Top Ten Things To Know
Women of Childbearing Age Have Better In-Hospital Cardiac Arrest Survival Outcomes than Equal Aged Men

1. Estrogen and progesterone improve neurologic outcome in experimental models of cardiac arrest and stroke. In a pilot controlled clinical trial of progesterone administration in humans following traumatic brain injury, patients treated with progesterone were much more likely to survive to hospital discharge.

2. Some experts have recently proposed the administration of estrogen and/or progesterone to improve outcomes from cerebral ischemic insults and cardiac arrest.

3. The purpose of this study was to determine whether women of childbearing age (15-44 years) with presumed higher concentration of female sex hormones are more likely than men of the same age to survive in-hospital cardiac arrest (IHCA).

4. The primary outcome was survival to discharge (SDC).

5. Secondary outcomes included return of spontaneous circulation lasting >20 min and favorable neurologic outcome.

6. This NRCPR* study population was comprised of 95,852 patients with IHCA. These were divided into four cohorts: women 15-44 yrs old; men 15-44 yrs old; women >56 yrs old; and men >56 yrs old.

7. Women of childbearing age (19%) were more likely than men (17%) to have SDC (p=0.013) with an absolute increase in favorable neurologic outcome.

8. For older women and men (equal to or greater than 56 years), there were no demonstrable differences in discharge rates (18% versus 18%) or favorable neurologic outcome (14% versus 14%).

9. Women of childbearing age were more likely than men of the same age to survive to hospital discharge with favorable neurological status following IHCA, even after controlling for etiology of arrest and other important measurable variables.

10. Delineation of the mechanisms of younger women’s survival advantage may result in new strategies to improve outcomes for victims of cardiac arrests.

*Get With The Guidelines®-Resuscitation, formerly NRCPR, is a performance improvement tool that can be used to identify and monitor key process variables and patient outcomes for in-hospital cardiac arrest.

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