Is Targeted Temperature Management (TTM) Associated With Better Neurological Outcomes After In-Hospital Cardiac Arrest (IHCA)?

**STUDY DESIGN**

- **Post hoc analysis** of HYPERION randomized trial of TTM for Cardiac Arrest with Nonshockable Rhythm
- Examined neurological outcomes in subset of 159 patients with IHCA

73 patients randomized to **33 °C**

86 patients randomized to **37 °C**

**RESULTS**

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<tr>
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<th>33 °C</th>
<th>37 °C</th>
<th>$P$</th>
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<tbody>
<tr>
<td>Good neurological outcome (Cerebral Performance Category 1 or 2) at 90 days</td>
<td>16.4%</td>
<td>5.8%</td>
<td>0.03</td>
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<tr>
<td>Day 90 mortality</td>
<td>68.5%</td>
<td>76.7%</td>
<td>0.24</td>
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After adjustment to Cardiac Arrest Hospital Prognosis score and circulatory shock, **hypothermia (33 °C)** was **significantly associated with good day 90 neurological outcomes** (2.40; 95% CI, 1.17-13.03)

Hypothermia at 33 °C was associated with better day 90 neurological outcomes after IHCA in a nonshockable rhythm compared with normothermia, however limited sample size resulted in wide confidence intervals.

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