LETTER TO THE EDITOR

Regarding the 2020 American Resuscitation Association Guides

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Mr. Editor:

Studying and analyzing, in depth, the highlights of the 2020 American Heart Association (AHA) Guidelines for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC)[(1)] allows us to appreciate that every five years the key issues and changes made regarding this sensitive field of health care are updated.

In the authors' opinion, the dissemination of these Guidelines is of inestimable value because they constitute an updated instrument that allows the optimization of patient care in these circumstances and guides researchers on the path to follow in order to achieve studies that improve the evidence supporting the recommendations made.

It is in relation to this topic that the present analysis is intended because, in the 2020 AHA Guidelines, 491 specific recommendations are presented for life support in adults, children and neonates, the science of resuscitation education and health care systems. Of these recommendations 161 are class 1 and 293 are class 2 and 37 recommendations are class 3, including 19 demonstrating no benefit and 18 demonstrating harm.[(1)]

According to the classification of the recommendations given by the AHA in the 2020 Guidelines, it is evident that 454 (92.46%) correspond to classes 1 and 2, which is interpreted as meaning that the benefits of their implementation outweigh the risks of affecting the patient, undoubtedly a significant percentage.[(2,3)]

When analyzing the level of evidence (LE) of the recommendations, it can be seen that only 1% correspond to level A, that is, they are high quality evidence obtained from more than one randomized clinical trial (RCT) or are meta-analyses of high quality RCTs or constitute one or more RCTs corroborated by high quality registry studies.[(1,4)].

This contrast between the type of recommendations and their level of evidence must represent an alert for the scientific community and serve as a guideline to carry out research related to the effectiveness of the use of these recommendations in practice, which will serve as evidence to support, from a methodological and scientific point of view, the need for their implementation.
Since 2005, when the beginning of the changes in the Guidelines for adults, children and neonates became indisputable, not only in the American Resuscitation Association, but also in the European one, a group of changes have been gradually initiated in the practice carried out by the personnel trained for this activity; However, neither the level of adherence of health personnel to the recommended changes nor the effectiveness of their implementation in health care practice in Cuba is known, which are two aspects that should be investigated promptly because of what they represent for the quality of health care provided and with the aim of achieving excellence in both out-of-hospital cardiac arrest (OHCA) and in-hospital cardiac arrest (OHCA).
In this regard the science of resuscitation education plays a determining role because effective education of lay and expert resuscitators is a key variable in improving the survival of patients who suffer cardiac arrest.Sin una educación eficaz los reanimadores legos y los profesionales de la salud no tendrían los elementos necesarios y consistentes que respalden el tratamiento basado en evidencia ante una situación tan compleja como esta.
The timeliness of the 2020 American Resuscitation Association Guidelines and the relevance and importance of the topic are recognized, and the national scientific community is urged to carry out randomized studies to support these recommendations in the Cuban healthcare context.

BIBLIOGRAPHIC REFERENCES

1. Merchant RM, Topjian AA, Panchal AR, Cheng A, Aziz K, Berg KM, et al. Part 1: Executive summary: 2020 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. Circulation [Internet]. 2020 [cited 31/07/2021];142(16_suppl_2):S337–S357. Available at: https://pubmed.ncbi.nlm.nih.gov/33081530/. https://doi.org/10.1161/CIR.0000000000000918
2. Morley PT, Atkins DL, Finn JC, Maconochie I, Nolan JP, Rabi Y. Evidence Evaluation Process and Management of Potential Conflicts of Interest: 2020 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations. Resuscitation [Internet]. 2020 [cited 31/07/2021];156:A23-A34. Available at: https://pubmed.ncbi.nlm.nih.gov/33099418/. https://doi.org/10.1016/j.resuscitation.2020.09.011
3. Magid DJ, Aziz K, Cheng A, Hazinski MF, Hoover AV, Mahgoub M, et al. Part 2: Evidence Evaluation and Guidelines Development: 2020 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. Circulation [Internet]. 2020 [cited 31/07/2021];142(16_suppl_2):S358-S365. Available at: https://pubmed.ncbi.nlm.nih.gov/33081525/. https://doi.org/10.1161/CIR.0000000000000898

4. Sawyer KN, Camp-Rogers TR, Kotini-Shah P, Del Rios M, Gossip MR, Moitra VK, et al. Sudden cardiac arrest survivorship: a scientific statement from the American Heart Association. Circulation [Internet]. 2020 [cited 31/07/2021];141(12):e654-e685. Available at: https://pubmed.ncbi.nlm.nih.gov/32078390/. https://doi.org/10.1161/cir.0000000000000747

CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.