Subject 優秀論文分享

醫學系 / 葉兆斌 老師

醫學系 葉兆斌 老師

題目:Postresuscitation psychiatric disorders and epilepsy in traumatic and nontraumatic out-of-hospital cardiac arrest survivors: a retrospective real-world study

作者群:Ping-Kun Tsai, Han-Wei Yeh, Pei-Lun Liao, Jing-Yang Huang, Chung-Hsien Chaou, Chao-Bin Yeh

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摘要:

Background:

Survivors of out-of-hospital cardiac arrest (OHCA) often develop psychiatric

and epilepsy problems. When arrest occurs with trauma, hypoxic-ischemic, and injury-related insults may heighten risks vs. nontraumatic OHCA.

Methods:

Retrospective cohort using deidentified records from the TriNetX U.S.

Collaborative Network (January 2010–June 2023). Adults with return of spontaneous circulation surviving >30 days were categorized as traumatic (n = 1477) or nontraumatic (n = 5165). Groups were balanced by 1:1 propensity score matching (caliper 0.1). Primary outcomes were overall psychiatric disorders, including categories of schizophrenia, mood disorders, depressive disorder, other nonpsychotic mental disorders, anxiety disorders (including phobic and other types), and posttraumatic stress disorder (PTSD). The secondary outcome was epilepsy. Kaplan–Meier and Cox models were used to calculate 5-year cumulative incidence and hazard ratios (HRs) with 95% confidence intervals (CIs).

Results:

The primary outcomes showed that survivors of traumatic OHCA faced greater 5-year risks of overall psychiatric disorders (HR, 1.38; 95% CI, 1.13–1.7), including multiple categories. HRs of categories were: schizophrenia, 2.23 (95% CI, 1.06–4.68); mood disorders, 1.38 (1.07–1.78); depressive episodes, 1.57 (1.19–2.08); other nonpsychotic mental disorders, 1.51 (1.20–1.92), including phobic anxiety disorders, 1.46 (0.72–2.93) and other anxiety disorders, 1.51 (1.17–1.95); and PTSD, 1.60 (1.02–2.50). The risk of secondary outcome epilepsy increased progressively over time, reaching the highest level at 5 years post-OHCA (HR, 2.06; 95% CI, 1.30–3.26).

Conclusion:

Traumatic OHCA survivors had higher long-term risks of psychiatric disorders and epilepsy. Early targeted interventions and structured follow-up may help

mitigate these risks, warranting confirmation in future prospective studies.

本研究運用TriNetX去識別化資料，進行回溯性世代分析，比較創傷性與非創傷性院外心臟驟停（OHCA）倖存者於復甦後長期精神疾病與癲癇風險。納入存活超過30天之成人個案，並以1:1傾向分數配對平衡基線特徵。結果顯示，創傷性OHCA倖存者於5年內整體精神疾病風險顯著升高，包括思覺失調症、情緒障礙、憂鬱症、焦慮症及創傷後壓力症候群等；癲癇風險亦隨時間增加且達統計顯著。研究指出，創傷相關缺氧與腦傷可能加重神經精神後遺症，臨床上應強化長期追蹤與早期介入。