

# Beyond the Intensive Care Unit

## Posttraumatic Stress Disorder in Critically Ill Patients



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### KEYWORDS

• Posttraumatic stress disorder • Sepsis • Anxiety • Critically ill • Intensive care

### KEY POINTS

- Posttraumatic stress disorder after surviving an intensive care unit (ICU) stay has been identified in approximately 9% to 27% of patients, compared with 7% of the general US population.
- As a result of increasing ICU survival rates, new light has been shed on the emotional consequences of being critically ill for patients in the ICU.
- Timely interventions and treatment may reduce the incidence of physical and psychological comorbid conditions in ICU patients.
- For the ICU nurse, a better understanding of posttraumatic stress disorder for critically ill patients surviving an ICU stay may lead to improved patient outcomes.

### INTRODUCTION

Progresses in medical care have made it possible for more patients in the intensive care unit (ICU) to survive critical illnesses and return to daily living after a traumatic health event. As a result of this shift in survival rates, a new light has been shed on the emotional consequences of surviving a critical illness in the ICU. Of patients surviving an ICU stay, posttraumatic stress disorder (PTSD) has been identified in approximately 9% to 27% compared with 7% of the general US population. Risk factors that are associated with the development of PTSD in ICU patients include mechanical ventilation, sedation, previous mental health issues, delusional memories, and agitation. These patients are more likely to experience negative physical and psychiatric health outcomes and a lower quality of life than are patients who survive the ICU

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without PTSD. ICU practitioners have an important role to play with early identification of patients experiencing signs and symptoms of this disorder. Timely interventions and treatment may reduce the incidence of physical and psychological comorbid conditions. Interventions available to ICU providers that may be able to reduce signs and symptoms of PTSD in patients include vigilant monitoring of medications, early and frequent mobilization, sleep scheduling, and proper pain management. The purpose of this article is to inform the bedside ICU practitioner of the risk factors, incidence, and innovative therapies regarding ICU-related PTSD. This knowledge is useful in caring for critically ill patients, especially those with sepsis and septic shock who require an increased length of stay in the ICU.

## BACKGROUND

Each year in the United States, millions of patients (approximately 5 million) require specialized treatment in an ICU.<sup>1</sup> Critical illnesses are life-threatening and traumatic, and many patients recall extremely fear-provoking ICU stays.<sup>2</sup> Therefore, PTSD is of particular concern in this patient population. Several studies have been published regarding post-ICU PTSD. Research in the field focuses on longer term outcomes of ICU-treated patients, including mental health, health-related quality of life, and cognitive outcomes.<sup>3-5</sup> For the ICU bedside practitioner, caring for the emotional well-being of their patients is just as important as treating physical conditions and disease processes.

### *Prevalence and Incidence*

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Sepsis (ie, the presence of infection together with systemic manifestations of infection) and severe sepsis are important and alarming public health issues. Sepsis is a systemic, deleterious host response to infection that eventually transitions into severe sepsis, which is characterized by acute organ dysfunction secondary to documented or suspected infection. Severe sepsis can also place a patient in septic shock, which is defined as severe sepsis plus hypotension not reversed with fluid resuscitation. To be classified as having severe sepsis, the patient must exhibit symptoms of sepsis and symptoms of sepsis-induced organ dysfunction.<sup>6</sup>

The Society of Critical Care Medicine has estimated that each year approximately 5 million patients are admitted to an ICU in the United States.<sup>1</sup> Hospitalization rates due to sepsis as a principal diagnosis has increased more than twofold, from 11.6 to 24.0 per 10,000 population between 2001 and 2008.<sup>6</sup> Sepsis accounts for more than 751,000 cases and 215,000 deaths in the United States annually.<sup>7</sup> Sepsis treatment is expensive and frequently involves a prolonged stay in the ICU with complex therapies and high costs. The Agency for Healthcare Research and Quality lists sepsis as the most expensive condition treated in US hospitals, costing nearly \$24 billion in 2013.<sup>8</sup> People with sepsis are 2 to 3 times more likely to be readmitted to the hospital compared with people with many other conditions, including heart failure, pneumonia, and chronic obstructive pulmonary disease.<sup>9</sup>

Readmissions due to sepsis are also more expensive than readmissions due to any of these other conditions. The ICU practitioner must be aware that, with increasing rates of hospitalization and ICU admissions related to sepsis, these patients are at potential risk for development of PTSD symptoms following their ICU stay. The length of stay for a patient in the ICU is among the most important concerns for health professionals. Several factors may affect the length of stay in an ICU: medical severity factors, psychosocial factors, and institutional factors. Moreover, there are also many methods and management strategies that can influence the length of stay; for

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