



ORIGINAL ARTICLE

The impact of the patient post-intensive care syndrome components upon caregiver burden



J. Torres^{a,*}, D. Carvalho^a, E. Molinos^a, C. Vales^a, A. Ferreira^a, C.C. Dias^{b,c},
R. Araújo^a, E. Gomes^a

^a Intensive Care Unit, Hospital Pedro Hispano, Unidade Local de Saúde de Matosinhos, Rua Dr. Eduardo Torres, 4464-513 Matosinhos, Portugal

^b CIDES - Department of Health Information and Decision Sciences, Faculty of Medicine, University of Porto, Alameda Professor Hernâni Monteiro, 4200-319 Porto, Portugal

^c CINTESIS - Centre for Health Technology and Services Research, Porto, Portugal

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KEYWORDS

Caregivers;
Burden;
Post-intensive care
syndrome;
Critical care

Abstract

Objective: To evaluate patient post-intensive care syndrome (PICS-P) and caregiver burden 3 months after discharge from the Intensive Care Unit (ICU) and determine the impact of different components of PICS-P upon caregiver burden.

Design: A prospective observational study was conducted over 26 months (January 2013–February 2015).

Setting: Medical-surgical ICU and follow-up consultation in Portugal.

Patients or participants: Patients discharged after a minimum of 2 days in the ICU. Caregiver inclusion criteria: not paid, written and spoken Portuguese, and agreement to participate in the study.

Main variables of interest: In ICU: Patient gender, age, severity of illness (SAPS II) and length of ICU stay. At 3 months caregiver burden, physical (reduced mobility, weakness acquired in the ICU) and psychological components of PICS (anxiety, depression, post-traumatic stress disorder).

Results: A total of 168 caregivers completed the survey (response rate of 69%). A low degree of overburden was reported by 34.5% of caregivers, while 15.5% showed moderate to high levels of overburden.

Patient anxiety and depression 3 months after ICU discharge significantly influenced the presence of caregiver burden ($p=0.030$ vs $p=0.008$).

* Corresponding author.

E-mail address: joanavtorres@gmail.com (J. Torres).

When physical components of PICS-P were evaluated, no influence on caregiver burden was observed. Patient demographics, severity of illness and length of stay also failed to influence caregiver burden.

Conclusions: The presence of psychological components of PICS-P 3 months after ICU seems to have a negative impact upon caregiver burden. On the other hand, physical problems showed no important impact upon caregiver overburden.

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PALABRAS CLAVE

Cuidadores;
Sobrecarga;
Síndrome
poscuidados
intensivos;
Cuidados intensivos

Impacto de los componentes del síndrome poscuidados intensivos del paciente en la sobrecarga de los cuidadores

Resumen

Objetivo: Caracterizar el síndrome poscuidados intensivos de los pacientes (PICS-P) y la sobrecarga de los cuidadores a los 3 meses del alta de la Unidad de Cuidados Intensivos (UCI). Averiguar cómo la sobrecarga es influida por los diferentes componentes del PICS-P.

Diseño: Estudio prospectivo observacional de 26 meses (enero de 2013-febrero de 2015).

Ámbito: UCI médico-quirúrgica y consulta de seguimiento en Portugal.

Pacientes o participantes: Pacientes dados de alta después de 2 o más días en la UCI. Criterios de inclusión de los cuidadores: no cobrar, leer y hablar portugués y aceptar participar en el estudio.

Principales variables de interés: En la UCI: género, edad, gravedad de la enfermedad (SAPS II) y estancia en la UCI. A los 3 meses: sobrecarga del cuidador; componentes físicos (reducción de la movilidad, debilidad adquirida en la UCI) y psíquicos (ansiedad, depresión, síndrome de estrés postraumático) del PICS-P.

Resultados: Un total de 168 cuidadores respondieron al cuestionario de sobrecarga (tasa de respuesta del 69%). El nivel de sobrecarga era bajo en el 34,5% de los casos y moderado a alto en el 15,5%. A los 3 meses, la presencia de ansiedad y depresión en los pacientes influyó de forma significativa en la sobrecarga de los cuidadores ($p=0,030$ y $p=0,008$, respectivamente). No se encontró ninguna influencia de los componentes físicos del PICS-P, la edad, el género, el SAPS II o la estancia en UCI sobre la sobrecarga.

Conclusiones: La presencia de componentes psicológicos de PICS-P a los tres meses parece influir de forma negativa en el nivel de sobrecarga de los cuidadores. Los problemas físicos parecen no tener impacto sobre dicha sobrecarga.

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Nowadays an increasing number of patients survive critical illness after the tremendous advances in medical science and healthcare. Although survival is clearly an important and crucial outcome, the clinical condition after survival is also fundamental. Post Intensive Care Syndrome (PICS) is a multidimensional problem experienced after an Intensive Care Unit (ICU) stay, which can persist for several years.¹ PICS is described both for the patient (PICS-P) and their family (PICS-F).^{1-4,6,7}

PICS-P includes non-physical components like anxiety, depression, post-traumatic stress disorder and cognitive impairment and physical problems like ICU acquired weakness, mobility impairment, glottis dysfunction, pain or pulmonary function impairment.² The real prevalence of PICS among ICU survivors is still unknown, with some studies reporting an incidence as high as 73% at hospital discharge and 46% one year after ICU.^{3,4}

The National Institute for Health and Care Excellence published guidelines for managing rehabilitation after

critical care and have proposed a care pathway for these patients.⁵ In a first stage, at ICU admission patients at risk should be identified. Risk factors for PICS-P are based both on patient background and acute illness features. Previous mobility, respiratory or cognitive impairments, long expected ICU stay, physical or neurological injury, acute physical impairment and severe respiratory failure are risk factors for physical PICS components. On the other hand, risk factors for psychological PICS are previous psychiatric disorder, dementia or story at ICU of nightmares, intrusive memories, anxiety, recurrent panic attacks and refusing to talk about the disease. On a second stage, PICS components should be identified before ICU discharge and rehabilitation should be started as soon as possible. After discharge, a follow-up team should accompany the patient during ward based-care focused on rehabilitation goals and a reevaluation should be made before discharge to home or community. In a fourth stage, the patient should be reevaluated 2 to 3 months after critical care.⁵

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