Major Disparities in Public Access Defibrillation Programs Implementation: a French Nationwide Study

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Declaration of Interest

- I have nothing to declare

Background

Out-of-Hospital Cardiac Arrest **(OHCA) survival** rate is still low

Importance of initial OHCA management => Public Access Defibrillation (PAD) programs

Two aims:

Increasing Automated External Defibrillator **(AED) availability**

Increasing public Basic Life Support **(BLS) education**.

Their **implementation** and **impact** have not been simultaneously evaluated in real life.

Purpose and key points about methods

Purpose: To assess PAD implementation in real life, and the potential process behind their success.

5-year prospective study in **51 French districts** (29.3 million inhabitants)

Assessment of the two arms of PAD programs:

Density of AEDs per 100,000 inhabitants per 1,000 km²

Number, per 100,000 inhabitants, of **persons educated in BLS**.

Per-district **OHCA survival rates** during the study period obtained from the French national registry on sports-related OHCA.

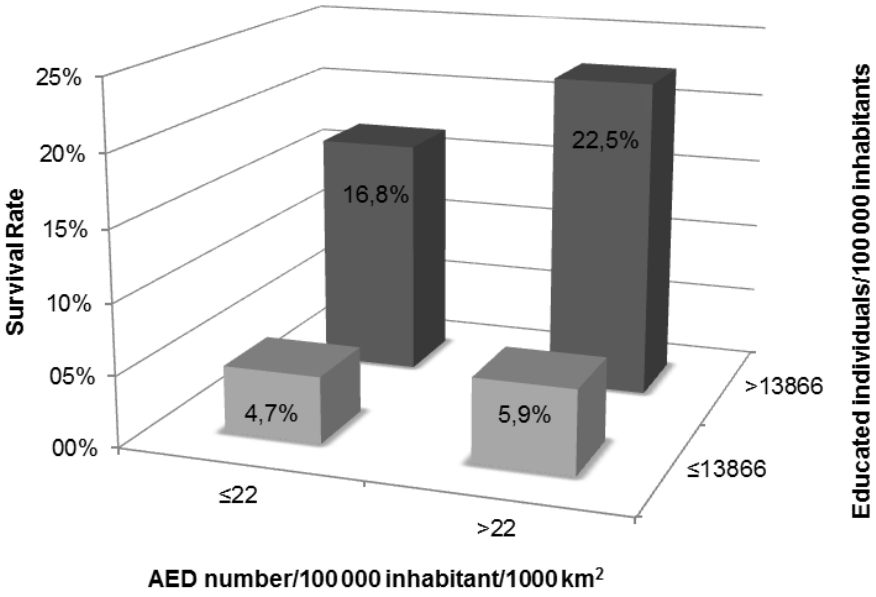
Results

Huge discrepancies (>100-fold) in PAD across districts

Proportion of educated persons between 6,955 and 36,636/100,000 inhabitants

Density of AEDs between 5 and 3,399/100,000 inhabitants X 1,000 km²

Significant and **balanced programs** in only a **third** of districts .



Conclusions

Major heterogeneities in PAD programs implementation

Significant **room for better coordination** in implementing their two arms

Deploying **AEDs** = **incomplete benefit if not combined with BLS education**

Interest for **planning public health policies** for improving OHCA survival.