

BOX SUBSTUDY

CLINICAL TRIAL SUMMARY

Presenters

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Objectives

To evaluate mortality rates in resuscitated comatose out-of-hospital cardiac arrest patients with and without diabetes

<https://clinicaltrials.gov/study/NCT03141099>

**TRIAL
DESIGN**

Randomized, Controlled, Multi-centre Study

**SAMPLE
SIZE**

110 patients with preexisting diabetes

INCLUSION CRITERIA

- Age ≥ 18 years
- Preexisting Diabetes
- Out-of-hospital cardiac arrest (OHCA) of presumed cardiac cause
- Sustained return of spontaneous circulation (ROSC)
- Unconsciousness (GCS < 8) (patients not able to obey verbal commands) after sustained ROSC

METHODOLOGY

- Diabetic and non-diabetic patients from the BOX trial were compared.
- The BOX trial was a randomized, controlled, multicenter study that evaluated two mean arterial pressure targets (63 vs. 77 mm Hg) in a double-blinded design, along with two open-label interventions: liberal vs. restrictive oxygenation (9–10 vs. 13–14 kPa) and two durations of fever control (36 vs. 72 hours).
- The primary outcome of this sub-study was 365-day survival.
- Multiple logistic regression models adjusted for known outcome-related factors, including age, sex, witnessed arrest (yes/no), and time to return of spontaneous circulation (in minutes).

RESULTS

Among the 110 patients (14%) with preexisting diabetes, those with diabetes were older (median age 67 [IQR 59–73] vs. 63 [53–72]) and had more comorbidities compared to non-diabetic patients.

One-year all-cause mortality was higher in the diabetic group (45% vs. 34%, $p = 0.02$).

After adjusting for age, sex, witnessed arrest, and place of arrest, the logistic regression model yielded an adjusted odds ratio of 1.47 (95% CI: 0.93–2.30, $p = 0.10$).

No significant interactions were found between diabetes status and any of the study interventions, with p -values ranging from 0.10 to 0.80.

CONCLUSION

Preexisting diabetes was linked to higher unadjusted 365-day mortality. However, among diabetic patients with out-of-hospital cardiac arrest (OHCA), outcomes did not differ based on blood pressure targets, oxygenation levels, or durations of fever control.