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Spotlight on Special Topics

INCIDENCE AND OUTCOMES OF IN-HOSPITAL CARDIAC ARREST DURING THE CORONAVIRUS DISEASE 2019 PANDEMIC AND THE PRECEDING ERA: A SYSTEMATIC REVIEW AND META-ANALYSIS

Poster Contributions

For exact presentation time, refer to the online ACC.22 Program Planner at https://www.abstractsonline.com/pp8/#!/10461

Session Title: Spotlight on Special Topics Flatboard Poster Selections: COVID Abstract Category: 61. Spotlight on Special Topics: Coronavirus Disease (COVID-19)

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Background: Hospitalized patients of coronavirus disease 2019 (COVID-19) are at risk of in-hospital cardiac arrest (IHCA). It is unknown whether the incidence and outcomes of IHCA during the pandemic differ from the pre-pandemic period. The aim of this systematic review was to evaluate the incidence, characteristics, and survival outcome of IHCA during the COVID-19 pandemic and the pre-pandemic period.

Methods: Electronic databases PubMed, Embase, Web of Science, and Cochrane were systematically reviewed from inception up to October 2021, for studies evaluating IHCA. A random-effects model meta-analysis was conducted, and heterogeneity was assessed using I-squared test.

Results: Out of 2,264 articles, six studies with 2,318 patients (1,184 pre-pandemic and 1,134 pandemic IHCA) were included. No significant difference in the incidence of IHCA between the two periods (risk ratio (RR): 2.18; 95%CI: 0.90-5.26; p=0.08) was found. There was no difference in the likelihood of an initial shockable rhythm (RR:0.93; 95%CI: 0.68-1.26; I²=43%; p=0.64). There was a trend towards less chances of achieving sustained return of spontaneous circulation (RR:0.88; 95%CI: 0.73-1.05; I²=71%; p=0.17) after IHCA during the pandemic, but no statistical significance. Likelihood of discharge survival after IHCA was similar between the two periods (RR:0.90; 95%CI: 0.70-1.16; I²=51%; p=0.43) (Figure 1).

Conclusion: Survival after in-hospital cardiac arrest remained largely unchanged despite the COVID-19 pandemic.

