

NIH launches two trials to evaluate CPR and drugs after sudden cardiac arrest



The National Institutes of Health has launched two multi-site clinical trials to evaluate treatments for out-of-hospital cardiac arrest. One will compare continuous chest compressions (CCC) combined with pause-free rescue breathing to standard cardiopulmonary resuscitation (CPR), which includes a combination of chest compressions and pauses for rescue breathing. The other trial will compare treatment with the drug amiodarone, another drug called lidocaine, or neither medication (a salt-water placebo) in participants with shock-resistant ventricular fibrillation, a condition in which the heart beats chaotically instead of pumping blood.

The trials will serve a combined population of nearly 21 million people from diverse urban, suburban, and rural regions across the U.S. and Canada.

The CCC trial will compare survival-to-hospital-discharge rates for two CPR approaches delivered by paramedics and fire fighters. Persons experiencing cardiac arrest will be randomly assigned to receive continuous chest compressions, or standard CPR by emergency responders. Standard CPR, the approach recommended by the American Heart Association (AHA) for use by emergency responders, includes chest compressions with short pauses for assisted breathing. This approach has been called into question by emerging data suggesting that stopping chest compressions to provide assisted breathing interrupts overall blood flow, thereby lowering survival. Trained emergency personnel will give all participants in the CCC trial three cycles of CPR followed by heart rhythm analysis and, if needed, an electrical shock (defibrillation), applied to the chest. Half will be randomly assigned to receive continuous compressions combined with pause-free rescue breathing and half will receive standard professional CPR. The CCC trial will enroll up to 23,600 participants at eight major regional locations across the U.S. and Canada.

The Amiodarone, Lidocaine, or neither (Placebo) for Out-Of-Hospital Cardiac Arrest Due

to Ventricular Fibrillation or Tachycardia study (ALPS) will determine whether amiodarone or lidocaine improves survival-to-hospital-discharge rates for participants with shock-resistant ventricular fibrillation. Participants will receive one or the other drug or a placebo. About 25 percent of cardiac arrests are due to ventricular fibrillation. When shock treatment with a defibrillator fails to restore normal heart rhythm during ventricular fibrillation, medications such as amiodarone or lidocaine are often given, but their effectiveness in improving survival is unknown. For more information visit: Find out more about the CCC trial at <http://clinicaltrials.gov/ct2/show/NCT01372748> and about ALPS at <http://clinicaltrials.gov/ct2/show/NCT01401647>

SCA Survivors and Family – Join SCAA’s Online Support Community



Did you know SCAA has an online Support Community where thousands of patients, families, friends and caregivers connect for support and information on sudden cardiac arrest issues? Partnering with Inspire, we invite you to join the an online group [Sudden Cardiac Arrest Association Support Community](#) that is a secure, moderated forum where members discuss such topics as living with an ICD, surviving SCA, dealing with loss, and clinical research news. Some recent comments from members about our online group include:

- "This is the most amazing supportive place. You won't find a better place to ask for help."
- "There is support for everyone here. I would have never made it through this without this group of angels!"
- "A great site for info, support and compassion."

It takes only a few minutes to join. Click [here](#) for sign up. We also encourage you to access the plethora of support resources available through our COPE tab at www.suddencardiacarrest.org

First on the Scene: Working Together to Save Lives

A Toolkit for Success Find out how EMS and First Responders can work with the Sudden Cardiac Arrest Association to Save Lives from Cardiac Arrest.

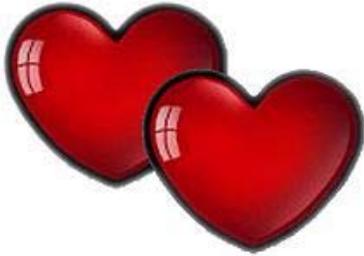
The **Sudden Cardiac Arrest Association (SCAA)** – the nation’s leading nonprofit advocacy organization exclusively dedicated to SCA – is working to establish a national approach to SCA, where prevention, response and treatment are universal and each resident has the same fighting chance of surviving. SCAA’s 5,000+ members, represented through more than 50 chapters, are SCA survivors, patient advocates, medical professionals, emergency responders and educational administrators all dedicated to increasing awareness of SCA and expanding access to AEDs and other lifesaving treatments and therapies within their local communities. **How can the *First on the Scene Toolkit* Help?** SCAA has a large mission and we cannot go alone. First responders play a vital role in the chain of survival. SCAA wants you and your first responder teams to join our efforts to increase awareness of the public health crisis of SCA. The Toolkit provides samples, examples and “how to’s” so you can make more positive changes within your local community. SCAA chapter leaders are well informed SCA advocates ready to assist in community outreach, education, training and fundraising. **Contact [SCAA](#) for a copy of the *First on the Scene Toolkit* and get ready to really make a difference.**

New Study Indicates Sexual Activity Ok for Most Heart Disease Patients



According to a scientific statement from the American Heart Association, patients with stable cardiovascular disease can have sex as long as they can handle other mild or moderate physical activities without symptoms. Still, it is reasonable for patients diagnosed with cardiovascular disease to receive a comprehensive evaluation from their healthcare provider before resuming sexual activity, the authors stated. Patients with unstable disease or severe symptoms should be stabilized before attempting sexual activity, according to the writing group, which was chaired by Glenn Levine, MD, of Baylor College of Medicine in Houston, Tx. The authors set out to summarize data on sexual activity and heart disease "in order to provide recommendations and foster physician and other healthcare professional communication with patients about sexual activity," the authors wrote. The guidance was endorsed by several other professional societies, including the American College of Cardiology and American Urological Association, and published online in *Circulation: Journal of the American Heart Association*. [Read More](#)

Make A Contribution In Honor Of a Loved One



The Sudden Cardiac Arrest Association works tirelessly to raise awareness of cardiac arrest, encourage bystanders to intervene by teaching CPR and AED use, support placement of AEDs in all public facilities and advocate on Capitol Hill and in your individual states on behalf of good heart healthy policies and legislation – yet we can not continue our lifesaving work without your financial contributions. During Heart Month please consider making a donation in honor of a loved one, and help support the work SCAA does in your community and nationwide. Honor and Memorial gifts will be recognized with a letter. You may donate online at:

<http://associationdatabase.com/aws/SCAA/pt/sp/donate> or send your contribution to: SCAA, 1250 Connecticut Ave, NW, #800, Washington, DC 20036. Questions? Call 202.534-1875. All donations will be recognized. Thank you for your gift of life!



Wrap Your Love in Warmth this February

Keep those you love warm with a cozy SCAA fleece blanket or sweatshirt AND help support the work of the Sudden Cardiac Arrest Association. All purchases made through the SCAA include a small donation to SCAA. Blankets, sweatshirts and so much more are available through the online store. You can do good while keeping warm this February! Visit our online store at: www.suddencardiacarrest.org

For more information about SCAA and how you can help save lives, visit www.suddencardiacarrest.org.

Mark Your Calendar and be there with SCAA for these Exciting Events!

EMS Today: February 28-March 3, 2012

Heart Month: February 2012

American College of Cardiology: March 24-27, 2012

Heart Rhythm Society Annual Conference: May 9-12, 2012

National EMS Week: May 20 - 26 , 2012

CPR/AED Week: June 1-7, 2012

Emergency Cardiovascular Care Update: September 11-15, 2012

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