Nonetheless, we agree that in further experiments, one should shed more light on the hormone-deficient condition in Tako-Tsubo cardiomyopathy and its impact on contractility in the presence of excessive catecholamine levels.

References

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The importance of witnesses to maximize survival from out-of-hospital cardiac arrest

We read with interest the letter by Kee and colleagues.1 Regrettably, we have neglected to refer to the interesting NIPAD study, which we apologize for. According to data from our SALSA study, it is within the group of witnessed cardiac arrests that the major survival benefit is to be expected. During the intervention period, all 57 survivors in whom witnessed status could be confirmed were witnessed by either bystanders or EMS-crews.2 We therefore agree with Kee and co-workers that the baseline incidence of witnessed cardiac arrest is critical to the success of a first responder defibrillation program. In each region a First Responder scheme is proposed, the incidence of witnessed cardiac arrests should be established during the planning phase to maximize effectiveness.

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The importance of witnesses to maximize survival from out-of-hospital cardiac arrest: reply

We read with interest the letter by Kee and colleagues.1 Regrettably, we have neglected to refer to the interesting NIPAD study, which we apologize for. According to data from our SALSA study, it is within the group of witnessed cardiac arrests that the major survival benefit is to be expected. During the intervention period, all 57 survivors in whom witnessed status could be confirmed were witnessed by either bystanders or EMS-crews.2 We therefore agree with Kee and co-workers that the baseline incidence of witnessed cardiac arrest is critical to the success of a first responder defibrillation program. The incidence of witnessed cardiac arrest was very different in the SALSA study compared with the NIPAD study (70.6 vs. 33.8%). This higher incidence in Stockholm might be an effect of that patients, and relatives over time in Stockholm have become less reluctant to postpone a call to the emergency dispatcher for an ambulance after the onset of symptoms.3 Previous investigations have shown that the large majority of patients suffering from OHCA do have symptoms prior to the arrest.4,5 A possible higher awareness of the need for early response could be an effect of important educational programs, mass medial campaigns about cardiac disease, cardiac arrest, and CPR. Moreover, results from both the SALSA study and the NIPAD study indicate problems with the identification of cardiac arrests which lead to dispatch delays and the loss of initiation of dual dispatch in a large proportion of cases. It is therefore our belief that the optimization of the dispatch procedure is essential to the success of dual dispatch programs.