Long-Term Effects of ARDS After ICU Stay

Although its name implies a short-term condition, acute respiratory distress syndrome (ARDS) can mean long-term trouble for patients. Just how long, however, has been unclear because follow-up studies have been limited to two years at most. To fill this information gap, a prospective study tracked 109 ARDS survivors for five years.

The investigators evaluated patients with ARDS at four academic medical–surgical ICUs in Toronto who survived long enough to be discharged. After one year, patients were asked to consent to an additional four years of follow-up; 83 patients were followed for a total of five years. The median age at the onset of ARDS was 44, and 83% of patients had no or one coexisting condition. The most common risk factors for ARDS were pneumonia and sepsis.

Patients were evaluated at three, six, 12, and 24 months and then yearly. Evaluations included a detailed interview, physical examination, pulmonary-function testing, chest radiography, and the six-minute walk test; participants also completed a 36-item health survey, and family caregivers were interviewed.

The study’s most striking finding was that although pulmonary function was “near-normal to normal” at five years and patients didn’t show “demonstrable weakness on examination,” all participants reported that they felt weaker and less able to engage in vigorous exercise. Patients also reported new and continued impairments across a spectrum of physical and neuropsychological disorders, which in turn resulted in social isolation and sexual dysfunction. Moreover, mental health problems were reported by family members in 27% of cases, and 51% of patients reported at least one episode of physician-diagnosed depression, anxiety, or both.

These results underscore that the harm caused by ARDS may not show up on direct measures of lung function and that nurses need to be attentive to subtleties. “Lung function may go back to normal, but there may be many residual sequelae that make it look more like a chronic illness. It’s very important that nurses be aware that acute ARDS may have long-term complications, even five, 10 years out,” said Susan J. Corbridge, director of the Acute Care Nurse Practitioner and Clinical Nurse Specialist programs at the University of Illinois at Chicago College of Nursing. “This needs to be looked at more as a chronic process after patients are discharged, especially with the depressive symptoms and with the decreased ability to exercise.”

—David Carter


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Nurses will play a prominent role in applying evidence-based strategies to transitional care under the Patient Protection and Affordable Care Act of 2010, according to an analysis of 21 clinical trials reported in the April issue of Health Affairs. The studies evaluated chronically ill adults transitioning from acute care hospitals to homes or skilled nursing, rehabilitation, and long-term care facilities. Among the interventions that most effectively reduced readmission rates were in-person home visits, comprehensive discharge planning with follow-up interventions based on patient and caregiver goals, individualized care planning, comprehensive medication review and management, and daily home telephone or videophone monitoring. Most of these tasks rely on nurses as clinical leaders or care managers. Such programs are cost-effective and improve quality of life and patient satisfaction.