TOP TOPICS @ #LIVES2019

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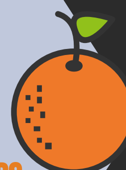
ETHICUS 2 - CHANGES IN END OF LIFE PRACTICES IN 22 EURO ICU'S. PROSPECTIVE. OBSERVATIONAL.
ALL PATIENTS EITHER DIED IN ICU OR HAD LIMITATIONS IN LIFE PROLONGING THERAPY. COMPARES ETHICUS 1 TO 2. 1997-2000 AND 2015-2016. PATIENTS IN 2015-16 WERE OLDER (70 V 67). TREATMENT LIMITS DID NOT MEAN END OF LIFE.
MORE SURVIVAL SEEN AFTER LIMITATIONS IN TREATMENTS IN 2015-2016. THESE FINDINGS SUGGEST A SHIFT IN END-OF-LIFE PRACTICES. STUDY IS LIMITED IN THAT IT EXCLUDED PATIENTS WHO SURVIVED ICU HOSPITALIZATION WITHOUT TREATMENT LIMITATIONS.

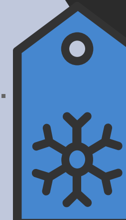
SIGNIFICANTLY MORE TREATMENT LIMITATIONS IN 2015-2016 GROUP. LESS CPR BEFORE DEATH. MORE AND EARLIER LIMITATIONS.

RISK FACTORS AT INDEX HOSPITALIZATION ASSOC WITH LONGER-TERM MORTALITY IN ADULT SEPSIS SURVIVORS
ICNARC DATA. 94747 SURVIVORS FROM 192 UK ICU'S BETWEEN 2009 AND 2014. FIRST NATIONAL DATA ON LONG TERM MORTALITY.
'SEPTIC SHOCK' WAS THE SEPSIS 3 DEF. 90.8% COHORT WERE WHITE. ?IN KEEPING WITH UK POP? 1Y ON - 15% OF SURVIVORS HAD DIED.
6-8% DIE PER YEAR THEREAFTER FOR THE NEXT 5 YEARS. THERE WAS A 2% INCR IN HAZARD PER INCR IN YEAR OF AGE.
SURGICAL STATUS = LOWER RISK. ORGAN DYSFUNCTION - GENERALLY THE MORE AFFECTED, THE WORSE THE PROGNOSIS.
LONGER STAYS IN HOSPITAL = WORSE PROGNOSIS. PRE-ADMISSION DEPENDENCE; MORE = WORSE PROG.
MALES HAD WORSE OUTCOMES VS WOMEN. INDEPENDENT RISK FACTORS ASSOCIATED WITH LONG TERM MORTALITY.

CITRIS-ALI - VIT C INFUSION FOR TREATMENT IN SEPSIS INDUCE BY ACUTE LUNG INJURY
PHASE 2. MULTI-CENTRE. DOUBLE BLIND. PLACEBO CONTROLLED. PRIMARY OUTCOMES = SOFA SCORE DAY 0-4 AND PLASMA CRP & THROMBOMODULIN DAYS 0-7. ALL PATIENTS HAD SEVERE SEPSIS, ARDS, AN ETT IN PLACE. BILATERAL CXR OPACITIES. MET ARDS CRITERIA WITHIN 24H. NO EVIDENCE OF L.ATRIAL HTN. 170 PT'S WERE RANDOMISED --> 84 PT GOT 50MG/KG IV VIT C EVERY 6 HOURS. THEY ARE BIG DOSES... PRIMARY OUTCOME RESULTS = NO EFFECT ON SOFA OR BIOMARKERS. HOWEVER, 2NDARY OUTCOMES SHOWED 16% ARR IN 28 DAY MORTALITY (30% VS 46% P=0.01). MORE ICU-FREE DAYS SEEN AT D28 AND HOSPITAL FREE DAYS AT D60. AUTHORS REMIND US THIS TRIAL WAS NOT POWERED FOR MORTALITY. AND DUE TO THE 46 SECONDARY OUTCOMES - THERE IS A RISK OF A TYPE 1 ERROR. ?VIT C ADMIN WAS RELATIVELY LATE = THE REASON FOR 'SOFA' SCORE ISSUES? ?HETEROGENITY? ?INTERNAL SELECTION BIAS?



HYPERION TRIAL - HYPOTHERMIA V NORMOTHERMIA IN NON-SHOCKABLE CARDIAC ARREST
MULTI-CENTRE. RANDOMIZED. ASSESSOR BLINDED. PREVIOUS TRIALS NOT ADEQUATELY LOOKED AT NON-SHOCKABLE.
581 PATIENTS --> OOHCA. INTERVENTION FOR 24H T32.5 TO 33.5 THEN REWARMED BY 0.5C PER HOUR THEN NORMOTHERMIA AT 37C.
PRIMARY OUTCOME WAS A "FAVOURABLE" (CPC ≤2) ---> 29/248 HAD A FAVOURABLE OUTCOME IN INTERVENTION GROUP VS 17/297
NO DIFFERENCE BETWEEN ADVERSE EVENTS. THERE IS A 95% PROBABILITY THAT INTERVENTION IMPROVES 90DAY PROGNOSIS.
HOWEVER... THE FRAGILITY INDEX IS 1. FOR HYPOTHERMIA, THE NTT FOR 1 'FAVOURABLE OUTCOME' IS 22.
?IS IT TIME TO COOL NON-SHOCKABLE ARREST PATIENTS?



VIP-2 (NOT YET PUBLISHED) - HOW DOES FRAILTY, COGNITION, AODL AND CO-MORBS AFFECT OUTCOMES IN ICU?
VIP2 STANDS FOR VERY OLD INTENSIVE CARE PATIENTS STUDY. VIP IS >80 YEARS OLD.
6 MONTH SURVIVAL IS MORE TO DO WITH BACKGROUND FUNCTION AND CO-MORBIDITY.
VIP 2 .... CO-MORBIDITY IS PRESENT IN VIPS BUT WE CAN'T USE IT TO PREDICT 30 DAY MORTALITY - DATA PENDING
CLINICAL FRAILTY IS NOT JUST ANOTHER CO-MORB SCORE, IT IS A DISTINCT SCORE.
BY 1 YEAR - 60% OF VIP'S ADMITTED TO ICU ARE DEAD ---> WHAT DO WE DO WITH THIS DATA? IT WILL MATTER TO REHAB/RECOVERY
?HOW CAN WE RELIABLY SCORE/STRATIFY VIPS OUTCOMES BETTER IN ICU?

ICU VISITS - RCT. EFFECTS ON FAMILY FLEXIBLE VISITING ON DELIRIUM IN ICU. ROSA ET AL. 36 ADULT ICU'S IN BRAZIL.
CLUSTER CROSSOVER TRIAL. SECONDARY OUTCOMES WERE... ICU LOS, VENT FREE DAYS. ICU ACQUIRED INFECTIONS.
PRIMARY OUTCOME
= INCIDENCE OF DELIRIUM AS MEASURED BY CAM-ICU = NO SIGNIF. DIFFERENCE (NOR IN 2NDARY OUTCOMES)
NO DIFFERENCE IN STAFF BURNOUT SCORES BETWEEN GROUPS. HOWEVER - THERE WAS A LOWER PREVALENCE OF PROBABLE CLINICAL ANXIETY (13% V 28%) AND DEPRESSION (8% V 17.7%)....
RESTRICTED VISITING = 1.5H PER DAY AND FLEXIBLE = 12H PER DAY... SO THIS MAY BE VERY DIFFERENT ON YOUR OWN UNITS.

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