ETHNIC DIFFERENCES IN PATIENTS WITH OUT-OF-HOSPITAL CARDIAC ARREST: INSIGHT FROM A 20-YEAR REGISTRY IN THE STATE OF QATAR

Poster Contributions
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Session Title: MI Complications: Shock, Arrest and Cardiac Rupture
Abstract Category: 1. Acute Coronary Syndromes: Clinical
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Objectives: to compare clinical characteristics, management and outcomes of OHCA patients according to ethnicity (Middle Eastern Arabs (MEA) vs. South Asians (SA)).

Methods: Retrospective analysis of the 20-year registry data (Jan 1991 to Dec 2010) of OHCA patients hospitalized at Hamad General Hospital and Qatar Heart Hospital, Doha, Qatar.

Results: 987 patients were admitted with OHCA, 558 were MEA, 305 were SA and 124 of other ethnicities. Compared to MEA, SA were younger (49±12 vs. 62±15 years, P=0.001), more likely to be male (88 vs. 63%, P=0.001). SA were less likely to have hypertension (27 vs. 53%, P=0.001), Diabetes (31 vs. 52%, P=0.001), BMI>30 (14 vs. 41%) and chronic renal failure (3 vs. 11%, p=0.001), but, more likely to be current smoker (26 vs. 15%, P=0.001). There was no significant difference in ejection fraction (33 vs. 36%, P=0.11). SA were more likely to receive antithrombotic, antiplatelet and fibrinolytic therapy, but the rate of undergoing coronary angiogram was similar (13 vs. 10%, P=0.30). The mortality was not statistically different between SA and MEA (62 vs. 57%, P=0.15).

Conclusion: Despite their younger age and the lower rate of co morbid conditions, SA patients with OHCA have similar mortality to MEA patients.