Introduction:
Psychological impact of critical illness and ICU stay on patients can be severe and frequently results in acute distress as well as psychological morbidity after discharge. However, the stressful experience in ICU and its influence on patient recovery, remain relatively understudied. We assessed patients in ICU for acute distress and psychological symptoms with validated tools.

Methods:
We conducted an observational study in a group of awake ICU adult patients admitted in a tertiary centre for at least 48 hours, from January 2017 until October 2017, with mixed diagnosis on admission. We collected demographic factors, SAPS II at admission, mechanical ventilation, day of sedation, history of psychopathological disorder. Un-sedated and alert, critical care patients were assessed with tools such as Intensive Care Delirium Screening Checklist (ICDSC), Hospital Anxiety and Depression Scale (HADS) and Intensive Care Psychological Assessment Tool (IPAT).

Results:
68 patients were recruited, (mean age 51.2±17.9 years, 66.2% males). SAPS II at admission was 32.2±16.7, 60.3% was mechanically ventilated (mean duration 6.1±14), mean duration of sedation was 2.8±3.9 days and a rate of 22.05% had an history of psychopathological disorder. 10.3% of the sample had clinical delirium (ICSDC>3) and was not assessed with others tools, 20.6% had subclinical delirium (ICSDC ≤3). Regarding psychological outcomes, 26.2 % (mean score 6.1±2.5) reported a score (≥8) on HADS that indicates a possible diagnosis of anxiety and 54.1% (mean score 7.9 ± 3.7) of depression. A rate of 24.6% reported a score ≥ 7 on IPAT suggesting an acute distress.

Conclusion:
The study’s key finding was that acute psychological distress was high in awake ICU patients. Further work is needed to determine the efficacy of early psychological interventions to reduce the incidence of acute distress and psychological outcomes after ICU stay.

References:
1. Wade et al. Critical Care 2012, 16:R192