

Epinephrine ups survival in out-of-hospital cardiac arrest

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confidence interval, 0.86 to 1.61). Severe neurologic impairment had occurred in more survivors in the epinephrine group versus the placebo group at the time of hospital discharge (31.0 versus 17.8 percent).

"In adults with out-of-hospital cardiac arrest, the use of epinephrine resulted in a significantly higher rate of 30-day survival than the use of [placebo](#), but there was no significant between-group difference in the rate of a favorable neurologic outcome," the authors write.

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(HealthDay)—Epinephrine use results in improved 30-day survival versus placebo in patients with out-of-hospital cardiac arrest, according to a study published online July 18 in the *New England Journal of Medicine*.

Gavin D. Perkins, M.B.Ch.B., M.D., from the University of Warwick in the United Kingdom, and colleagues conducted a randomized trial involving 8,014 patients with out-of-hospital cardiac arrest. Paramedics at five National Health Service ambulance services administered parenteral [epinephrine](#) or saline placebo (4,015 and 3,999, respectively) with standard care.

The researchers found that 3.2 and 2.4 percent of patients in the epinephrine and placebo groups, respectively, were alive at 30 days (unadjusted odds ratio for survival, 1.39; 95 percent confidence interval, 1.06 to 1.82; $P = 0.02$). There was no significant difference in the proportion of patients who survived until hospital discharge with a favorable neurologic outcome (2.2 versus 1.9 percent; unadjusted odds ratio, 1.18; 95 percent

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