

# Discharge to survival after out-of-hospital cardiac arrest lower for women

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had significantly lower discharge survival (22.5 versus 36.3 percent; adjusted odds ratio, 0.78). DNR and WLST order status modified the association between gender and discharge survival, with [women](#) having significantly lower discharge survival among patients who were not made DNR or did not have WLST (adjusted odds ratios, 0.74 and 0.73, respectively). Among patients receiving a DNR order or with WLST, there was no gender difference observed in survival.

"Future studies focused on strategies to optimize compliance with post arrest guidelines after successful resuscitation are required to understand and improve gender-based differences in outcome," the authors write.

**More information:** [Abstract/Full Text \(subscription or payment may be required\)](#)

(HealthDay)—For patients successfully resuscitated from out-of-hospital cardiac arrest, discharge to survival is significantly lower among women, according to a study published in the Feb. 16 issue of *Circulation*.

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Purav Mody, M.D., from the University of Texas Southwestern Medical Center in Dallas, and colleagues examined the association between gender and survival among [patients](#) successfully resuscitated from out-of-hospital cardiac arrest. Data were included for 1,825 women and 3,050 men.

The researchers found that women were older, received less bystander [cardiopulmonary resuscitation](#), and had a lower proportion of cardiac arrests that were witnessed or had shockable rhythm. The proportion of patients who received do not resuscitate (DNR) orders and had withdrawal of life-sustaining therapy (WLST) was significantly higher for women (35.7 versus 32.1 percent and 32.8 versus 29.8 percent, respectively). Women

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