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28th International Symposium of Intensive Care and Emergency Medicine

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As we look out on the wet and windy winter weather, we may find ourselves looking forward to spring, and springtime in Brussels is, of course, synonymous with the International Symposium of Intensive Care and Emergency Medicine, held every year in March! The 28th ISICEM will be held at the Brussels Exhibition Centre from March 18 to 21, 2008, and we are anticipating another exciting week of stimulating lectures, debates, and discussion. The ISICEM welcomes about 5000 participants from around the world and has a faculty of some 200 international experts and present and future leaders in intensive care medicine.

The main aim of the meeting is to provide a place where busy physicians can “catch-up” with all the latest pathophysiologic, diagnostic, technologic, and therapeutic advances in their field, so that they can continue to provide optimal care to their patients. But of course the meeting is much more than a schoolroom, and participants are encouraged to take the chance to meet informally with other doctors from other units, hospitals, and countries to exchange experiences over a cup of coffee or during lunch. Such conversations provide an invaluable insight into how other doctors practice intensive care medicine, and can often be the start of major collaborations and exchanges between units. In addition to the main scientific program, technical exhibitions, poster presentations, satellite symposia, and pre-symposium courses, all help to make this a not-to-be-missed event in the annual intensive care agenda.

As always, the scientific committee has tried to develop a program with something to interest everyone. This year will see the presentation and discussion of early results from several important studies that have been conducted during 2007. The first data from the epidemiological EPIC II, a study designed as a worldwide follow-up to the European Prevalence of Infection in Intensive Care study that was conducted in 1992, and introduced at last year's ISICEM, will be available, providing important information on the impact of hospital-acquired infections worldwide. Nosocomial infections remain a common and important source of morbidity and mortality, and are associated with increased costs and resource use. Epidemiological surveys such as this provide important information about the numbers of cases, the sources of infection, the organisms involved, the risk factors, and the associated morbidity and mortality; such data can facilitate the development of effective local and global approaches to combat this problem.

In many areas of intensive care medicine there is ongoing debate as to the best treatment regimen or monitoring technique. There has been considerable discussion as to the relative merits of dopamine and norepinephrine as firstline vasoactive agents in patients with shock, particularly in patients with septic shock. Currently there is no evidence to support one treatment over the other, but will data from a large randomised controlled study conducted by the SOAP investigators change this equipoise? Some early results will be presented during the 28th ISICEM.

Sedation and analgesia are important components of ICU patient care. Overand under-sedation are both associated with negative effects, but finding the right balance in all ICU patients can be difficult. The importance of adequate analgesia and sedation and new techniques for optimising analgesation will be discussed in several sessions. Procon debates are always a popular part of the symposium program and this year topics range from therapeutic hypothermia, hydroxyethyl starch solutions, to the need or not for antibiotic restriction in the ICU. Other developments in intensive care that will be covered include advances in antimicrobial therapy, new modes of mechanical ventilation, potential new agents for the treatment of sepsis, changing guidelines for cardiopulmonary resuscitation, and techniques to monitor microcirculation.

It is not possible to summarise this 4-day meeting in only 700 words, but I have tried to give you a brief sample of the many and varied topics that will be covered in the 2008 ISICEM – I can guarantee that there will be something of interest for everyone, and that you will return refreshed and armed with new knowledge and skills, both to share with your colleagues and to apply in daily practice to improve patient care.

I look forward to seeing you in Brussels in March!

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