take-home messages

- 1 **Patienter med en høj formue har en bedre overlevelse efter in-hospital hjertestop**
- 2 **Høj formue er associeret med en længere genoplivningstid hos patienter uden genetableret egencirkulation**

