Impact of an ICU diary on the well-being of patients and families in French ICUs: the ICU-Diary study of the Outcomerea research group.

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Trials

The ICU-Diary study: prospective, multicenter comparative study of the impact of an ICU diary on the wellbeing of patients and families in French ICUs

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Rehabilitation Interventions for Postintensive Care Syndrome: A Systematic Review

2014

POSITIF

Juliane Mehlhorn, MD[1]; Antje Freytag, PhD[1]; Konrad Schmidt, MD[1]; Frank M. Brunkhorst, MD[2,3];
Juergen Graf, MD[4]; Ute Troitzsch[5]; Peter Schlattmann, PhD[6]; Michel Wensing, PhD[7];
Jochen Gensichen, MD, MPH, MSc[1]

The use of diaries in psychological recovery from intensive care

CRITICAL CARE
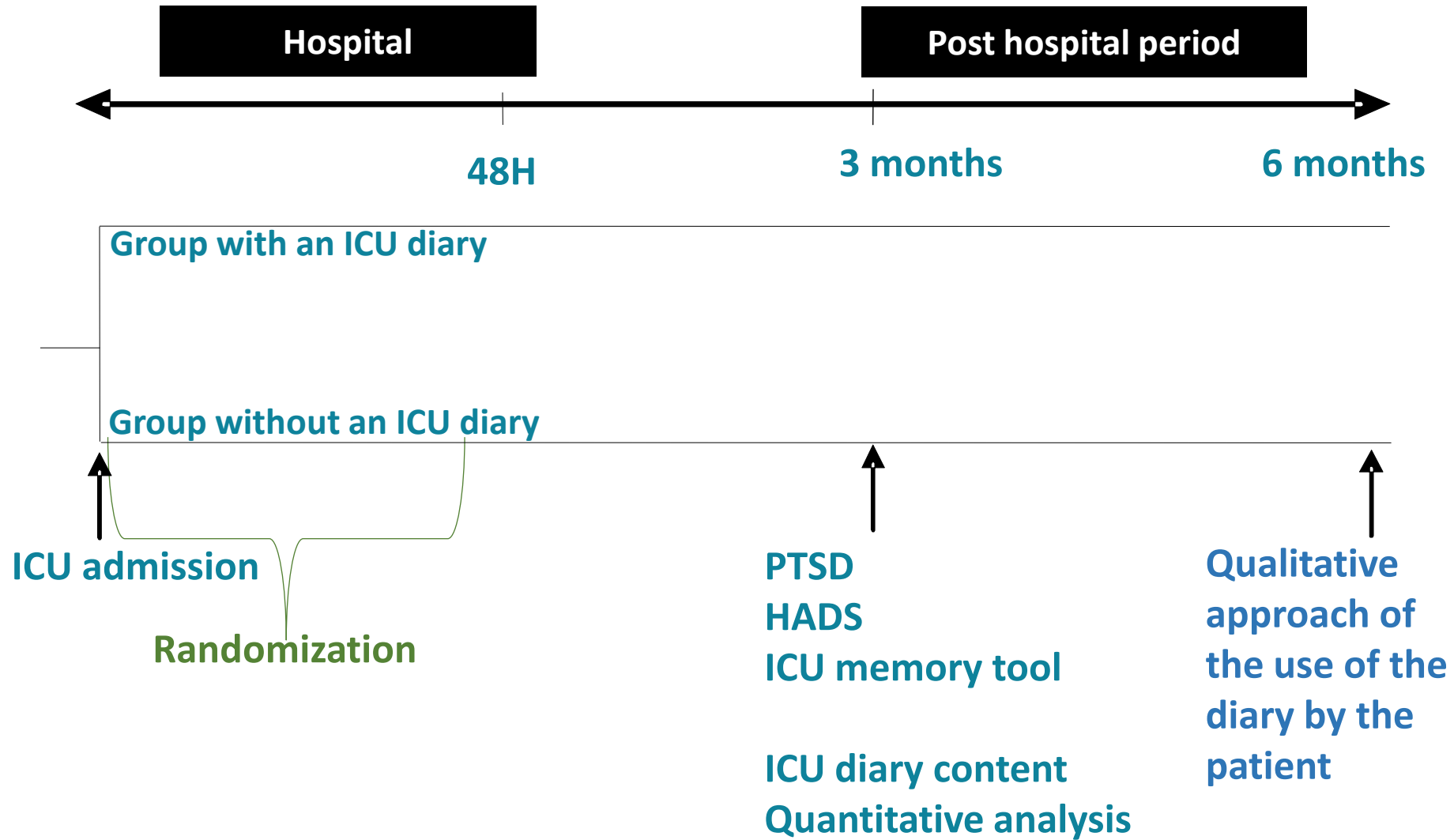
Critical Care 2013, 17:253

NEGATIF

Leanne M Aitken[1,2*], Janice Rattray[3], Alastair Hull[4], Justin A Kenardy[5,6], Robyne Le Brocque[5] and Amanda J Ullman[1]

The effect of intensive care unit diaries on psychological outcomes and quality of life of survivors of critical illness and their relatives: A systematic review and meta-analysis
Philippa A McIlroy et al

SOUMIS

NEGATIF

Design

Primary Outcome

PTSD of the patient 3 months after ICU discharge

Measure of the primary outcome

Percentage of patients with IES-R > 22

Score IES-R

Secondary outcomes

PTSD of the family member 3 months after ICU discharge
HADS of the patients 3 months after ICU discharge
HADS of the family member 3 months after ICU discharge
Memories of the ICU stay

Measures of the secondary outcomes

Percentage of families with an IES-R > 22
HADS score > 8
Use of the memory tool questionnaire

Inclusion criteria

- -Age ≥ 18 years old
- -Mechanical ventilation for more than 48 hours and initiated within the first 48 hours after ICU admission
- -Patient having a family member speaking and understanding French, and susceptible to visit him during the ICU stay
- -Subject consenting to participate in the study, or obtention of the family consent in case of patient's incompetency

Non inclusion criteria

- -Patient without family available

- -Patient or family not speaking or understanding French

- -Current or previously neurologic conditions that would preclude questionnaire completion such as pre-existing psychotic or dementia illness, hospitalization after a cardiac arrest, acute neurologic diseases (meningitis, ischemic or hemorragic stroke), or cerebral trauma patients

- - Patients status considered by the investigator to inevitably leading to death or to withdrawal of life support within 48 hours

- -Patient already included in a study with interview follow-up

- -Patient deprived of liberty
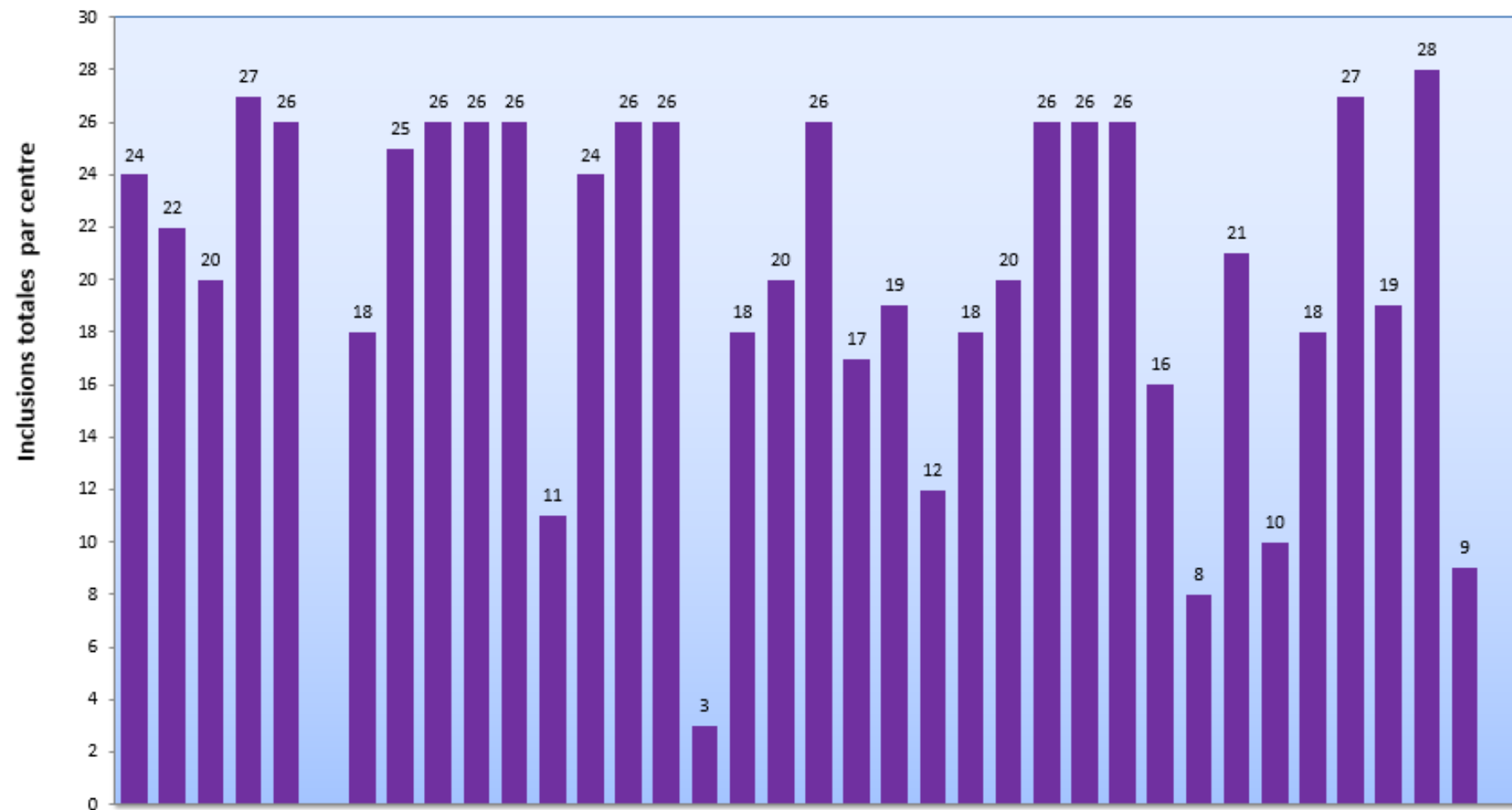
- -Deaf and mute patients

Statistical analysis

The analysis will be done according to the intention-to-treat principle. In each randomization group, we will report summary statistics according to the data (median and interquartile range, percentage with a 95% confidence interval).

The quantitative data will describe the patient's characteristicsand the results of the psychological impact using the IES-R and HADS scales in the two arms. The impact of ICU diaries on PTSD will be assessed using a Mantel-Haenszel chi-square test. A Kruskal-Wallis test will be used to compare quantitative secondary endpoint.

Justification of sample size.

Post-traumatic stress related syndrome was reported in 15% [35], 20.7% [50], 51% [19], 64% [22] of patients and in 29.8% [50], 42% [51], 49% [52] and 67% [22] of family's members of ICU patients. We hypothesized that patient's PTSD rate will be 40% in the control group and 26% in the intervention group. To detect such a difference between the two groups with a type 1 error of 0.05 and a power of 80%, it is necessary to interview 352 patients (176 in each group) at three months. At 3 months, considering a mortality rate of 40% and a cumulative rate of 50% of re-hospitalization or impossibility of interviewing the patient (refusal, sequalae or impossibility to join them), we will include 700 patients and their family member in the 35 centers. In each center, 20 patients will be included (10 in the intervention arm, i.e., with an ICU diary, and 10 in the control arm).

Characteristics of the 35 ICUs

Variables	Data
Hospital	
University hospital, n (%)	21 (60)
ICU	
Medical, n (%)	12 (34.2)
Surgical, n (%)	3 (8.6)
Mixed, n (%)	20 (57.1)
Number of acute beds per unit, median (IQR)	14 (12-18)
Number of intermediate beds per unit, median (IQR)	6 (4-8)
Number of attending physicians, median (IQR)	7 (5.95-9.5)
Number of junior physicians, median (IQR)	6 (5-8)
Number of nurses, median (IQR)	39 (35-53.4)
Number of nursing-assistants, median (IQR)	24 (19-36.5)
Number of head nurses, median (IQR)	2 (1-2)
Availability of a psychologist	8 (22.8)
Nurse-to-patient ratio, median (IQR)	2.5 (2.5-3)
Nursing-assistant-to-patient ratio, median (IQR)	4 (4-4)
12-hour shifts for nurses, n (%)	27 (77.1)
12-hours shifts for nursing-assistants, n (%)	25 (71.4)
Number of ICUs offering daily visitation hours, n (%)	
< 5 hours	4 (11.4)
≤ 5 hours < 10	11 (31.4)
≤ 10 hours < 24	3 (8.6)
≥ 24 hours	17 (48.6)

Les résultats de cette étude sont en cours d'écriture pour une soumission des résultats quantitatifs patients et familles

Merci de votre compréhension