

Breganzona, marzo 2007

Presa di posizione per l'email relativo ad una presentazione powerpoint sull'attacco cardiaco "Attacco di cuore.pps", nel quale sono contenute alcune indicazioni sull'autosalvataggio in caso di arresto cardiaco.

L'e-mail con allegato circola dal 1999, con alcune variazioni sul tema.

In estrema sintesi la presentazione raccomanda un sistema di "autosavataggio" in caso di dolori precordiali, consistente nel provocarsi colpi di tosse per ripristinare il battito cardiaco.

Siamo dell'opinione che questo tipo di informazioni vadano prese con estrema cautela, soprattutto quando non sono supportate dalle principali associazioni di riferimento a livello nazionale ed internazionale.

A nostra conoscenza né la Swiss Resuscitation Council, né l'European Resuscitation Council, né l'American Heart Association hanno incluso nelle loro direttive relative alla rianimazione cardiopolmonare questo genere di consiglio.

Osserviamo inoltre come le referenze citate nella presentazione non trovino riscontro nella documentazione prodotta dal Rochester General Hospital, che si dissocia nella maniera più assoluta.

Di seguito riportiamo le citazioni della Resuscitation Council Uk (associazione di riferimento britannica) e della American Heart Association, invitando tutti gli interessati a visitare il nostro sito www.ticinocuore.ch, dove troverete tutte le informazioni relative alla problematica della rianimazione cardiopolmonare.

Approfittiamo dell'occasione per ricordare che in caso di presenza della sintomatologia descritta (dolori precordiali) la cosa più importante ed efficace sia chiamare SUBITO il 144.

FCTSA
Roberto Cianella
Direttore generale

Articolo Resuscitation Council UK (<http://www.resus.org.uk/pages/coughCPR.htm>)

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The BLS/AED Subcommittee has received a number of enquiries from people who have been informed about "cough CPR" and "How to survive a heart attack when alone". Advice has been put on the Internet that someone who thinks he or she is suffering a heart attack should repeatedly cough and go at once to a hospital, by car if necessary.

This advice is based (very loosely) on published case reports of people being able to maintain some sort of cardiac output during cardiac arrest by vigorous coughing - so-called "cough CPR". The scenario has usually been of a patient developing ventricular fibrillation whilst being monitored, often whilst undergoing cardiac catheterisation. The patient has been encouraged to cough and a measurable circulation has been recorded. This anecdotal evidence supports the theory that chest compressions during CPR are successful because they increase intrathoracic pressure and result in a flow of blood. The collapsed veins and patent arteries at the thoracic inlet result in this flow being in a forward direction. Coughing produces the same effect.

The BLS/AED Subcommittee knows of no evidence that, even if a lone patient knew that cardiac arrest had occurred, he or she would be able to maintain sufficient circulation to allow activity, let alone driving to the hospital.

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References:

1. Criley JM, Blaufuss JH, Kissel GL. Cough-induced cardiac compression: self-administered form of cardiopulmonary resuscitation. *JAMA*. 1976;236:1246-1250.
2. Miller B, Cohen A, Serio A, Bettock D. Hemodynamics of cough cardiopulmonary resuscitation in a patient with sustained torsades de pointes/ventricular flutter. *J Emerg Med*. 1994;12:627-632.
3. Petelenz T, Iwinski J, Chelbowczyx J, Czyx Z, Flak Z, Fiutowski L, Zaorski K, Petelenz T, Zeman S. Self-administered cough cardiopulmonary resuscitation (c-CPR) in patients threatened by MAS events of cardiovascular origin. *Wiad Lek*. 1998;51:326-336.
4. Saba SE, David SW. Sustained consciousness during ventricular fibrillation: case report of cough cardiopulmonary resuscitation. *Cathet Cardiovasc Diagn*. 1996;37:47-48.



Articolo American Heart Association

(<http://www.americanheart.org/presenter.jhtml?identifier=4535>)

Cough CPR

The American Heart Association does not endorse "cough CPR," a coughing procedure widely publicized on the Internet. As noted in the American Heart Association's textbook *Basic Life Support for Healthcare Providers*, the American Heart Association DOES NOT TEACH THIS AS PART OF THE CORE CURRICULUM IN ANY COURSE.

During a sudden arrhythmia (abnormal heart rhythm), it **may** be possible for a conscious, responsive person to cough forcefully and maintain enough blood flow to the brain to remain conscious **for a few seconds** until the arrhythmia disappears or is treated. Blood flow is maintained by increased pressure in the chest that occurs during forceful coughs. This has been mislabeled "cough CPR," although it's not a form of traditional resuscitation.

Why isn't "cough CPR" appropriate in CPR training courses?

"Cough CPR" should **not** be routinely taught in lay-rescuer CPR courses, because it would complicate teaching traditional CPR. It would add information that's not generally useful in the prehospital setting. In virtually all lay-rescuer CPR courses, the finding that signals an emergency is the victim's **unresponsiveness**. This signals the rescuer to begin the "A, B, C's" of CPR. Unresponsive victims will **not** be able to perform "cough CPR."

Are there situations when "cough CPR" is appropriate?

This coughing technique to maintain blood flow during brief arrhythmias has been useful in the hospital, particularly during cardiac catheterization. In such cases the patient's ECG is monitored continuously, and a physician is present.

During cardiac catheterization, patients may develop sudden arrhythmias. If a life-threatening arrhythmia is detected within the first 10 to 15 seconds and before the patient loses consciousness, a physician or nurse may tell the patient to cough. Repeated, forceful coughing can help the person stay conscious until the arrhythmia disappears or is treated.

Therefore, the usefulness of "cough CPR" is generally limited to monitored patients with a witnessed arrest in the hospital setting.

AHA Recommendation

The best strategy is to be aware of the early warning signs for heart attack and cardiac arrest and respond to them by calling 9-1-1. If you're driving alone and you start having severe chest pain or discomfort that starts to spread into your arm and up into your jaw (the scenario presented in the Internet article), pull over and flag down another motorist for help or phone 9-1-1 on a cellular telephone.

Related AHA publications:

- ? CPR Signals and Actions Wallet Card
- ? Heart Attack and Stroke: Signals and Actions (also in Spanish)
- ? Signs of a Heart Attack (Quick and Easy Reading) (also in Spanish)