Patients with Obstructive Sleep Apnea have Improved Survival Outcomes After In-Hospital Cardiac Arrest Compared to Non OSA Patients.

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**BACKGROUND**

- Obstructive sleep apnea (OSA) is associated with increased risk of cardiac arrhythmia but its association with survival of in-hospital cardiac arrest (IHCA) patients is not known and it is not clear if survival of OSA patients between those with ventricular fibrillation (VF) and non-VF IHCA differ.

**OBJECTIVES**

To assess the association of OSA with mortality in patients with IHCA with VF and non-VF.

**METHODS**

- Using the Agency for Healthcare Research and Quality (AHRQ) sponsored Nationwide Inpatient Sample database, the largest publicly available all-payer database in the United States, adult patients undergoing resuscitation for IHCA between 2005 to 2008 were identified.
- Patients who had IHCA with a diagnosis of OSA were 1:1 propensity-matched for age, sex and major comorbidities with those without sleep apnea and differences in outcome (in-hospital mortality and length of stay) in patients with VF and non-VF related IHCA was determined.
- All significant variables at the univariate level were included in the multivariate analysis to determine independent predictors of mortality using logistic regression model.

**RESULTS**

- Baseline characteristics of overall population

**CONCLUSION**

- The overall survival in IHCA is significantly better in patients with OSA compared to non OSA patients.
- Patients with VF cardiac arrest have better outcomes than non VF related cardiac arrest.
- Mechanisms underlying improved survival outcomes in OSA patients need to be investigated.

**DISCLOSURES**

All authors have nothing to disclose.