Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
Results: DL, the rates of the course enrollment and completion were, respectively, 3.5 and 5.9-fold higher than BL [Fig. 1]. AU, the rate of enrollment declined substantially (to 1.1-fold of the BL value), but the percentage of the course completers remained high: 45.4% vs. 42.9% DL and 25.1% BL. The proportion of participants who reported high baseline readiness to attempt resuscitation (4–5 points) was higher DL (53.7%) compared to BL (46.3%; p < 0.001), and AU (58.1%) compared to DL (p = 0.009). In all time periods under study, the training produced a significant increase in levels of willingness to perform resuscitation (see Fig. 1; p < 0.001) and in proportions of trainees with high level of willingness (up to 79.8% BL, 84.3% DL, 85.7% AU; p < 0.001).

Conclusions: The COVID-19 lockdown boosted engagement of the lay public in the distance learning of BLS/AED. The baseline willingness to provide help tended to increase during the lockdown and further after the unlocking. The massive open online training is effective to support and enhance laypeople's motivation to attempt resuscitation during the pandemic.

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PT46
Out-of-Hospital Cardiac Arrest during the COVID-19 pandemic in Portugal
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The first SARS-CoV-2 patient was detected in Portugal on the 2nd of March 2020, by then the virus was already spread worldwide. Same publications refer to an increase in Out-of-Hospital Cardiac Arrest (OCHA) during the pandemic period.1–3

The purpose of this study is comparing the incidence of OCHA in Portugal in the first months of the pandemic, with the same period of the previous year.

A retrospective observational study was performed, with data collected from the Portuguese's National Registry of Cardiac Arrests (OCHA records) between the 1st of March and the 31st of May of 2020 compared with the homologous period of 2019.

During the referred period were registered in 2020 a total of 4673 cases of OCHA, 11% more than in 2019 during the same period (n = 4201). No gender or age differences were found between the two samples. The cause of OCHA showed no major differences concerning cardiac (48.92% vs. 49.41%) or respiratory causes (4.78% vs. 4.39%).

Basic life support was performed in 74.93% of OCHA cases in 2020, 6.17% less than in 2019 (68.76%). From these, ROSC (Return of spontaneous circulation) was obtained in fewer cases in 2020 (8.45% vs. 4.17%).

The recommendations issued determined safety as during the referred period INEM had 0.9% (18/1936) of providers infected with COVID 19.

Considering the results (11% more of OCHA, 6.17% less life support manoeuvres and 4.28% less of ROSC) the effectiveness of modifications addressing OCHA needs a more profound analysis namely the relation between time of arrival at the scene and donning of PPI as well as the correlation of ROSC and the medical decision not to perform advanced life support.

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A dedicated follow-up appointment for family members of survivors was strongly recommended by this group (93%).

**Conclusions:** The majority of OHCA-survivors advocate for early follow-up following hospital discharge, and would like a holistic, multidimensional assessment of consequences. This survey suggests that current OHCA follow-up clinics do not always cover all relevant themes, and do not include professionals deemed important by survivors and family members (psychologists, nurses, OTs).

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**Reference**

1 10.1056/NEJMct2010418.
2 10.1093/eurheartj/ehaa508.
3 10.1001/jama.2020.2488.

PT47

‘Lucky to be alive’? – Patients’ experience of care following an out-of-hospital cardiac arrest

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**Background and objectives:** Mild cognitive difficulties are common in survivors of out-of-hospital cardiac arrests (OHCA); both survivors and close family members are also at risk of developing anxiety, depression or post-traumatic stress disorder (PTSD).

In the UK, post-discharge care for OHCA survivors and their close family and friends varies greatly, and dedicated follow-up pathways are lacking. A group of survivors and family members were asked through a survey about their experience of post-discharge care, and improvements that could be made.

**Method:** A total of 125 OHCA survivors and 45 family members completed versions of an ad-hoc questionnaire at the ‘Not Alone’ OHCA educational event or online. Issues covered included both actual follow up offered, and questions regarding optimal follow up from the patient and family perspective e.g. professionals involved; timing; involvement of family members; and areas they would like to be covered.

**Results:** Follow-ups post-discharge are common after OHCA (76%), however mostly completed by a cardiologist alone (56%), while survivors suggested that other professionals should be involved as well (e.g. psychologist/counsellor – 62% of respondents). Recommended topics include cardiac arrest-related issues (heart disease, 74%; cause of arrest, 75%) in addition to mental fatigue/sleep (70%), cognitive problems (64%), emotional problems (75%) and daily activities (working, driving; 63%). Most survivors advocated an early review (<1 month; 70%).

Common difficulties experienced post-discharge by family include anxiety/worry (84%). Only 24% accessed primary care mental health services.

These results should be analysed taking into consideration COVID 19 incidence in Portugal during the reference period and the confinement measures.

Reference

1 10.1056/NEJMct2010418.
2 10.1093/eurheartj/ehaa508.
3 10.1001/jama.2020.2488.

https://doi.org/10.1016/j.resuscitation.2020.08.113

PT48

The incidence and severity of cognitive deficits measured in out-of-hospital cardiac arrest survivors at hospital discharge – A consecutive case series study

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**Background:** Cognitive difficulties are a common long-term complaint in survivors of out-of-hospital cardiac arrests (OHCA). Prevalence and severity of cognitive deficits on discharge from acute hospital, however, are not systematically assessed in clinical practice, potentially hindering the development of appropriate follow-up care pathways for this population.

**Methods:** Between November 2017 and April 2019 a total of 120 initially comatose patients were admitted to our centre following an OHCA of presumed cardiac aetiology. 75 of them survived to hospital discharge (62.5% – Men = 63; Women = 12; mean age 62 years; median length of stay 16 days). For 46 of them we were able to obtain a cognitive profile before discharge using a short battery of tests or behavioural observation appropriate to their ability to engage in the assessment (see Table 1). A subset of these 46 patients (23; 50%) also underwent routine neuroimaging (18 CTs; 5 MRIs);

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Table 1

| Cognitive Assessment | Number of Patients | Notes |
|----------------------|--------------------|-------|
| CRS                  | N=2                |       |
| Behavioural observations | N=7               |       |
| MoCA (Montreal Cognitive Assessment) | N=3               |       |
| ACE-III (Addenbrooke’s Cognitive Examination III (ACE-III)) | N=34              | (2 patients did not complete the TMT, and 2 did not complete the FAB) |