

Sudden Cardiac Arrest Not Exactly Sudden



A new article published in the *Annals of Internal Medicine* says that sudden cardiac arrest may not be entirely unexpected. There may be warning signs days and even weeks leading to the event but in many cases, these symptoms are ignored.

Sudden cardiac arrest is a major health issue since over 550,000 patients in the U.S. have an out-of-hospital and in-hospital sudden cardiac arrest annually. It accounts for more than half of cardiovascular deaths.

Most people perceive sudden cardiac arrest to be just that - a sudden and unexpected collapse but that is not the case. Symptoms usually occur before the event actually happens.

The article highlights the fact that sudden cardiac arrest is usually fatal. If more attention was given to these symptoms and with early intervention, the chances of survival could improve.

Investigation related to sudden cardiac arrest is especially challenging because most patients do not survive the event and most of the information that can be retrieved is related to the resuscitation process and is limited to the information that is collected by emergency medical services. Any medical history of the patients is sparse and not very systematic.

See also: [Study Shows Little Difference Between 'Old' and 'New' CPR in Cardiac Arrest](#)

For the purpose of this research, the researchers collected information about the four weeks before sudden cardiac arrest from survivors, family members, friends, medical records, and emergency response records. This helped them to determine symptoms which occurred. They classified the symptoms as chest pain (typical or atypical), difficulty breathing, palpitations, sudden drop in blood pressure/loss of consciousness, and other (including abdominal pain, nausea or vomiting, back pain).

The analysis showed that around one-half of patients had warning symptoms in those 4 weeks. These symptoms often recurred 24 hours before the sudden cardiac arrest. Majority of the patients ignored the symptoms and those who called 911 had a greater chance of survival.

The authors point out the need to develop new community-based strategies that would help in the short-term prevention of sudden cardiac arrest.

Source: [Annals of Internal Medicine](#)

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