

Control/Tracking Number : 05-SS-A-16412-AHA

Activity :Abstract

Current Date/Time : 5/31/2005 4:00:17 AM

Efficacy of Bystander Initiated Chest Compression-only Cardiopulmonary Resuscitation on Ventricular Fibrillation as initial rhythm in Patients with Out-of-Hospital Cardiac Arrest; A large-scale population-based cohort study in Osaka, Japan

Taku Iwami, Kazuhiro Sase, Hiroyuki Kakuchi, National Cardiovascular Center, Suita, Japan; Kentaro Kajino, Kentaro Shimizu, Osaka University Graduate School of medicine, Suita, Japan; Naohiro Yonemoto, Kyoto University School of Public Health, Kyoto, Japan; Yoji Nagai, Translational Research Informatics Center, Kobe, Japan; Chika Nishiyama, Takashi Kawamura, Kyoto University School of Public Health, Kyoto, Japan; Atsushi Hiraide, Center for medical education, Kyoto University Graduate School Faculty of Medicine, Kyoto, Japan; Hiroshi Nonogi, National Cardiovascular Center, Suita, Japan; J-PULSE investigators

Introduction: Chest compression-only CPR is more feasible than standard CPR with ventilation, and have a potential to spread bystander initiated CPR for patients with out-of-hospital cardiac arrest (OHCA). *Hypothesis:* Bystander initiated chest compression-only CPR maintains ventricular fibrillation (VF) in patients with OHCA of cardiac etiology, especially in early phase of cardiac arrest. *Methods:* From May 1, 1998 to April 30, 2004, 31,557 consecutive OHCA cases in Osaka Prefecture, Japan (population, 8.8 million) were recorded by means of the Utstein style. Of these cases, 6563 cases which met the following criteria: 1) age \geq 18 years old, 2) cardiac etiology, 3) arrest witnessed by bystander, were extracted for the study. We calculated age- and sex-adjusted odds ratios of the type of CPR for VF as initial rhythm in each group divided by the time interval from collapse to initiation of CPR by emergency medical service (EMS) personnel ($<$ 10 minutes or \geq 10 minutes). *Results:* Bystander initiated compression-only CPR and compression plus ventilation CPR was performed in 9.7% and 14.0% of OHCA cases, respectively. VF were significantly more common (OR, 1.5; 95% CI, 1.1 - 2.0) in patients with bystander initiated compression-only CPR than those without CPR, when EMS personnel's CPR was performed within 10 minutes after collapse. VF was also frequent in those with bystander initiated compression-only CPR (OR, 1.5; 95% CI, 1.1 - 2.1) and compression plus ventilation CPR (OR, 1.8; 95% CI, 1.4 - 2.3) compared with those without CPR when EMS personnel's CPR was delayed (Table). *Conclusions:* Bystander initiated compression-only CPR, as compression plus ventilation CPR, maintains VF rhythm in patients with OHCA of cardiac etiology especially during the early phase after collapse and may contribute to the improvement of their survival. Data collection for one-year survival continues down to the present time and we will discuss survival and neurological outcome at the conference.

Age and sex adjusted odds ratio for ventricular fibrillation by the type of bystander initiated CPR.

	Patients in whom emergency medical service personnel started CPR less than 10 min after collapse		Patients in whom emergency medical service personnel started CPR 10 min or more after collapse	
	odds ratio for VF	95% confidence interval	odds ratio for VF	95% confidence interval
no CPR	1.0 (reference)	-	1.0 (reference)	-
compression-only	1.5	1.1 - 2.0	1.5	1.1 - 2.1

CPR				
compression plus ventilation CPR	1.2	0.9 - 1.5	1.8	1.4 - 2.3

Category (Complete): Resuscitation, CPR, Emergency Cardiac Care, Critical Care, AED and Trauma (CPCC)

Keyword (Complete): Cardiopulmonary resuscitation ; Cardiac arrest ; Ventricular fibrillation ; Acute Coronary Syndromes ; Sudden death

Presentation Format Preference (Complete): Either

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Control/Tracking Number : 05-SS-A-17933-AHA

Activity :Abstract

Current Date/Time : 5/31/2005 3:58:09 AM

Outcome of Out-of-Hospital Cardiac Arrest in a Large Metropolitan Area in Japan: A 6-year Emergency Medical Services Perspective

Taku Iwami, Kazuhiro Sase, Hiroyuki Kakuchi, National Cardiovascular Center, Suita, Japan; Kentaro Kajino, Kentaro Shimizu, Osaka University Graduate School of medicine, Suita, Japan; Naohiro Yonemoto, Kyoto University School of Public Health, Kyoto, Japan; Yoji Nagai, Translational Research Informatics Center, Foundation for Biomedical Research and Innovation, Kobe, Japan; Chika Nishiyama, Takashi Kawamura, Kyoto University School of Public Health, Kyoto, Japan; Atsushi Hiraide, Center for medical education, Kyoto University Graduate School Faculty of Medicine, Kyoto, Japan; Hiroshi Nonogi, National Cardiovascular Center, Suita, Japan; J-PULSE investigators

Objectives: To evaluate the trend of outcome and prognostic factors of out-of-hospital cardiac arrests (OHCA). **Methods:** We evaluated a population-based cohort of emergency medical service (EMS)-treated adult patients (age ≥ 18) with OHCA of cardiac etiology (n=15,600) from May 1, 1998 to April 30, 2004 in Osaka Prefecture (population, 8.8 million), Japan, by means of the Utstein style. Time course was divided into the initial 11-month period and 5 successive one-year periods. We evaluated changes in demographical and CPR-related factors. **Results:** Average age and sex ratio gradually increased over time. The proportion of witnessed cases increased and subsequently decreased with the similar trend of cases with ventricular fibrillation. The proportion of cases with bystander initiated CPR markedly increased. Basic life support (BLS) response interval, which showed the time interval from collapse to the initiation of CPR by EMS personnel, did not change during this period but the time interval from emergency call to the first defibrillation by EMS personnel became shorter over years (In Japan, public access defibrillation program was not being promoted during this period). One-year survival was also improving during the observation period (data collection is still ongoing for the last year). **Conclusion:** Although one-year survival proportion of patients with OHCA gradually increased over time with the improvement of the chain of survival, it is still low. Further investigation and effort to increase survival of patients with OHCA should be needed.

Prognostic factors and outcome of out-of-hospital cardiac arrests accorging to time period

	Time Period					
	1998/5 - 1999/3 (n = 2370)	1999/4 - 2000/3 (n = 2611)	2000/4 - 2001/3 (n = 2375)	2001/4 - 2002/3 (n = 2517)	2002/4 - 2003/3 (n = 2946)	2003/4 - 2004/3 (n = 2781)
Age, y, Mean (SD)	70.1 (15.0)	70.6 (14.8)	71.0 (14.9)	71.5 (14.7)	71.3 (14.7)	71.8 (15.2)
Female, % (n)	40.8 (960)	40.8 (1059)	40.4 (957)	39.9 (1002)	41.2 (1211)	41.6 (1155)
Witnessed, % (n)	37.1 (879)	39.8 (1040)	44.3 (1052)	45.1 (1134)	42.5 (1253)	40.4 (1122)
Bystander CPR, % (n)	19.0 (449)	22.9 (597)	26.5 (629)	29.1 (733)	31.0 (913)	35.9 (999)
Presenting rhythm VF, % (n)	10.7 (254)	13.2 (345)	13.0 (308)	13.6 (343)	10.9 (322)	10.6 (296)
BLS response interval,						

min, median (quartile)	8 (6 - 10)	8 (6 - 10)	8 (6 - 10)	8 (6 - 10)	7 (6 - 9)	8 (6 - 10)
Defibrillation response interval, min, median (quartile)	16.5 (12 - 21)	14 (11 - 19)	14 (10 - 19)	13 (10 - 17)	13 (9 - 17)	11 (8 - 16)
One-year survival, % (n)	1.7 (40)	2.1 (56)	2.5 (60)	2.4 (61)	4.0 (118)	-

Category (Complete): Resuscitation, CPR, Emergency Cardiac Care, Critical Care, AED and Trauma (CPCC)

Keyword (Complete): Sudden death ; Cardiac arrest ; Cardiopulmonary resuscitation ; Ventricular fibrillation ; Ventricular defibrillation

Presentation Format Preference (Complete): Either

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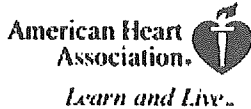
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Control/Tracking Number : 05-SS-A-19299-AHA
 Activity :Abstract
 Current Date/Time : 5/31/2005 3:54:47 AM

The Effect of Bystander Initiated Chest Compression-Only CPR on Cardiac Arrest of Non-Cardiac Etiology

Kentaro Kajino, Osaka University Graduate School of medicine, Suita, Japan; Taku Iwami, National Cardiovascular Center, Suita, Japan; Kentaro Shimizu, Osaka University Graduate School of medicine, Suita, Japan; Kazuhiro Sase, Hiroyuki Kakuchi, Hiroshi Nonogi, National Cardiovascular Center, Suita, Japan; Naohiro Yonemoto, Chika Nishiyama, Takashi Kawamura, Kyoto University School of Public Health, Kyoto, Japan; Atsushi Hiraide, Center for medical education, Kyoto University Graduate School Faculty of Medicine, Kyoto, Japan; Hisashi Sugimoto, Osaka University Graduate School of medicine, Suita, Japan; J-PULSE investigators

Introduction: Recently there have been many reports that suggest the effect of chest compression-only CPR, but it is not clear that chest compression-only CPR has an effect on patients with cardiac arrest of non-cardiac etiology such as stroke or respiratory arrest. It is important to know the effectiveness of chest compression-only CPR on patients with arrest of non-cardiac etiology, because we cannot discriminate between arrest of cardiac etiology and non-cardiac etiology on scene.

Hypothesis: Bystander initiated chest compression-only CPR maintains ventricular fibrillation (VF) in patients with out-of-hospital cardiac arrest (OHCA) of non-cardiac etiology and contributes to the increase of survival. *Methods:* From May 1, 1998 to April 30, 2004, 31,557 consecutive OHCA cases in Osaka Prefecture, Japan (population, 8.8 million) were recorded. Of them, 7086 adult patients (age >= 18) with nontraumatic OHCA of non-cardiac etiology, constitute this study cohort. We calculate multivariate adjusted odds ratios for VF and one-month survival in each group divided by the type of CPR (chest compression-only CPR, compression plus ventilation CPR, or no CPR), controlling for age, sex, witness status, and the cause of arrest. *Results:* There was a tendency that VF was frequent in those with bystander initiated compression-only CPR (OR, 1.4; 95% CI, 0.9 - 2.1) and compression plus ventilation CPR (OR, 1.4; 95% CI, 0.9 - 2.0) compared with those without CPR. The same tendency was observed concerning the odds for one month survival (Table).

Conclusions: Our results suggest that bystander initiated compression-only CPR could be effective on not only OHCA of cardiac etiology but also nontraumatic OHCA of non-cardiac etiology. We need to consider comprehensive approach to OHCA considering patients with arrest of non-cardiac origin.

Multivariate adjusted odds ratio for VF and survival by the type of bystander CPR

		No CPR	Chest compression-only CPR	Chest compression plus ventilation CPR
Presenting rhythm VF	% (n)	3.3 (169/5136)	4.2 (26/615)	4.3 (35/819)
	OR (95% CI)	1.0 (reference)	1.4 (0.9 - 2.1)	1.4 (0.9 - 2.0)
One-month survival	% (n)	3.5 (194/5498)	2.5 (16/647)	3.1 (27/870)
	OR (95% CI)	1.0 (reference)	1.3 (0.8 - 2.2)	1.2 (0.8 - 1.8)

Category (Complete): Resuscitation, CPR, Emergency Cardiac Care, Critical Care, AED and Trauma (CPCC)

Keyword (Complete): Cardiopulmonary resuscitation ; Cardiac arrest ; Ventricular defibrillation ; Sudden death

Presentation Format Preference (Complete): Either

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**Outcomes of Out-of-Hospital Cardiac Arrest in Osaka, Japan:
A 5-year Emergency Medical Services Perspective in a Large Metropolitan Area**

J-PULSE investigators
Japanese Population-based Utstein-style study with defibrillation and basic / advanced Life Support Education

Introduction

- In Japan, death due to cardiac cause is the second leading cause of adults' death and being increased, and out-of-hospital cardiac arrest has become one of a major concern of communities as in Western countries.
- Although advances in the understanding of cardiac arrest and resuscitation have provided opportunities to strengthen the links in the chain of survival, survival of out-of-hospital cardiac arrests has remained poor.
- Little is known about temporal trends in survival and prognostic characteristics of patients with out-of-hospital cardiac arrest especially in a metropolitan area.

Objectives

To evaluate the temporal trend of outcome and prognostic factors of out-of-hospital cardiac arrests based on a large scale, population-based Utstein style study

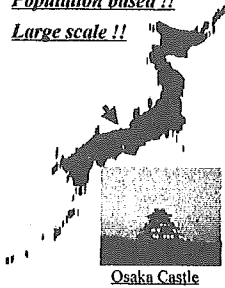
Methods

- We evaluated a population-based cohort of emergency medical service (EMS)-treated adult patients (age ≥ 18) with out-of-hospital cardiac arrest of cardiac etiology (n=13,933) from 1998/5 to 2004/3 by means of the Utstein style.
- We analyzed data from 5 years in this presentation although the abstract consisted of data from 6 years, because we could not finish the follow-up survey for neurological function of one-year survivors of the last year.
- Time was grouped into an initial 11-month period and 4 successive one-year periods.

Study period: from May 1st, 1998 to March 30th, 2003

Study area: Osaka Prefecture, Japan

Population based !!
Large scale !!



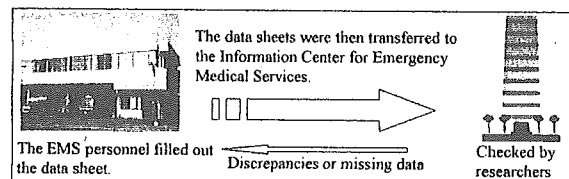
Population: 8.8 million
Area: 1894 km²
Includes 35 fire stations

Emergency medical service (EMS) system

- Activated by dialing 119 / Three-person unit
- EMS personnel were only allowed to insert an intravenous line or an adjunct airway and use a semi-automated external defibrillator for arrest patients after receiving on-line medical direction in this period.
- Public access defibrillation program was not promoted during this periods.

Data collection

- The data sheet was designed for this project by using the Utstein style and data were prospectively collected.



Data collection

- Initial rhythm was recorded and determined by the EMS personnel on the scene.
- Patients were followed up until one-year after the event and researchers evaluated neurological function by use of the Glasgow-Pittsburgh Cerebral Performance Categories (CPC).
- CPC score of 1 or 2 was defined as good neurological function.

Prognostic factors of out-of-hospital cardiac arrests according to time period

	Time Period				
	1998/5 - 1999/3	1999/4 - 2000/3	2000/4 - 2001/3	2001/4 - 2002/3	2002/4 - 2003/3
	N=2736	N=2909	N=2672	N=2722	N=2731
Age, yr, Mean (SD)	69.4 (15.6)	70.0 (15.3)	70.5 (15.5)	71.3 (14.9)	71.8 (14.3)
Female, % (n)	40.5 (1101)	40.8 (1181)	40.3 (1058)	40.1 (1093)	41.2 (1122)
Witnessed, % (n)	38.9 (1067)	41.5 (1210)	46.0 (1211)	41.8 (1269)	44.4 (1204)
Bystander CPR, % (n)	16.2 (445)	19.5 (569)	22.8 (599)	26.1 (705)	29.1 (782)
Presenting rhythm VF, % (n)	8.8 (214)	10.5 (306)	9.1 (237)	10.2 (273)	10.8 (293)

SD, standard deviation; CPR, cardiopulmonary resuscitation; VF, ventricular fibrillation

Prognostic factors and outcome of out-of-hospital cardiac arrests according to time period

	Time Period				
	1998/5 - 1999/3	1999/4 - 2000/3	2000/4 - 2001/3	2001/4 - 2002/3	2002/4 - 2003/3
	N=2736	N=2909	N=2672	N=2722	N=2731
BLS response interval, min, median (IQR)	8 (6-10)	8 (6-10)	8 (6-10)	7 (6-10)	7 (6-9)
Defibrillation response interval, min, median (IQR)	16 (12-21)	14 (11-19)	14 (10-19)	13 (10-17)	12.5 (9-17)
One-year survival, % (n)	1.7 (49)	1.9 (58)	2.7 (73)	2.5 (69)	4.0 (111)
Good neurological function, % (n)	1.4 (40)	1.5 (45)	2.0 (53)	1.6 (46)	2.5 (70)

BLS response interval, the time interval from emergency call to the initiation of CPR by EMS personnel; Defibrillation response interval, the time interval from emergency call to the first defibrillation by EMS personnel; IQR, interquartile range

Prognostic factors of witnessed VF cases according to time period

	Time Period				
	1998/5 - 1999/3	1999/4 - 2000/3	2000/4 - 2001/3	2001/4 - 2002/3	2002/4 - 2003/3
	N=141	N=172	N=144	N=176	N=186
Age, yr, Mean (SD)	61.5 (14.4)	63.0 (13.2)	60.9 (15.2)	63.6 (14.6)	63.4 (12.8)
Female, % (n)	20.6 (29)	28.8 (49)	18.2 (26)	21.0 (37)	24.2 (45)
Bystander CPR, % (n)	28.4 (40)	35.5 (61)	36.1 (52)	38.6 (68)	33.9 (63)

SD, standard deviation; CPR, cardiopulmonary resuscitation; VF, ventricular fibrillation

Prognostic factors and outcome of witnessed VF cases according to time period

	Time Period				
	1998/5 - 1999/3	1999/4 - 2000/3	2000/4 - 2001/3	2001/4 - 2002/3	2002/4 - 2003/3
	N=2736	N=2909	N=2672	N=2722	N=2731
BLS response interval, min, median (IQR)	7 (5 - 9)	7 (5 - 8)	7 (5 - 8)	7 (6 - 8)	7 (5 - 8)
Defibrillation response interval, min, median (IQR)	15 (12 - 19)	13 (11 - 18)	12 (9 - 15)	12 (9 - 15)	11 (9 - 14)
One-year survival, % (n)	6.4 (9)	8.7 (15)	12.5 (18)	15.9 (28)	21.5 (40)
Good neurological function, % (n)	5.7 (8)	7.0 (12)	9.0 (13)	10.8 (19)	12.9 (24)

BLS response interval, the time interval from emergency call to the initiation of CPR by EMS personnel; Defibrillation response interval, the time interval from emergency call to the first defibrillation by EMS personnel; IQR, interquartile range

Summary

1. Average age of patients with out-of-hospital cardiac arrest of cardiac etiology gradually increased over time.
2. The proportion of cases with bystander initiated CPR markedly increased.
3. BLS response interval, which showed the time interval from collapse to the initiation of CPR by EMS personnel, did not change during this period. Although the time interval from emergency call to the first defibrillation became shorter over years, it was still too long.
4. The proportion of one-year survivor and patients with good neurological function were also increased during the observation period.

Conclusions

Although the proportion of one-year survivor and patients with good neurological function has gradually increased over time with the improvement of the chain of survival, the defibrillation response interval is too long and the outcome of patients with out-of-hospital cardiac arrests is still poor.

Further efforts to strengthen the link of chain of survival and increase survival of patients with out-of-hospital cardiac arrests should be needed.

Control/Tracking Number: 05-SS-A-17933-AHA

Activity: Abstract

Current Date/Time: 5/31/2005 2:56:07 AM

Outcome of Out-of-Hospital Cardiac Arrest in a Large Metropolitan Area in Japan: A 6-year Emergency Medical Services Perspective

Taku Iwami, Kazuhiro Sase, Hiroyuki Kakuchi, National Cardiovascular Center, Suita, Japan; Kentaro Kajino, Kentaro Shimizu, Osaka University Graduate School of medicine, Suita, Japan; Naohiro Yonemoto, Kyoto University School of Public Health, Kyoto, Japan; Yoji Nagai, Translational Research Informatics Center, Foundation for Biomedical Research and Innovation, Kobe, Japan; Takashi Kawamura, Kyoto University School of Public Health, Kyoto, Japan; Atsushi Hiraide, Center for medical education, Kyoto University Graduate School Faculty of Medicine, Kyoto, Japan; Hiroshi Nonogi, National Cardiovascular Center, Suita, Japan; J-PULSE investigators

Objectives: To evaluate the trend of outcome and prognostic factors of out-of-hospital cardiac arrests (OHCA). *Methods:* We evaluated a population-based cohort of emergency medical service (EMS)-treated adult patients (age ≥ 18) with OHCA of cardiac etiology (n=15,600) from May 1, 1998 to April 30, 2004 in Osaka Prefecture (population, 8.8 million), Japan, by means of the Utstein style. Time course was divided into the initial 11-month period and 5 successive one-year periods. We evaluated changes in demographical and CPR-related factors. *Results:* Average age and sex ratio gradually increased over time. The proportion of witnessed cases increased and subsequently decreased with the similar trend of cases with ventricular fibrillation. The proportion of cases with bystander initiated CPR markedly increased. Basic life support (BLS) response interval, which showed the time interval from collapse to the initiation of CPR by EMS personnel, did not change during this period but the time interval from emergency call to the first defibrillation by EMS personnel became shorter over years (In Japan, public access defibrillation program was not being promoted during this period). One-year survival was also improving during the observation period (data collection is still ongoing for the last year). *Conclusion:* Although one-year survival proportion of patients with OHCA gradually increased over time with the improvement of the chain of survival, it is still low. Further investigation and effort to increase survival of patients with OHCA should be needed.

Prognostic factors and outcome of out-of-hospital cardiac arrests according to time period						
	Time Period					
	1998/5 - 1999/3 (n = 2370)	1999/4 - 2000/3 (n = 2611)	2000/4 - 2001/3 (n = 2375)	2001/4 - 2002/3 (n = 2517)	2002/4 - 2003/3 (n = 2946)	2003/4 - 2004/3 (n = 2781)
Age, Mean (SD)	70.1	70.6	71.0	71.5	71.3	71.8

	(15.0)	(14.8)	(14.9)	(14.7)	(14.7)	(15.2)
Female, % (n)	40.8 (960)	40.8 (1059)	40.4 (957)	39.9 (1002)	41.2 (1211)	41.6 (1155)
Witnessed, % (n)	37.1 (879)	39.8 (1040)	44.3 (1052)	45.1 (1134)	42.5 (1253)	40.4 (1122)
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Presenting rhythm VF, % (n)	10.7 (254)	13.2 (345)	13.0 (308)	13.6 (343)	10.9 (322)	10.6 (296)
BLS response interval, min, median (quartile)	8 (6 - 10)	8 (6 - 10)	8 (6 - 10)	8 (6 - 10)	7 (6 - 9)	8 (6 - 10)
Defibrillation response interval, min, median (quartile)	16.5 (12 - 21)	14 (11 - 19)	14 (10 - 19)	13 (10 - 17)	13 (9 - 17)	11 (8 - 16)
One-year survival, % (n)	1.7 (40)	2.1 (56)	2.5 (60)	2.4 (61)	4.0 (118)	-

Category (Complete): Resuscitation, CPR, Emergency Cardiac Care, Critical Care, AED and Trauma (CPEC)

Keyword (Complete): Sudden death ; Cardiac arrest ; Cardiopulmonary resuscitation ; Ventricular fibrillation ; Ventricular defibrillation

Presentation Format Preference (Complete): Either

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Please consider my abstract for the Resuscitation Science Symposium ReSS (ReSS Nov 11-12): True

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The effect of Bystander Initiated Chest Compression-Only CPR on Cardiac Arrest of Non-Cardiac etiology

Kentaro Kajino, Osaka University Graduate School of medicine, Suita, Japan;
Taku Iwami, National Cardiovascular Center, Suita, Japan;
Kentaro Shimizu, Osaka University Graduate School of medicine, Suita, Japan; Kazuhiro Sase, Hiroyuki Kakuchi, Hiroshi Nonogi, National Cardiovascular Center, Suita, Japan;
Naohiro Yonemoto, Chika Nishimoto, Takashi Kawamura, Kyoto University School of Public Health, Kyoto, Japan; Atsushi Hiraide, Center for medical education, Kyoto University Graduate School Faculty of Medicine, Kyoto, Japan; Hisashi Sugimoto, Osaka University Graduate School of medicine, Suita, Japan; J-PULSE investigators

Introduction

Recently there have been many reports that suggest the effect of chest compression-only CPR, but it is not clear that chest compression only CPR has an effect on patients with cardiac arrest of non-cardiac etiology such as stroke or respiratory arrest.

It is important to know the effectiveness of chest compression-only CPR on patients with arrest of non-cardiac etiology, because we cannot discriminate between arrest of cardiac etiology and non-Cardiac etiology on scene.

Hypothesis

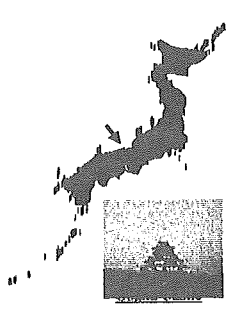
Bystander initiated chest compression-only CPR maintains ventricular fibrillation (VF) in patients with out-of-hospital cardiac arrest (OHCA) of non-cardiac etiology and contributes to the increase of survival.

Methods

- We collected data on out-of-hospital non-cardiac arrests including information about the type of bystander CPR from a large-scale population based Utstein style study.
- We analyzed data from 5 years in this presentation although the abstract consisted of data from 6 years, because we could not finish the follow-up survey for neurological function of one-year survivor of the last year.

Study period; from May 1st, 1998 to April 30th, 2003

Study area; Osaka prefecture, Japan



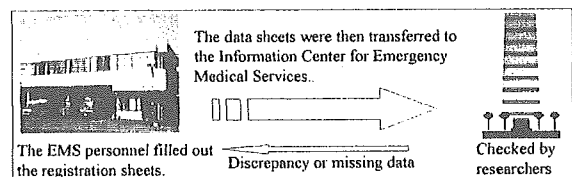
Population; 8.8 million
Area; 1894 km²
Including 35 fire stations

Emergency medical service (EMS) system

- Single-tiered system
- There is no program to teach CC CPR and citizens have been educated to perform standard (CC+RB) CPR.
- Public access defibrillation program had not promoted in this periods.

Data collection

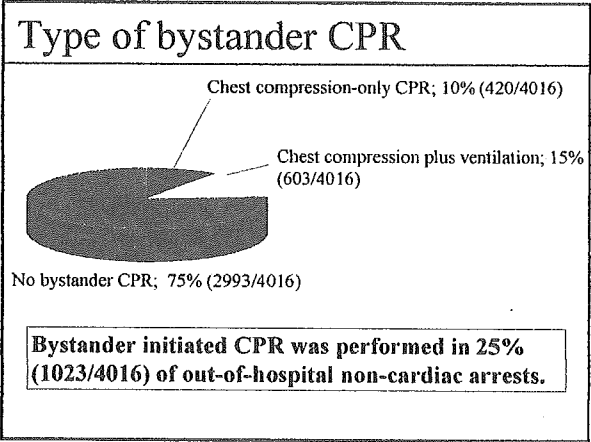
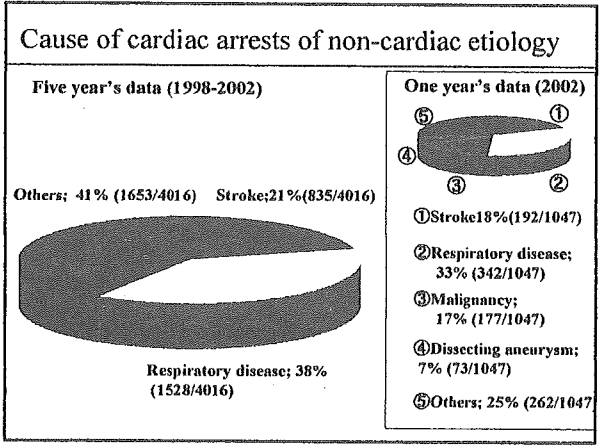
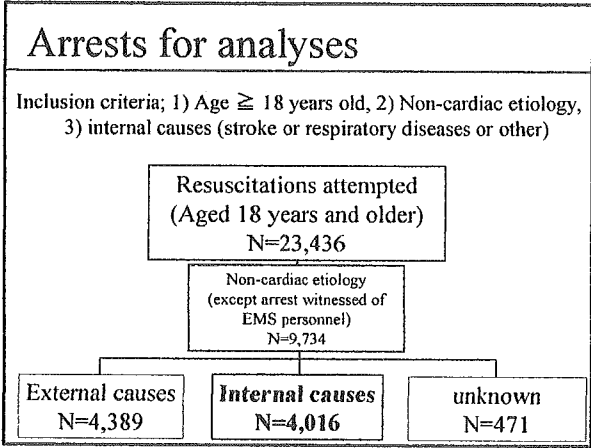
- The data sheet was designed for this project using the Utstein style.
- We recorded 23,436 consecutive out-of-hospital cardiac arrest cases. Of these cases, 4,016 cases met the following criteria; 1) Age \geq 18 years old, 2) non-Cardiac etiology, 3) internal causes



- Patients were followed up until one-year after the event.

Statistical analyses

- The chi-square test and one-way analysis of variance were used to analyze the statistical differences in characteristics of patients among groups according to the type of bystander CPR.
- Multivariate-adjusted odds ratios of the type of bystander CPR for VF were calculated using the logistic regression model, controlling for age, sex, witness status, and time interval between call and initiation of CPR by EMS personnel.



Patients' backgrounds by the type of bystander CPR

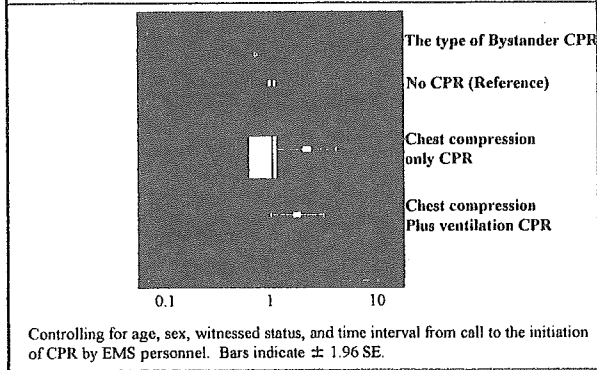
Background	No-CPR n = 2993	Chest compression -only CPR n = 420	Chest compression plus ventilation CPR n = 603	p value
Age	71 \pm 15	72 \pm 16	70 \pm 16	0.399
Sex (male : female)	58 : 42	61 : 39	50 : 50	P < 0.001
Time interval from call to initiation of CPR by EMS personnel, min	7.9 \pm 3.2	7.8 \pm 3.3	8.1 \pm 3.2	
Time interval from call to defibrillation by EMS personnel %, min	18.0 \pm 7.5	16.5 \pm 7.2	19.3 \pm 8.4	

The proportion of ventricular fibrillation as initial rhythm by the type of CPR

	No-CPR	Chest compression -only CPR	Chest compression plus ventilation CPR
VF as presenting rhythm, % (no./total no.)	2.2(66/2973)	4(17/415)	3.7(22/594)
Odds ratio (95% CI)	1.0 (reference)	1.9(1.1-3.3)	1.7(1.0-2.7)

Data are means \pm SD unless indicated otherwise. CI denotes confidence interval.

Multivariate-adjusted odds ratios of the type of bystander CPR for VF



Outcome by the type of bystander CPR

Outcome	No-CPR	Chest compression -only CPR	Chest compression plus ventilation CPR
ROSC, % (N)	32.7(967/2960)	30(124/413)	33.5(200/597)
odds ratio (95% CI)	1.0 (reference)	0.8(0.7-1.1)	1.0(0.8-1.2)
Admit, % (N)	24.7(738/2993)	23.8(100/420)	25.5(154/603)
odds ratio (95% CI)	1.0(reference)	0.95(0.75-1.2)	1.0(0.9-1.3)
One month survival, % (N)	2.8(82/2945)	2.2(9/413)	3.2(19/593)
odds ratio (95% CI)	1.0(reference)	0.7(0.4-1.6)	1.1(0.7-1.9)

ROSC denotes return of spontaneous circulation.
CI denotes confidence interval.

The proportion of one year survival by the type of CPR

outcome	No-CPR	Chest compression -only CPR	Chest compression plus ventilation CPR
One year survival % (no./total no.)	1.0(31/2993)	1.0(4/420)	1.7(10/603)
Odds ratio (95% CI)	1.0 (reference)	0.9(0.3-2.5)	1.6(0.7-3.2)

CI denotes confidence interval.

Conclusions

- Chest compression-only CPR increases VF in patients with OHCA of non-cardiac etiology.
- Outcome of patients with OHCA of non-cardiac etiology is very poor regardless of the types of bystander CPR.
- Bystander initiated chest compression-only CPR maintains VF in patients with OHCA of non-cardiac etiology, but bystander CPR regardless of the existence of ventilation did not contribute to an increase of survival.

Control/Tracking Number: 05-SS-A-19299-AHA

Activity: Abstract

Current Date/Time: 5/31/2005 3:42:34 AM

The Effect of Bystander Initiated Chest Compression-Only CPR on Cardiac Arrest of Non-Cardiac Etiology

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Introduction: Recently there have been many reports that suggest the effect of chest compression-only CPR, but it is not clear that chest compression-only CPR has an effect on patients with cardiac arrest of non-cardiac etiology such as stroke or respiratory arrest. It is important to know the effectiveness of chest compression-only CPR on patients with arrest of non-cardiac etiology, because we cannot discriminate between arrest of cardiac etiology and non-cardiac etiology on scene. *Hypothesis:* Bystander initiated chest compression-only CPR maintains ventricular fibrillation (VF) in patients with out-of-hospital cardiac arrest (OHCA) of non-cardiac etiology and contributes to the increase of survival. *Methods:* From May 1, 1998 to April 30, 2004, 31,557 consecutive OHCA cases in Osaka Prefecture, Japan (population, 8.8 million) were recorded. Of them, 7086 adult patients (age \geq 18) with nontraumatic OHCA of non-cardiac etiology, constitute this study cohort. We calculate multivariate adjusted odds ratios for VF and one-month survival in each group divided by the type of CPR (chest compression-only CPR, compression plus ventilation CPR, or no CPR), controlling for age, sex, witness status, and the cause of arrest. *Results:* There was a tendency that VF was frequent in those with bystander initiated compression-only CPR (OR, 1.4; 95% CI, 0.9 - 2.1) and compression plus ventilation CPR (OR, 1.4; 95% CI, 0.9 - 2.0) compared with those without CPR. The same tendency was observed concerning the odds for one month

survival (Table). *Conclusions:* Our results suggest that bystander initiated compression-only CPR could be effective on not only OHCA of cardiac etiology but also nontraumatic OHCA of non-cardiac etiology. We need to consider comprehensive approach to OHCA considering patients with arrest of non-cardiac origin.

Multivariate adjusted odds ratio for VF and survival by the type of bystander CPR			
	No CPR	Chest compression-only CPR	Chest compression plus ventilation CPR
Presenting rhythm VF, % (n)	3.3 (169/5136)	4.2 (26/615)	4.3 (35/819)
Odds ratio for VF (95% CI)	1.0 (reference)	1.4 (0.9 - 2.1)	1.4 (0.9 - 2.0)
One-month survival, % (n)	3.5 (194/5498)	2.5 (16/647)	3.1 (27/870)
Odds ratio for one-month survival (95% CI)	1.0 (reference)	1.3 (0.8 - 2.2)	1.2 (0.8 - 1.8)

Category (Complete): Resuscitation, CPR, Emergency Cardiac Care, Critical Care, AED and Trauma (CPCC)

Keyword (Complete): Cardiopulmonary resuscitation ; Cardiac arrest ; Ventricular defibrillation ; Sudden death

Presentation Format Preference (Complete): Either

AHA Awards (Complete):

Yes, I am interested in an Early Career Investigator /AHA Council Award.

I know I must complete a separate application at: [Application Link](#) True

Please consider my abstract for the Resuscitation Science Symposium ReSS (ReSS Nov 11-12): True

: C. E-mail invitation

Payment (Complete): Your credit card order has been processed on Friday 27 May 2005 at 9:36 AM.

Efficacy of Bystander Initiated Chest Compression-only Cardiopulmonary Resuscitation on Ventricular Fibrillation as initial rhythm in Patients with Out-of-Hospital Cardiac Arrest;

A large-scale population-based cohort study in Osaka, Japan

J-PULSE investigators
Japanese Population-based Utstein-style study with defibrillation and basic / advanced Life Support Education

Introduction

- Bystander-initiated cardiopulmonary resuscitation (CPR) is one of the major elements in the "chain of survival" for the treatment of patients in cardiac arrest.
- Previous studies have shown that bystander CPR, with chest compression plus ventilation (CC+RB), maintains ventricular fibrillation (VF) and contributes to a better outcome.
- However, the proportion of patients to whom bystander perform CPR has remained disappointingly low.

Introduction

- Chest compression-only CPR (CC CPR) is attractive because it is simpler than standard CPR with chest compression plus ventilation (CC+RB) and easier to teach, learn, and perform.
- A randomized study from Seattle, US has indicated that CC CPR is as effective as CC+RB CPR for the first few minutes of cardiac arrests. (N Engl J Med, 2000;342:1546-53)
- But there has been few clinical data that shows the effectiveness of CC CPR and it is unclear how long it works well.

Hypothesis

Bystander initiated CC CPR maintains VF in patients with out-of-hospital cardiac arrest of cardiac etiology, especially in early phase of cardiac arrest and contributes to a better neurological outcome.

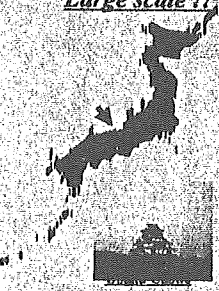
Methods

- We collected data on out-of-hospital cardiac arrests including information about the type of bystander CPR from a large-scale population based Utstein style study.
- We analyzed data from 5 years in this presentation although the abstract consisted of data from 6 years, because we could not finish the follow-up survey for neurological function of one-year survivors of the last year.
- First, we evaluated the association between the type of bystander CPR and the proportion of patients with VF and survival. Then, we analyzed odds ratios of the type of CPR for VF, by the time interval from collapse to the initiation of CPR by emergency medical service (EMS) personnel.

Study period: from May 1st, 1998 to April 30th, 2003

Study area: Osaka Prefecture, Japan

Large scale !!



Population: 8.8 million
Area: 1894 km²
Includes 35 fire stations

Emergency medical service (EMS) system

- Activated by dialing 119 / Three-person unit
- There is no program to teach CC CPR and citizens have been educated to perform standard (CC+RB) CPR.
- Public access defibrillation program was not promoted during this periods.

Data collection

- The data sheet was designed for this project by using the Utstein style and data were prospectively collected.
- The presence and the type of bystander-initiated CPR were determined by the EMS personnel on the scene. Initial rhythm was recorded and determined by the EMS personnel on the scene.
- Patients were followed up until one-year after the event and researchers evaluated neurological function by use of the Glasgow-Pittsburgh Cerebral Performance Categories (CPC).
- CPC score of 1 or 2 was defined as good neurological function.

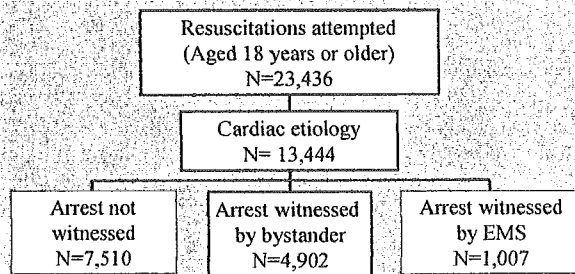
Statistical analyses

- The chi-square test and one-way analysis of variance were used to analyze the statistical differences in characteristics of patients among groups by the type of bystander CPR.
- Age and sex adjusted odds ratios of the type of CPR for VF were calculated using the logistic regression model.

We changed the time by which we divided cases for analyses (from 10 min after collapse as shown in the abstract to 5 and 15 min after collapse) according to the 3-phase, time-dependent concept of cardiac arrest due to VF. (JAMA. 2002;288:3035)

Cases for analyses

We recorded 26,172 consecutive out-of-hospital cardiac arrest cases.



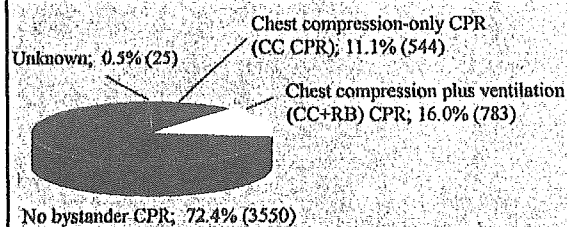
Characteristics of witnessed arrest cases of cardiac etiology

Age, year	70.0 ± 15.2
Male, % (n)	63.2 (3,098)
Initial rhythm, % (n)	
VF / VT	17.0 (834)
Asystole	61.5 (3,016)
Pulseless electrical activity	15.7 (771)
Collapse to initiation of CPR by EMS personnel, min	11.4 ± 7.3
Collapse to defibrillation [‡] , min	16.8 ± 7.5

Data show means ± SD unless indicated otherwise.

VF, ventricular fibrillation; VT, ventricular tachycardia; CPR, cardiopulmonary resuscitation; EMS, emergency medical service. [‡]849 cases were available for analysis.

Types of bystander CPR



Bystander initiated CPR was performed for 27.1% (1327/4902) of out-of-hospital cardiac arrests.

※Patients with ventilation alone CPR were included in the "No bystander CPR" group.

Characteristics of cases according to the type of bystander CPR

	No CPR N = 3550	CC CPR N = 544	CC+RB CPR N = 783	P value
Age, year	70.0 ± 15.0	68.2 ± 15.3	69.1 ± 15.1	0.01
Male, %	63.3	66.2	61.8	0.25
VF or VT, %	15.4	22.9	21.4	<0.001
Collapse to initiation of CPR, min	11.4 ± 7.4	11.3 ± 7.2	11.6 ± 6.9	
Collapse to defibrillation [‡] , min	16.6 ± 7.6	16.3 ± 7.0	17.8 ± 7.4	
One year survival with good neurological function, %	2.1	3.5	3.6	0.01

VF, ventricular fibrillation; VT, ventricular tachycardia; CC CPR, compression-only CPR; CC+RB CPR, chest compression plus ventilation CPR

Data show means ± SD unless indicated otherwise. [‡]849 cases were available for analysis.

Odds ratios of the type of CPR for VF and one-year survival with good neurological function

VF	Types of bystander CPR	Survival [†]
1.0	No CPR (Reference)	1.0
1.6	CC CPR	1.7
1.5	CC+RB CPR	1.7

Bars indicate 95% confidence interval.
[†] One year survival with good neurological function (CPC score = 1 or 2)
 CC CPR, compression-only CPR; CC+RB CPR, chest compression plus ventilation CPR

Age and sex adjusted odds ratios of the type of CPR for VF, by the time interval from collapse to the initiation of CPR by EMS personnel

	Time interval from collapse to the initiation of CPR by EMS personnel					
	≤ 5 min N = 623		6 min ~ 15 min N = 3265		16 min ~ N = 864	
	OR for VF	95% CI	OR for VF	95% CI	OR for VF	95% CI
No CPR	1.0 (reference)	-	1.0 (reference)	-	1.0 (reference)	-
CC CPR	1.7	0.9 - 3.0	1.4	1.1 - 1.9	2.6	1.2 - 5.9
CC + RB CPR	1.2	0.6 - 2.1	1.4	1.1 - 1.7	4.4	2.3 - 8.1

CPR, cardiopulmonary resuscitation; EMS, emergency medical services; CI, confidence interval
 CC CPR, compression-only CPR; CC+RB CPR, chest compression plus ventilation CPR

Summary

- The odds ratios of bystander initiated CC CPR for VF were significantly higher than that of no CPR and as high as that of CC+RB CPR in the early phase (~15 min after collapse) of out-of-hospital cardiac arrests.
- The odds ratios of CC CPR for VF was also significantly higher than that of no CPR in the late phase, but CC+RB CPR may be better than CC CPR in the late phase.
- Bystander initiated CC CPR was associated with an increase of one year survival with good neurological function as CC+RB CPR. But there are many complex confounding factors such as sex or quality of CPR that we could not evaluate sufficiently in this analysis.

Conclusions

CC CPR, as CC+RB CPR, maintains VF rhythm in patients with cardiac arrests especially during the early phase after collapse and contributes to a better neurological outcome.

It is very worthy to know that CC CPR has an effect during the early phase after collapse because most EMS systems can arrive at the scene within 10 minutes after call receipt.

Well designed study will be needed to prove the efficacy of CC CPR for survival. We (J-PULSE investigators) will continuously analyze clinical data concerning compression-only CPR to improve the outcome of out-of-hospital cardiac arrest cases.

Appendix: Odds ratios for survival by the types of CPR in male and female

		Odds ratio	95% CI	p value
male	No CPR	1.0	reference	-
	CC CPR	1.6	1.0 - 2.6	0.03
	CC + RB CPR	1.4	0.9 - 2.2	0.12
female	No CPR	1.0	reference	-
	CC CPR	0.7	0.2 - 1.9	0.49
	CC + RB CPR	1.9	1.0 - 3.6	0.04

Age and sex adjusted odds ratios for VF by the type of CPR and the time interval from collapse to the initiation of CPR by EMS personnel

	Time interval from collapse to the initiation of CPR by EMS personnel			
	< 10 min		10 min ~	
	OR for VF	95% CI	OR for VF	95% CI
No CPR	1.0 (reference)	-	1.0 (reference)	-
CC CPR	1.3	1.0 - 1.8	1.8	1.3 - 2.5
CC + RB CPR	1.2	0.9 - 1.7	1.8	1.5 - 2.6

Control/Tracking Number: 05-SS-A-16412-AHA

Activity: Abstract

Current Date/Time: 5/30/2005 6:56:08 PM

Efficacy of Bystander Initiated Chest Compression-only Cardiopulmonary Resuscitation on Ventricular Fibrillation as initial rhythm in Patients with Out-of-Hospital Cardiac Arrest; A large-scale population-based cohort study in Osaka, Japan

Taku Iwami, Kazuhiro Sase, Hiroyuki Kakuchi, National Cardiovascular Center, Suita, Japan; Kentaro Kajino, Kentaro Shimizu, Osaka University Graduate School of medicine, Suita, Japan; Naohiro Yonemoto, Kyoto University School of Public Health, Kyoto, Japan; Yoji Nagai, Translational Research Informatics Center, Kobe, Japan; Takashi Kawamura, Kyoto University School of Public Health, Kyoto, Japan; Atsushi Hiraide, Center for medical education, Kyoto University Graduate School Faculty of Medicine, Kyoto, Japan; Hiroshi Nonogi, National Cardiovascular Center, Suita, Japan; J-PULSE investigators

Introduction: Chest compression-only CPR is more feasible than standard CPR with ventilation, and have a potential to spread bystander initiated CPR for patients with out-of-hospital cardiac arrest (OHCA). *Hypothesis:* Bystander initiated chest compression-only CPR maintains ventricular fibrillation (VF) in patients with OHCA of cardiac etiology, especially in early phase of cardiac arrest. *Methods:* From May 1, 1998 to April 30, 2004, 31,557 consecutive OHCA cases in Osaka Prefecture, Japan (population, 8.8 million) were recorded by means of the Utstein style. Of these cases, 6563 cases which met the following criteria: 1) age \geq 18 years old, 2) cardiac etiology, 3) arrest witnessed by bystander, were extracted for the study. We calculated age- and sex-adjusted odds ratios of the type of CPR for VF as initial rhythm in each group divided by the time interval from collapse to initiation of CPR by emergency medical service (EMS) personnel ($<$ 10 minutes or \geq 10 minutes). *Results:* Bystander initiated compression-only CPR and compression plus ventilation CPR was performed in 9.7% and 14.0% of OHCA cases, respectively. VF were significantly more common (OR, 1.5; 95% CI, 1.1 - 2.0) in patients with bystander initiated compression-only CPR than those without CPR, when EMS personnel's CPR was performed within 10 minutes after collapse. VF was also frequent in those with bystander initiated compression-only CPR (OR, 1.5; 95% CI, 1.1 - 2.1) and compression plus ventilation CPR (OR, 1.8; 95% CI, 1.4 - 2.3) compared with those without CPR when EMS personnel's CPR was delayed (Table). *Conclusions:* Bystander initiated compression-only CPR, as compression plus ventilation CPR, maintains VF rhythm in patients with OHCA of cardiac etiology especially during the early phase after collapse