# Psychiatric Morbidity After Critical Illness

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**KEYWORDS**

• Anxiety • Depression • Posttraumatic stress disorder • Critical care outcomes

**KEY POINTS**

- Critical illness survivors frequently have substantial psychiatric morbidity, including posttraumatic stress, depression, and anxiety symptoms.
- Prior psychiatric illness is a potent predictor of postcritical illness psychiatric morbidity.
- Early emotional distress and memories of frightening psychotic and nightmarish intensive care unit (ICU) experiences are risk factors for longer term psychiatric morbidity.
- ICU diaries may be effective in decreasing psychiatric morbidity after critical illness, though these and other interventions deserve further study.

Being critically ill in an intensive care unit (ICU) is a stressful experience. Critically ill patients often have systemic inflammation, numerous medications, metabolic and endocrine disturbances, and dysfunction of multiple organs, including the brain. Invasive interventions, such as endotracheal intubation, Foley catheters, drains and chest tubes, and central and arterial lines, are restraining and painful. Brain dysfunction due to organ failure and sedative medications may limit patients' understanding and, along with endotracheal intubation and weakness, can limit patients' ability to communicate. Given these stressors, it should not be surprising that many survivors of critical illness have substantial psychiatric morbidity.

## WHAT IS MEANT BY PSYCHIATRIC MORBIDITY?

It is useful to think of emotional distress–related psychiatric morbidity after critical illness in terms of syndromes with overlapping signs, symptoms, and risk factors,

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rather than wholly distinct entities (Fig. 1). Posttraumatic stress (PTS) symptoms include hyperarousal, intrusive recollections, and avoidance behaviors related to a traumatic exposure. Depression symptoms include low mood, anhedonia (loss of the capacity for pleasure), and feelings of guilt or worthlessness. Anxiety symptoms include worry and feelings of dread or threat. When symptoms are severe enough and negatively affect functioning, one can formulate a diagnosis of a psychiatric condition.

## HOW IS PSYCHIATRIC MORBIDITY MEASURED?

Traditionally, clinicians assess psychiatric symptoms and their clinical significance by interviewing a patient and his or her family and caregivers, reviewing records, and examining the patient's mental state. Clinical diagnostic interviews are relatively uncommon in studies of critical illness survivors because such interviews are time-consuming, expensive, logistically difficult, and potentially burdensome to patients (especially if repeated frequently during recovery). Self-report questionnaires are a more standardized and less resource-intensive means of symptom assessment in

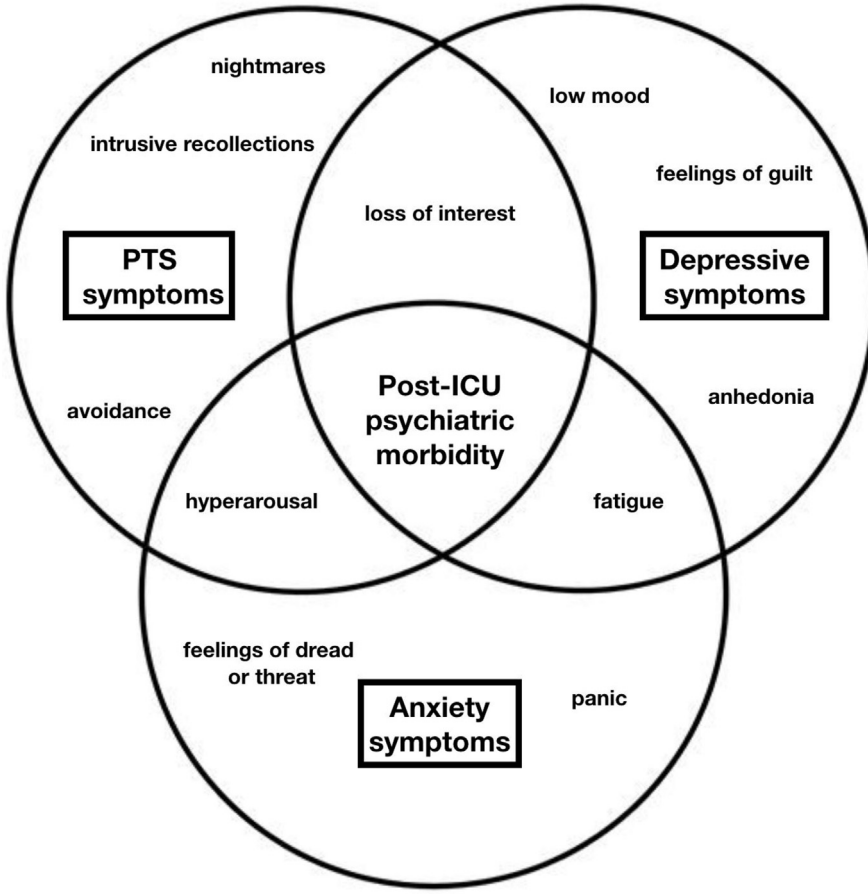


**Fig. 1.** Post-ICU emotional distress-related psychiatric morbidity includes symptoms of PTS, depression, and anxiety.