

Is CPR bad for your health?

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Background: Lay-responder intervention is key to an OHCA resuscitation attempt but is often very distressing for those involved. Are we adequately supporting their post-event needs?

Method: We surveyed lay-responders in cardiac arrest peer-support groups to get an understanding of who intervened; what their experience was; identify common support themes and look into other aspects of the event.

Results: 134 laypersons (most represented age range 40-49, 32%) responded with primary attributes being; UK nationals (78%) and females (77%). The resuscitation attempt happened mostly at home (80%), on a partner/family (80%) and within 1-year (34%). Many had some first aid training (70%), raised the alarm (66%), gave CPR (84%), used an AED (9%) and mostly had a favourable outcome (75%). Themes expressed were "Shock", "Anxiety", "Emotional" and "Traumatising" and despite feeling they might have needed support (72%), very few were offered any (10%), resulting in many seeking it out (78%). Themes expressed regarding any support, when available, were generally positive. The event had a detrimental lasting effect on many, with flashbacks (60%), anxiety (44%), insomnia (43%) and other mental health issues all cited. Just 11% said it had a positive or no lasting effect on them.

Conclusion: Layperson resuscitation interventions are traumatic and often take place at home on a loved one. Irrespective of the outcome, this experience can leave lasting mental health issues which are currently poorly addressed.

"If you're going to ask people to perform bystander CPR, then you have a moral obligation to provide support to people who perform bystander CPR.", Kristin Flanary