



Clinical Subtypes in Sepsis Survivors



The risk of late mortality in sepsis survivors can persist for years with high readmission rates and poor quality of life. However, due to an incomplete understanding of the relevant causal mechanisms of post-sepsis syndrome, there has been limited success in implementing preventive interventions.

The French and European Outcome Registry in Intensive Care Units (FROG-ICU) prospective, observational, multicentre study was conducted to identify hidden subtypes of sepsis survivors. The study involved 21 ICUs in 14 university hospitals in France and Belgium. The goal was to determine whether clinical and biological data at ICU discharge could identify distinct clinical classes in sepsis survivors.

Four hundred and sixty seven patients with sepsis on admission and discharged alive from the ICU were included in the study. The primary endpoint was one-year mortality after ICU discharge. Secondary outcomes included all-cause mortality three and six months after ICU discharge, readmissions within the first year of discharge and health-related quality of life assessed by a questionnaire with both physical and mental components.

Findings show that there were two distinct subtypes (A and B) at discharge from the ICU based on clinical and biological variables. 52% of the patients were assigned to subtype A, and 48% were assigned to subtype B. Patients assigned to subtype B had more impaired cardiovascular and kidney functions, haematological disorders and inflammation at the time of discharge compared to subtype A. Sepsis survivors in subtype B had significantly higher one-year mortality compared to subtype A.

Overall, study results suggest that a subtype with sustained organ failure and inflammation at ICU discharge can be identified from clinical and laboratory data and is independently associated with poor long-term outcomes in sepsis survivors.

Source: [Critical Care](#)

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