

INTERNATIONAL SYMPOSIUM OF INTENSIVE CARE AND EMERGENCY MEDICINE

WEDNESDAY, MARCH 10

SYMPOSIUM NEWS

Weather



Round Table

Each year prior to the ISICEM, a closed Round Table meeting is held on a topic of current importance and interest. This year's subject was Thinking Outside the Box, and included a panel of 26 experts, led by the chairmen, Dr Mervyn Singer and Dr Michael Matthay. The aim of the Round Table this year was to challenge existing concepts, paradigms and practices in critical care with carefully reasoned scientific arguments. A brief summary of the findings was presented by the chairmen during the opening session of the Symposium and all the presentations will be published in a supplement issue of Critical Care Medicine in October.

HAPPY 30TH BIRTHDAY to the ISICEM!

The special 30th ISICEM was opened by Prof Jean-Louis Vincent, Head of the Department of Intensive Care at Erasme Hospital in Brussels and the meeting's chairman. After an introductory anniversary film reflecting on how the symposium and intensive care medicine have changed over the last 30 years, Prof Vincent officially opened the meeting with a word of welcome to the packed Henry le Boeuf room. He then further elaborated on three key areas of progress in critical care medicine: Advances in technology, improvements in the process of care, and the realization that for many interventions, such as fluids, transfusions, sedation, less may often be better. Following Prof Vincent's introductory talk, the opening session continued with lectures concentrating on changes in some key aspects of intensive care over the last 30 years. Prof Michael Pinsky briefly highlighted changes in attitudes to bedside physiology. Changes in hemodynamic monitoring from an invasive, intermittent, single parameter approach to a much less invasive, continuous, integrated and functional strategy were discussed by Dr Andrew Rhodes.



Dr Luciano Gattinoni highlighted the change from high tidal volumes through permissive hypercapnia, to lung protective ventilation and low tidal volumes. Dr Claudio Ronco commented on the key changes in renal intensive care, stressing the merging roles of the intensivist and nephrologist. And finally, Dr Peter Suter noted how the face of infection has changed with challenges of resistance, use of biomarkers to guide therapy, and earlier introduction and shorter duration of antimicrobial therapy.

Pre-symposium courses



Abdominal compartment syndrome: This one-day course, chaired by two leaders in the field, Dr Manu Malbrain and Dr Jan de Waele, provided a comprehensive review of the physiology, definitions, risk factors, measurement and monitoring techniques, and management of intra-abdominal hypertension and abdominal compartment syndrome. A hands-on skill station in the afternoon allowed participants to try out the different pieces of equipment for intermittent and continuous abdominal pressure measurement.

Mechanical ventilation: Using lectures and practical demonstrations, this two-day workshop, chaired by 3 experts in the field, Dr Neil MacIntyre, Dr Arthur Slutsky and Dr Marco Ranieri, provided participants with a detailed update on all aspects of mechanical ventilation. At the hands-on sessions, attendees could set up for themselves various novel approaches to mechanical ventilation.



Echocardiography: Echocardiography is increasingly used in the ICU for the diagnosis and monitoring of various cardiac-related disease processes. In this two-day course, chairmen Drs Anthony McLean, Michel Slama, Antoine Vieillard-Baron, and Jan Poelaert provided sessions on ICU echocardiography for beginners and for more advanced participants. Hands-on sessions offered beginners the chance to familiarize themselves with some of the techniques, and case-presentations for the more advanced helped demonstrate the clinical application of this approach.



You are cordially invited to a discussion with lunch today, Wednesday March 10th, 12:30-13:30 in the Arc Hall (Point of Care Glucose Monitoring). Dr James S. Krinsley (USA), one of the foremost authors on glycemic control in the critically ill, will speak on the needs and development of the next generation of glucose monitoring technology. Dr. Tim Heise who leads Profil in Neuss (Germany), one of the world's foremost centers in glucose clamp studies, will also take part in this discussion sponsored by OptiScan Biomedical Corp.



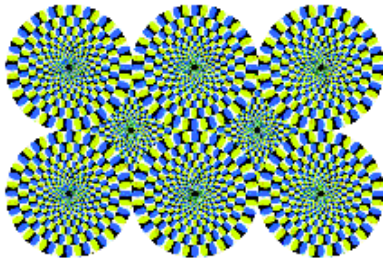
Recognizing risk and acting appropriately: Invasive candidiasis in the ICU

Wednesday 10 March, 12.30-13.30.
400 Hall, Level +4. Lunch will be provided.

Program:
Chair - Professor Thierry Calandra
Identifying risk factors for invasive candidiasis in the ICU - Professor Jean-Louis Vincent
Using a patient-based approach to treatment - Professor George Dimopoulos

Elizabeth Leonskaya
Pianiste / Pianist
Tchaikovsky & Grieg
Jeudi / Donnesdag, 11.03.2010, 20.00 h
Boszar, Salle Henry Le Boulvaux
Orchestre National de Belgique / Orkest van België
Directeur Artistiek: Tonis Cuyvers

Invitation to the Interactive Fresenius Kabi Satellite Symposium SPINNING THE WHEEL OF FLUID THINKING - WITH YOU!



It gives us great pleasure to invite you to interact with Professor Singer, Professor Ince and Professor James on the topic of Volume Therapy at our Satellite Symposium starting today at 12:15 in the Silver Room.

Controversial Viewpoints



Two sessions today provided speakers with an opportunity to speak about potentially controversial topics of their choice, continuing the topic of this Year's pre-symposium Round Table. Selecting just a few of the titles, Dr Didier Payen started by suggesting that outcome from sepsis was predetermined by innate and acquired factors that could not be altered. He suggested that this may in part explain why some studies show improvements in morbidity outcomes but not in mortality. Moreover, even when a patient survives the acute episode of septic shock, their mortality rate remains elevated for many months if not years. Dr Marshall then spoke about critical illness as an iatrogenic disorder. He noted that 100 years ago, critical illness did not exist as patients either died or recovered rapidly with no treatment. With advances in mechanical support systems, patients started to survive previously unsurvivable conditions and "critical illness" was born along with a new range of iatrogenic diseases, including ARDS, septic shock, multiple organ failure. He also stressed the role of the doctor in shaping disease phenotype as all therapies can be detrimental if used inappropriately. In Dr Paul Pepe's talk he encouraged us to give estrogens to all ICU patients. He elaborated on studies demonstrating that pre-menopausal women have better outcomes after cardiac arrest and that patients with better neurological outcomes after TBI have higher CSF estradiol levels and discussed some animal studies using estrogens in stroke. Results from clinical trials of estrogen in TBI should be available soon and trials in other conditions are ongoing. Dr Michael Niederman chose the difficult topic of futile care in the elderly, starting by highlighting international differences in our approach to the elderly ICU patient. He then suggested that better scoring systems are needed to define futility and that physicians need to be better trained to evaluate the potential effects of continuing futile care not only on the patient in question but on the wider community. And finally, Dr Marco Ranieri suggested that we no longer need invasive mechanical ventilation. He highlighted that mechanical ventilation is a supportive tool that buys time to cure the underlying disease process that is responsible for the respiratory failure, but it is not a cure per se. He proposed that improved strategies for preventing the development of acute respiratory failure, including stem cell techniques, and new extracorporeal strategies to remove CO₂ would reduce the need for invasive mechanical ventilation.

Exhibition Opening

Yesterday evening, the Scientific Exhibition was officially opened during a delicious cocktail reception. The exhibition area covers some 4000 m² with 150 stalls and companies from all over the world display the latest in medical and scientific equipment, pharmaceutical products, books, and services related to intensive care and emergency medicine. Participants are free to browse at their leisure to discover the very latest advances in diagnostics, monitoring and therapeutics. The posters of the 602 abstracts that were accepted to be presented at the ISICEM this year are also on display in the Copper Hall and at the entrance to the Silver Foyer. During the opening cocktail yesterday evening, the posters were judged for content and presentation. The winners of this Year's best posters will be announced on Thursday at 15:00 in the Gold Room - if you miss the session, we'll announce the winners in Friday's Newsletter!

Procalcitonin to guide therapy in VAP?

One of the big questions in the treatment of infected patients is how long antimicrobial treatment should be continued: Short courses of antibiotics risk incomplete microbial eradication with treatment failure and relapse, but long courses may be associated with selection of resistant microorganisms, as well as carrying higher risks of adverse effects and costs. Biomarkers are increasingly being promoted as potentially useful, not only in diagnosis, but also in identifying patients who may benefit from specific therapies or in assessing the response to therapy. Multiple compounds have been proposed as biomarkers but perhaps one of the most widely studied in recent years has been procalcitonin, an acute phase protein. Although not proven to be of use in the diagnosis of VAP or in decisions to initiate therapy, a recent multicenter randomized controlled study suggests a role for procalcitonin to guide antibiotic therapy in patients with VAP. In the study, 101 patients with clinically diagnosed VAP were randomized, after 72 hours of antibiotic therapy, to have their antibiotic therapy discontinued according to guidelines or according to absolute or changes in serum procalcitonin concentrations which were measured from days 2-10. Patients in whom antibiotics were stopped according to procalcitonin levels had a significant 27% increase in the number of antibiotic free-days alive compared to the guideline-group. The number of mechanical ventilation-free days alive, intensive care unit free days alive, length of hospital stay and mortality rate on day 28 for the two groups were similar.



A satellite symposium on "Unmet Needs in ICU Sedation" will be held this evening, Wednesday, 10 March, at 18:15-19:45 in room 400. Chairpersons: D. Longrois, P. Tonner, R. Aantaa Topics and speakers:

- Problems in current ICU sedation practices (Mervyn Singer)
 - Sleep disturbances, delirium and long-term consequences (Jean Mantz)
 - Patient comfort in the ICU: The nurse's view (Sanna Salanterä).
- ICU sedation practices vary considerably, even within the same country: The lack of a strong evidence-base for 'best practice' is evident, despite the common goal of a calm, comfortable, pain-free, oriented and easily rousable patient. An integrated and cohesive multi-disciplinary approach with hour-by-hour titration of sedative agents guided by a scoring system is advocated. The ICU setting represents a hostile environment for mechanically ventilated patients, where both delirium and sleep disorders may contribute to the development of long term consequences on cognitive function or favor posttraumatic stress disorders. Discomfort in the ICU can be of physical and emotional origin, but perception of discomfort can also be related to the depth of sedation and to the sedative or analgesic used. Depth of sedation should be assessed regularly and non-pharmacological interventions taken into account. Orion Pharma, sponsoring this satellite symposium, is committed to finding new solutions for effective and comfortable sedation.

This is just a small selection of the many sessions held yesterday.
For our full program visit www.intensive.org