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27th International Symposium of Intensive Care and Emergency Medicine

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The 27th International Symposium of Intensive Care and Emergency Medicine (ISICEM) will be held at the Congress Center in Brussels from March 27 to 30, 2007, and we are looking forward to another exciting week of lectures, debate and discussion. The ISICEM is now the largest annual meeting of its kind, attracting almost 5,000 participants from around the world and including a faculty of some 200 international experts. At the meeting, participants are able to discover the latest pathophysiologic, diagnostic, technologic and therapeutic advances in their field. They also have the chance to meet other doctors from other units, hospitals and countries for informal "data-exchanges" over a cup of coffee or during lunch. Such conversations provide useful personal insight into how other doctors practice intensive care medicine and the different pressures and demands facing physicians worldwide. The underlying aim of the ISICEM is that each participant will take back to his or her intensive care unit (ICU) some new piece of knowledge or technique to share and implement at a local level, so that patient care can be optimized.

Below, I highlight just some of the many areas that will be covered during the 27th ISICEM. As always, sessions on sepsis will form an important part of the meeting. Sepsis affects more than one-third of ICU patients, and mortality rates for patients with severe sepsis and septic shock remain unacceptably high. The search, therefore, continues for strategies that will help improve outcomes. Results from recently completed studies, including those investigating the potential benefits of steroid therapy, assessing the value of strict glucose management, evaluating the effects of vasopressin administration and comparing various vasopressor agents in shock will be discussed. Further results from studies using drotrecogin alfa (activated) will also be presented, as the debate continues regarding the precise role of this drug in our ICUs. New approaches that show promise but are still at the experimental or early clinical phase of testing will also be introduced.

Acute respiratory failure is another common entity in ICU patients, but the "best" approach to mechanical ventilation is still under discussion. Studies have not demonstrated a benefit of one mode of ventilation over another, but the titration of positive end-expiratory pressure (PEEP), optimal levels of tidal volume and methods of recruitment all need to be clarified. Non-invasive ventilation will also be further discussed as a useful option in certain groups of patients.

Importantly, the focus of intensive care is beginning to broaden to concentrate not only on acute, immediate resuscitation and ICU stay, but increasingly includes the longer-term outcomes and quality of life of patients who receive intensive care. Management of the patient while on the ICU is just one, small part of a much larger picture. The quality of life of post-ICU patients, determinants of long-term survival and the need for psychological support and ICU follow-up clinics will be covered in several sessions.

Finally, good management has an increasingly important role to play in today's ICU, particularly with the high costs of new therapies and interventions. ICU beds are a valuable and scarce resource, and difficult management decisions need to be made as to how best to allocate limited ICU resources. One approach to this is to try to "prevent" a patient's admission to an intensive care bed by using "medical emergency" or "ICU outreach" teams. These units, often comprised of an intensivist and an ICU-trained nurse, are called to the general floor when a patient fulfills specifically defined criteria, usually cardiorespiratory, which suggest they may be at risk of deterioration that could ultimately lead to a need for intensive care. By attending to such patients early and initiating appropriate therapies and management, outreach teams could potentially prevent an ICU admission. Several hospitals have now introduced these systems, and physicians from such units will discuss the benefits and limitations of this approach.

This is just a brief summary of some of the many and varied topics that will be covered in the 2007 ISICEM. There will be something of interest for everyone, and I look forward to seeing you there!

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