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Health-related medium term quality of life in intermediate risk pulmonary embolism in a general ICU

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Introduction

Quality of life (QOL) after an episode of pulmonary embolism (PE) may be influenced by the factors related with the PE and its complications.

Objectives

The aim is to determine whether poor clinical condition after discharge (6-12 months) of patients with intermediate-risk (IR) PE is influenced by epidemiological and clinical factors, echocardiography (TTE) on admission and/or discharge; analytical and electrocardiographic (ECG); specific treatment and associated complications [1].

Methods

Descriptive, observational study of patients with IR PE admitted to the ICU during a 5 years period (2010-2014). IR PE was classified by PESI. QOL was analyzed 6-12 months after discharge, into two subgroups: good clinical condition (no dyspnea, normal life, partial dependence) or poor condition (dyspnea, total dependence). Analysis: Chi square and Fisher exact test. Variables: epidemiological (venous thrombosis, previous embolism, oral contraceptive, immobilization, surgery, smoking, neoplasia, heart and bronchial disease); clinics (syncope, chest pain, heart rate>110 bpm, Fi02>30%); analytical (troponin, proBNP, D-Dimer, pH, pC02); ECG; TTE (right cavities dilatation (RCD), TAPSE< 15 mm, tricuspid regurgitation (TR), pulmonary hypertension (PHT), Mc.Connell sign); treatment applied (fibrinolysis or anticoagulation only) [2] and

complications (mechanical ventilation-MV, bleeding, home 02).

Results

81 cases of PE; 67 cases IR were selected (56.7% male). Mean age: 66.31 (± 16.32) years. Two subgroups: 58.5% had good QOL while 41.5% had poor condition at 6-12 months from discharge. We related all variables with poor QOL obtaining: no statistically significant relationship (SSR) with epidemiological factors and ECG, correlation with clinical factors: acidosis on admission (p 0.001) and Fi02 (p 0.014) and hypercapnia (p 0.028) at discharge. TTE factors were analysed: TAPSE, RCD on admission and TR at discharge were SSR with poor QOL (p 0.001, p 0.039, p 0.034). There was no association with the treatment applied. We found worst QOL in those who needed MV (p 0.02) had bleeding complications (p 0.003) and required home 02 (p 0.016).

Conclusions

A poor QOL after IR PE discharge (6-12 months), is related with acidosis, low TAPSE and RCD on admission; need of MV, high Fi02, bleeding and hypercapnia complications during ICU stay; TR and needs of home 02 at discharge.

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References
1. Clinical practice guidelines of the European Society of Cardiology for diagnosis and management of acute pulmonary embolism. 2014.

Burgos University Hospital, Burgos, Spain

2. Fibrinolysis for patients With Pulmonary Embolism Risk intermediate-, NEJM. 2014.