

Arrest the Risk
Sudden Cardiac Arrest (SCA)
Physician Survey Fact Sheet

In August 2012, the Heart Rhythm Society worked with Ipsos Healthcare to conduct a 20-minute online survey of more than 1,500 adult consumers and 300 physicians in the U.S. Three physician specialties were sampled— primary care physicians (PCPs) including those in general practice, family practice and internal medicine; cardiologists; and electrophysiologists (EPs), who are cardiac arrhythmia specialists.

The survey aimed to help HRS identify current awareness levels and perceptions of sudden cardiac arrest (SCA), a condition in which the heart suddenly and unexpectedly stops beating. SCA is one of the leading causes of death in the United States each year. In fact, SCA claims one life every 90 seconds, taking more lives each year than breast cancer, lung cancer or AIDS. Consumers and physicians have a role to play in changing these dire statistics.

Key Findings

Overall, physicians are unaware of the significant deadly impact of SCA.

- Less than 10 percent of physicians are aware that 95 percent of SCA events end in death.
- Only half of physicians (51 percent) rank SCA as the condition which poses the greatest risk to Americans when compared to stroke, lung cancer, breast cancer, HIV/AIDS, and prostate cancer.
 - However, by specialty, 70 percent of EPs correctly rank SCA as posing the greatest risk.

Most physicians are unclear about the risk factors for SCA.

- Only 15 percent of physicians rated race as a key risk factor for SCA.
- More than half of physicians mistakenly believe that men are at greater risk of dying from SCA than women.
- Physicians overwhelmingly reported that the most recent patient they referred to a specialist for SCA screening was a Caucasian, male, age 65 to 74, who has insurance, which is not the most likely patient to suffer from SCA.

More referrals to specialists could aid in identifying patient's risk factors of SCA.

- When asked to assess a case study, the majority of PCP respondents did not consider the patient at risk for SCA even when three or more risk factors were described.
- EPs and cardiologists are more likely to specifically tell a patient they are at risk for SCA, while PCPs are more likely to discuss lifestyle changes as a way to reduce risk.
- EPs and cardiologists are significantly more likely than PCPs to treat a patient at risk of SCA with an implantable cardioverter defibrillator or ICD.
- For patients at high risk of SCA, 75 percent of cardiologists and 89 percent of EPs report they would recommend an ICD, while less than half of PCPs would do so.

The recommended preventive treatment option for SCA – an ICD – is not being recommended by physicians as often as guidelines suggest.

- When asked to assess a case study, only half of physicians said they were likely to recommend an ICD for an at-risk patient. PCPs recommended ICDs the least often.
- One third of all physicians report they would use an ICD to treat patients at moderate risk of SCA.

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