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No Increase in Out-of-Hospital Cardiac Arrests During the COVID-19 Pandemic, Despite Reduction in Acute Coronary Syndrome in NSW, Australia

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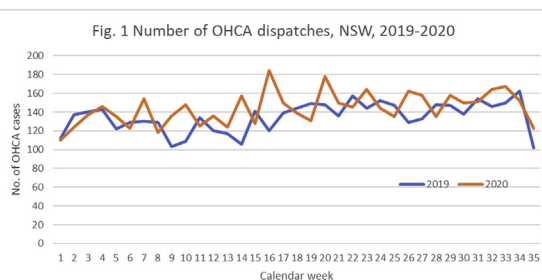
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Background: During the COVID-19 pandemic, hospital presentations for acute coronary syndrome (ACS) were reduced by 30-50% in Europe and the US, accompanied with subsequent increase in out-of-hospital cardiac arrests (OHCAs). However, the causes of OHCAs were undifferentiated, if from cardiac or COVID-19 related conditions. Some blindly assume that symptomatic individuals are avoiding presenting to hospital due to pandemic-related barriers or fears. Australia has a unique environment where behavioural changes were implemented (e.g. lockdown) and COVID-19 was successfully controlled with low infection rates. Thus, we can observe the true effects of behavioural changes on ACS and its outcomes, including OHCAs.

Methods: OHCA-related ambulance dispatch data for Jan-Aug for 2019 and for 2020 were obtained from NSW Ambulance and analysed. Cases were included if an assessment of 'cardiac arrest' was made, or if flagged as 'deceased on examination' or 'defibrillation'.

Results: There were 4,717 and 5,041 dispatches in 2019 and 2020, respectively. Distribution of cases were similar across both years, with males comprising 63% of cases and mean age of 66.8±19 years. The 75+ age group contributed 35% of cases for both years. OHCA dispatches per 100,000 cases were similar between 2019 and 2020 (58.3±0.2 vs 61.8±0.2, p=0.067).

Conclusions: No increase in OHCA dispatches suggest that reduced ACS cases may reflect a true reduction from behavioural changes during the pandemic.



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Outcomes and Trends: Recurrent Syncope Presentations to the Emergency Department

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Background: Syncope is a common presentation to the emergency department (ED). A significant proportion of patients have recurrent presentations that contribute to increased service utilisation.

Methods: A retrospective cohort study was performed assessing 1,212 consecutive patients presenting to a tertiary hospital emergency department with a triage diagnosis of syncope over a 12-month period. Patients with a record of previous presentations with syncope were labelled as recurrent syncope presenters. Patient characteristics and clinical outcomes were assessed over an average follow up of 44 months.

Results: A total of 227 patients (18.7%) with recurrent ED presentations due to syncope were compared against patients with an isolated ED presentation with syncope. Recurrent presenters were older (mean age 69.0 ± 23.2 vs. 64.6 ± 24.4, p=0.05), more likely to be women (62.1% vs. 55.2%, p=0.06) and have dyslipidaemia (31.7% vs. 23.7%, p=0.01). There was no significant difference in high-risk features between the two groups (56.7% high vs. 56.4%, p=0.93). On regression analysis, patients who re-presented were more likely to be women (OR 1.33, 95%CI 0.98-1.81) and have another presentation requiring inpatient clinical management (OR 4.93, 95%CI 3.15-7.68). Recurrent presenters were more likely to have abnormal cardiac investigations (OR 3.71 95%CI 2.12-6.40), but there was no significant independent association with cardiac syncope (OR 1.17, 95%CI 0.53-2.37).

Conclusion: In the absence of high-risk features, recurrent presentations with syncope to the emergency department was not associated with cardiac syncope.

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