Introduction:
Long-term psychological outcomes of patients (pts) discharged from ICU represent an emergent relevant matter of concern. Systematic reviews refer prevalence of 23%-48% for anxiety, 17%-43% for depression and 8%-35% for posttraumatic symptoms in ARDS patients. The onset of psychiatric symptoms after discharge, might be associated with patient’s competence to process memories related with hospitalization and with memories.

Methods:
We selected 35 ARDS pts in ICU of a tertiary centre (Jan 2014-Dec 2016) at least 72 hour, for 6 months follow-up and 26 pts for 12 months follow-up after discharge. The psychopathological assessment was performed using scale as: Impact Event Scale-Revised (IES-R), Hospital Anxiety and Depression Scale (HADS), ICU Memory Tool (ICU-MT).

Results:
Mean age was 53.11±14.32 at 6 months follow-up and 51.19±14,83 at 12 months. PTSD symptoms was fund respectively in 24% and 34.6% pts at 6 and 12 months; anxiety symptoms 24% and 23.1% of pts; depression symptoms in 24% and 30.8%. Significant correlations were fund between psychopathology at 6 months and memories of ICU: HADS anxiety with delusion memories (r 0.45, p<0.01); HADS depression with factual (r 0.46, p<0.05), feeling (r 0.49, p<0.01) and delusion memories (r 0.59, p<0.01); feeling (r 0.45, p<0.05). At 12 months significant correlations was fund between HADS anxiety and feeling memories (r 0.48, p<0.05); IES-R and factual (r 0.45, p<0.01), feeling (r 0.68, p<0.01) and delusion memories (r 0.64, p<0.01).

Conclusion:
The results of the study confirmed the importance of assessing psychopathology after discharge from ICU. The onset of these symptoms appeared to be mediated by specific traumatic memories related with ICU hospitalization. The main clinical recommendation emerging from this study is to investigate psychiatric history and develop psychological strategies to manage frightening or delusional experiences during ICU stay.