Post Intensive Care Syndrome

Tammy Nguyen
Nia Patel
Zoe Sibalich
Haley Willow
Objectives

• Define and provide background knowledge on Post-Intensive Care Syndrome (PICS)
• Describe major themes from the literature on PICS.
• Implications for PT practice and clinical significance
Background

• The first ICU opened in 1953
• More than 5.7 million Americans admitted to ICU annually\(^1\)
• Loss of function increases with prolonged hospital stay and medical complications
• 51% mortality rate after d/c
  – 40.5% after 1 month
  – 64.7% after 6 months
  – 71.9% after 1 year
Tell Me More!

• Millions of patients are surviving critical illness and discharge from the Intensive Care Unit due to advances in medicine¹

• Survival after critical illness have led clinicians to discover functional disabilities surviving patients suffer⁵

• Led to further research on improving long term outcomes and functional recovery
What is Post Intensive Care Syndrome?

“Cognitive, psychiatric, and/or physical disability a patient experiences after treatment in intensive care unit (ICU).” ⁵
Figure 1. Postintensive care syndrome (PICS) conceptual diagram. ASD, acute stress disorder; PTSD, posttraumatic stress disorder.
PICS Symptoms

- Symptoms include but are not limited to:
  - Generalized weakness
  - Fatigue
  - Decreased mobility
  - Anxiety
  - Depression
  - Memory loss
  - Slow mental processing
EuroQOL 5D

• EQ-5D is a standardized QOL measurement tool used to determine QOL after hospitalization
• Often used in PICS population
• Comprised of 5 dimensions
  – Mobility
  – Self-care
  – Usual activities
  – Pain/discomfort
  – Anxiety/depression
EQ-5D - Farely et al.

Figure 3: Responses for functional status and quality of life assessed by the EQ-5D dimensions.
How Do We Treat PICS?

- Treatment options include physical, occupational, and speech therapies, behavioral and psychological therapies, pharmacotherapy\(^5\)

Representation of Physical Therapist’s perspective on body systems and continuum of care (Bermis-Dougherty et al.)
Clinical Relevance

• Major themes throughout the literature:
  – Early physical therapy intervention for mobility
  – Multidisciplinary approach to PICS
  – Anticipation of needs beyond acute care stay
  – Raise awareness and education among clinicians, survivors, family members, administrators, payers, policy makers, etc¹
Clinical Relevance

• Physical Therapist role:
  – Lack of early mobility in critically ill patients is independently associated with higher odds of death or readmission within one year of hospitalization\(^3\)
  – Provide early mobility in the ICU
  – Educate ICU team about long-term goals and outcomes to address patient function and role in society\(^1\)
Clinical Relevance

• Physical Therapist role:
  – Farely et al. showed that half of the patients with persistent PICS symptoms in their study believed admission to a follow-up clinic would have been beneficial to address problems
  – Physical Therapists have ability to influence need for follow up services
  – Information from follow up services can be used to better inform clinicians, researchers, patients, and families about PICS²
Keep It Simple

“ABCDE” Bundle to aid in prevention of PICS\textsuperscript{5}

- **A**wakening (use of light or minimal sedation)
- **B**reathing strategies
- **C**oordination of care and communication among disciplines
- **D**elirium monitoring, assessment, and management
- **E**arly ambulation in ICU
Major Take-Aways

- Prevention is better than cure!
- Preventative strategies are shown to have positive impact on long-term functional disabilities
- The health care team in the ICU must collaborate to ensure multidisciplinary care
- PICS also affects the family, not just the patient
- Follow-up visits with PTs ensure the longevity of functional gains
Questions?

Hello, it's me.
(whoops, forgot about your left neglect)

Hello from the other siiiiide


