

Psychosocial and cognitive outcomes in female and male out-of-hospital cardiac arrest survivors: a 6-month follow-up study

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Background: Morbidity following out-of-hospital cardiac arrest (OHCA) is well established; however, to date there is limited data on gender-related differences in outcomes.

Methods: OHCA patients admitted to ITU were assessed at 6 months post discharge for symptoms of anxiety/depression (using the HADS), post-traumatic stress (PTSS-14), health-related quality of life (HRQoL - SF-36) and cognitive functioning (MoCA). Scores were compared to normative values, where available, and female/male survivors compared using Mann-Whitney U test.

Results: Between May 2016 and August 2019, 171 OHCA patients were discharged alive from our hospital out of 340 consecutive admissions and invited to the follow-up clinic. Of the 52 who attended (35 males, 17 females), 41% showed at least mild cognitive impairment on the MoCA (conservative cut-off ≤ 23). Respectively 9%, 9% and 3% showed mild, moderate, and severe symptoms of depression and 13%, 10% and 2% mild, moderate and severe symptoms of anxiety on the HADS. Female OHCA survivors did not differ from males in measures of anxiety, PTSD symptoms and cognition, however they reported significantly worse HRQoL in most domains on the SF-36.

Conclusions: Cognition is mildly impaired in over a third of OHCA survivors 6-months post discharge. Rates of anxiety, depression did not largely differ from a non-clinical sample. OHCA females scored similarly to males, except in measures of HRQoL where they reported more problems in most domains. Although these results are specific to a single centre, we believe further research is warranted to understand differences in outcomes and create bespoke quality of life measures.