

Heart attack not a death sentence

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Survivors of cardiac arrest who received intensive care can expect long-term quality of life at reasonable expense to the health care system. Research published today in BioMed Central's open access journal *Critical Care* is the first to show that the allocation of resources to the treatment of heart attack patients is equally as justified as the treatment of other intensive care patient groups.

More than 600,000 people in Europe suffer cardiac arrest each year. Following successful CPR, patients are routinely admitted to intensive care units (ICUs). Although ICUs only care for a minority of patients, they consume a large proportion of hospital budgets.

The lead author of the study, Juergen Graf from the Philipps-University Marburg, Germany, said, "economic constraints create pressure to ration ICU care. Restricting the demand for futile medical services by limiting access to the ICU, at least for those patients likely to die anyway, has been proposed as a way of lowering expenditures".

In order to investigate this, Graf and his colleagues conducted an assessment of health status of patients five years after discharge from the ICU of Medical Clinic I, University Hospital Aachen, and combined this with a fully costed economic evaluation. Of 354 patients admitted to the ICU with cardiac arrest, 204 died prior to discharge from the hospital. Of the 150 remaining, 40 died before year five, leaving 110 patients (31%) eligible for the survey. The total costs for the ICU treatment of all 354 patients amounted to more than 6.3million euros.



According to Graf, "This is approximately double the cost of an average ICU patient, but it does compare favorably to a variety of other routine interventions such as mechanical ventilation or kidney dialysis". Furthermore, patients who survived cardiac arrest do not necessarily have as bleak a prognosis as is often anticipated. As the authors explain, "The health-related quality of life five years after discharge was only slightly lower than healthy controls of the same age and gender of the patients".

Graf concludes, "Our study is the first to demonstrate that patients who survive cardiac arrest without severe neurological disabilities may expect fair long-term survival and a good quality of life for reasonable expenses to the health care system".

Source: BioMed Central

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