A687 - Impact of a tailored multicomponent program to reduce discomfort in the ICU on post-traumatic stress disorder : a case-control study

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Introduction:
Reducing discomfort during the ICU stay should be beneficial on long-term outcomes. The aim of this study was to assess the impact of the implementation of a tailored multicomponent program to reduce discomfort in the ICU on the occurrence of posttraumatic stress disorder (PTSD) 12 months after discharge from the ICU.

Methods:
Design: case-control study; the cases were patients hospitalized in the ICUs which implemented the tailored multicomponent program; the controls were patients hospitalized in the ICUs which did not implement the program. Exposition: the tailored multicomponent program consisted of assessment of ICU-related self-perceived discomforts by using the IPREA questionnaire, immediate and monthly feedback to healthcare teams, and tailored site-targeted measures under control of a duo of local champions. General procedure: eligible patients were recalled 12 months after the ICU stay. Data collection: sociodemographics, clinical data related to the ICU stay, discomfort’s levels assessed the day of discharge from the ICU, life situation (home/care center), PTSD (IES-R) and anxiety-depression symptoms (HADS) 12 months after the ICU discharge.

Results:
From the 617 eligible cases and 847 eligible controls, 344 cases and 475 controls were included (reason for exclusion: deaths after discharge from the ICU, lost to follow-up, patient refusal, cognitive incapacity). A total of 6.1% of the cases and 12.2% of the controls presented certain symptoms of PTSD at 12 months (p=0.004). After adjustment for age, gender, IPREA score, McCabe score, presence of invasive devices during the ICU stay and considering anxiety-depression symptoms at 12 months, cases are less likely to have PTSD symptoms than controls.

Conclusion:
Our tailored multicomponent program for discomfort reduction in the ICU can reduce long-term outcomes as PTSD. Diffusion of such a program should be enhanced in the ICUs paving the way for a new strategy in care management.

References: