



Heart Foundation - Sudden Cardiac Arrest: A Race to Save Lives

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Out-of-hospital cardiac arrest (OHCA) affects over 25,000 people in Australia each year [1]. Nearly all OHCA occur in adults, around two-thirds occur in males, and around three-quarters occur in private homes [1]. Less than 40% of OHCA are witnessed. Of these, only 38% receive bystander cardiopulmonary resuscitation (CPR) and only 2% receive defibrillation [1]. This, along with many other factors, contributes to the very low survival rate of around 10% [2].

Nationwide collaboration to address a national problem

On 1 June 2022, a National Summit for Cardiac Arrest was convened in Canberra with the aim of identifying key strategies to prevent sudden cardiac arrest and to improve outcomes. The Summit brought together a 'think tank' of cardiologists, researchers, epidemiologists, geneticists, public health experts, sporting club representatives and people with lived experience of sudden cardiac arrest.

Strengthening the chain of survival

The chain of survival denotes the crucial steps required to optimise outcomes for people experiencing a sudden cardiac arrest. The key elements include calling triple zero (000), initiating CPR, early use of an automatic external defibrillator (AED), post-resuscitation care in hospital, and survivorship. The Summit provided an opportunity to explore strategies to strengthen each link, including:

- earlier recognition of sudden cardiac arrest by the general public

- improved public confidence to provide CPR, and reframing CPR as an essential life skill
- improved access to AEDs in the community (for example, by identifying public spaces where AEDs can be consistently located, such as bus stops)
- earlier delivery of resuscitation interventions and treatments by paramedics and in hospital settings
- mechanisms to ensure consistent and comprehensive reporting to sudden cardiac death registries
- referral of all sudden cardiac arrest survivors to cardiac rehabilitation and psychological support services
- referral of family members to cardiologists and/or geneticists for risk screening and management.

The Summit was successful in bringing together a diverse range of stakeholders with the single, shared goal of saving more lives from sudden cardiac arrest and death. This is simply the first step; the next is to develop a white paper outlining the key priorities for action.

Read more: enducd.org

References

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- [2] Haskins B, Nehme Z, Cameron PA, Smith K. Cardiac arrests in general practice clinics or witnessed by emergency medical services: a 20-year retrospective study. *Med J Aust*. 2021;215(5):222–7. <https://doi.org/10.5694/mja2.51139>.