

Position paper: Promoting the best outcomes of citizens with chronic health conditions and unhealthy lifestyles from sudden cardiac arrest

Sudden cardiac arrest is a serious condition when the heart stops pumping. Survival rate declines rapidly at a rate of 10% per minute.[1] In Hong Kong, the incidence of out-of-hospital cardiac arrest are 72 and 5.37 per 100,000 person-years in adult and paediatric populations respectively.[2][3]

People with chronic health conditions, which include coronary heart diseases, obesity, hypertension, diabetes, heart failure, arrhythmia and stroke, are more likely to suffer from sudden cardiac arrest.[4][5] People with multiple comorbidities are associated with poor survival after cardiac arrest.[6][7] Furthermore, smoking, excessive alcohol drinking and illicit drug use are associated with sudden cardiac arrest.[8][9]

The American Heart Association outlines the chain of survival in the management of out-of-hospital cardiac arrest and highlights that timely recognition, Cardio-Pulmonary Resuscitation (CPR) and defibrillation are critical to the survival of out-of-hospital cardiac arrest.[10]

The Resuscitation Council of Hong Kong recommends the following strategies to improve the survival of out-of-hospital cardiac arrest:-

1. Increase the awareness of warning signs of sudden cardiac arrest

Educate the public that chest pain and difficulty in breathing are warning signs of sudden cardiac arrest, but only one-fifth of people acted upon in a previous study.[11] Timely medical care enables thorough assessment and treatment.

2. Encourage CPR and Automated External Defibrillator (AED) training

Encourage the public to learn CPR and AED, especially the family members and carers of those people with chronic health conditions because nearly half of the sudden cardiac arrest occur at home.[2][3] Two local studies reported low training rates in first aid and CPR (21%- 34.2%), use of an AED (14.7%) and had poor CPR knowledge;[12][13] but for those who received training, they were more willing to attempt CPR and use of an AED if needed.[12][13] Two local studies demonstrated an improved survival rates if bystander CPR and AED were applied timely.[14][15]



3. Incorporate CPR and AED training into formal school curriculum

Young children can learn how to assess for consciousness and normal breathing at age of 4 and perform chest compressions at age 12 or above.[16][17] Adolescents who received CPR training had a more positive attitude to CPR training.[18]

A local survey reported that only one-third of the secondary school in Hong Kong provide CPR training,[19] but put it in the formal curriculum will make it sustainable and greatly increase the available persons trained to perform bystanders CPR, especially to their family members. The training promotes a sense of caring culture and social responsibility in the community to those in need.

4. Address the concerns and issues regarding CPR and use of AED

Fear of legal consequence is identified as a barrier to offer help to citizens with cardiac arrest.[20][21] Currently, Hong Kong does not have Good Samaritan Law to protect volunteer rescuers from liability when providing first aid,[22] but were viewed as necessary from the public.[23] Exploring the applicability of Good Samaritan Law will alleviate the concerns from the public.

5. Increase the availability and accessibility of AED

There is good evidence to support Public Access Defibrillation on the cardiac arrest survival.[24][25] A thoroughly planned Public Access Defibrillation program with strategic AED site placement in public areas will improve the availability of AED. Promoting the "AED Anywhere for Anyone" and the Centralized AED Registry for Emergency (CARE) online platform established by the Hong Kong Fire Services Department will improve the information of AED locations and subsequently the accessibility of AED in the public.[26]

6. Promote a healthy lifestyle

Promote a healthy lifestyle with regular exercise and consumes balanced diet. Say no to tobacco, alcohol and drugs.[27]

Acknowledgement

The Council would like to acknowledge the Hong Kong College of Emergency Nursing in the preparation and drafting of the Position paper.



Reference

- American Heart Association. *Cardiac arrest VS. Heart Attack*. 2023 [cited 2023 10 Sept]; Available from: https://cpr.heart.org/-/media/CPR-Files/Resources/CA-vs-HA/WF_218451_PPE_HPM_051223_CA_HtAttack_ENG.pdf.
- 2. Fan, K.L., L.P. Leung, and Y.C. Siu, *Out-of-hospital cardiac arrest in Hong Kong: a territory-wide study.* Hong Kong Med J, 2017. **23**(1): p. 48-53.
- 3. Law, A.K., et al., *Out-of-Hospital Cardiac Arrest in the Pediatric Population in Hong Kong: A* 10-Year Review at a University Hospital. Pediatr Emerg Care, 2018. **34**(3): p. 179-184.
- 4. Park, J.H., et al., *Healthy lifestyle factors, cardiovascular comorbidities, and the risk of sudden cardiac arrest: A case-control study in Korea.* Resuscitation, 2022. **175**: p. 142-149.
- 5. Adabag, A.S., et al., *Sudden cardiac death: epidemiology and risk factors.* Nat Rev Cardiol, 2010. **7**(4): p. 216-25.
- 6. Carew, H.T., W. Zhang, and T.D. Rea, *Chronic health conditions and survival after out-ofhospital ventricular fibrillation cardiac arrest.* Heart, 2007. **93**(6): p. 728-31.
- 7. Dumas, F., et al., *The relationship between chronic health conditions and outcome following out-of-hospital ventricular fibrillation cardiac arrest.* Resuscitation, 2017. **120**: p. 71-76.
- 8. Trytell, A., et al., *Prevalence of illicit drug use in young patients with sudden cardiac death.* Heart Rhythm, 2023.
- 9. Aune, D., et al., *Tobacco smoking and the risk of sudden cardiac death: a systematic review and meta-analysis of prospective studies.* Eur J Epidemiol, 2018. **33**(6): p. 509-521.
- 10. American Heart Association. *Out-of-hospital Chain of Survival*. 2023 [cited 2023 8 Sept]; Available from: https://cpr.heart.org/en/resources/cpr-facts-and-stats/out-of-hospital-chainof-survival.
- 11. Marijon, E., et al., *Warning Symptoms Are Associated With Survival From Sudden Cardiac Arrest*. Ann Intern Med, 2016. **164**(1): p. 23-9.
- 12. Fan, K.L., et al., *Public knowledge of how to use an automatic external defibrillator in out-ofhospital cardiac arrest in Hong Kong.* Hong Kong medical journal 2016. **22**(6): p. 582-588.
- 13. Chair, S.Y., et al., *Public knowledge and attitudes towards cardiopulmonary resuscitation in Hong Kong: telephone survey.* Hong Kong Med J, 2014. **20**(2): p. 126-33.
- 14. SADS HK Foundation. *The Survival Rate of Out-of-hospital Cardiac Arrest (OHCA),*. 2022 [cited 2023 8 Sept]; Available from: https://www.sadshk.org/service#service1.
- Chan, T.H., et al., Outcome Predictors of Patients in Out-Of-Hospital Cardiac Arrests with Pre-Hospital Defibrillation in Hong Kong. Hong Kong Journal of Emergency Medicine, 2013.
 20(3): p. 131-137.



Resuscitation Council of Hong Kong (2024)

- 16. Schroeder, D.C., et al., *KIDS SAVE LIVES: Basic Life Support Education for Schoolchildren: A Narrative Review and Scientific Statement From the International Liaison Committee on Resuscitation.* Circulation, 2023. **147**(24): p. 1854-1868.
- Böttiger, B.W. and H. Van Aken, *Kids save lives--Training school children in cardiopulmonary resuscitation worldwide is now endorsed by the World Health Organization (WHO).* Resuscitation, 2015. **94**: p. A5-7.
- 18. Ma, A., et al., *CPR Knowledge and Attitudes among High School Students Aged 15-16 in Hong Kong.* Hong Kong Journal of Emergency Medicine, 2015. **22**(1): p. 3-13.
- 19. Yim, V.W.C., et al., *Cardiopulmonary resuscitation training in secondary education: A prospective cross-sectional survey of 110 Hong Kong secondary schools.* Hong Kong Journal of Emergency Medicine, 2020. **28**(1): p. 30-36.
- Vaillancourt, C., I.G. Stiell, and G.A. Wells, Understanding and improving low bystander CPR rates: a systematic review of the literature. Canadian journal of emergency medicine, 2008.
 10(1): p. 51-65.
- Farquharson, B., et al., *The psychological and behavioural factors associated with laypeople initiating CPR for out-of-hospital cardiac arrest: a systematic review.* BMC Cardiovasc Disord, 2023. 23(1): p. 19.
- 22. Wai, A.K.C., *Protection of rescuers in emergency care: where does Hong Kong stand?* Hong Kong Med J, 2017. **23**(6): p. 656-7.
- Hung, K.K.C., et al., Good Samaritan Law and bystander cardiopulmonary resuscitation: Cross-sectional study of 1223 first-aid learners in Hong Kong. Hong Kong Journal of Emergency Medicine, 2019. 28(1): p. 22-29.
- 24. Weisfeldt, M.L., et al., *Survival after application of automatic external defibrillators before arrival of the emergency medical system: evaluation in the resuscitation outcomes consortium population of 21 million.* J Am Coll Cardiol, 2010. **55**(16): p. 1713-20.
- The Public Access Defibrillation Trial Investigators, *Public-Access Defibrillation and Survival after Out-of-Hospital Cardiac Arrest*. New England Journal of Medicine, 2004. **351**(7): p. 637-646.
- 26. Hong Kong Fire Services Department. *"AED Anywhere for Anyone" Programme*. [cited 2024 09 Jul]; Available from: <u>https://www.hkfsd.gov.hk/eng/cep_edu/cep/cep_aaa_index/</u>
- 27. British Heart Foundation. *Cardiac arrest*. 2023 [cited 2023 5 Sept]; Available from: <u>https://www.bhf.org.uk/informationsupport/conditions/cardiac-arrest</u>