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Pre-hospital antiplatelet therapy for the incidence of acute respiratory distress syndrome: A systematic review

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Background: Several clinic observations were inconsistent with each other about the prevention of pre-hospital anti-platelet therapy (APT) on acute respiratory distress syndrome (ARDS).

Objectives: We conducted a meta-analysis to assess the association of pre-hospital APT in adults with ARDS.

Data Sources: We searched the PubMed, Web of Science, EMBASE, Cochrane Central Register of Controlled Trials, and Cochrane Database of Systematic Reviews.

Study Eligibility Criteria, Participants & Interventions: All human studies published in full text, abstract, or poster form, were eligible for inclusion. We included cohort, case control trials or RCT. We included trials comparing the incidence of ARDS in patients with pre-hospital anti-platelet agents or without. The date of the most recent search was on October 2015.

Study Appraisal and Synthesis Methods: Two authors independently assessed study risk of bias and extracted data. The primary outcome was ARDS morbidity, while secondary outcome was ICU or hospital mortality. We identified 7 studies meeting the eligibility criteria.

Results: Meta-analysis of 7 studies of 30291 patients showed that pre-hospital APT was associated with a decrease in the odds of ARDS compared with those without APT (OR 0.68, 95% CI 0.56 - 0.83 and p=0.0001), but not the hospital mortality and ICU mortality.

Conclusion: The findings suggested that pre-hospital APT is associated with the lower rate of ARDS, but not mortality in patients at risk.

Biography

Weizhong Jin got his degree from Fudan University in 2012 and has been working as a internal resident in Hangzhou First People's Hospital, China since graduation.

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