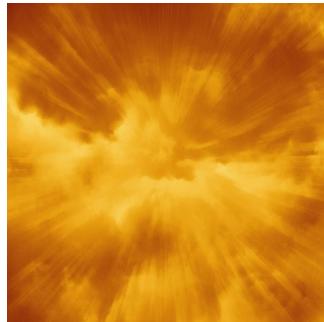


Critical Illness Raises Risk of Psychiatric Problems



Latest advances in medical care are enabling more patients to survive critical illness. However, based on a recent study, a person who has suffered a critical illness and spent time in an ICU may also be at risk of having a psychiatric diagnosis. The study appears in the Journal of the American Medical Association.

Often critically ill patients are exposed to a great deal of stress, including pain, delirium and respiratory distress. These unpleasant experiences could affect mental health, but the extent of the psychiatric illness risk amongst such patients is unclear, said Dr. Hannah Wunsch of Columbia University, New York, who spearheaded the study.

Researchers examined the records of 24,179 critically ill patients in Denmark to determine the kind of psychiatric diagnoses and medication prescriptions before and after critical illness. All patients had spent time in ICUs, and needed mechanical ventilation for a non-surgical reason, from 2006 to 2008, and were followed up until 2009.

The data gathered were compared with those of about 20,000 other patients treated in hospital, and about 120,000 members of the general population. Data analysis took into account different demographic and chronic illness factors.

Key findings include the following:

- Of the participants, 6.2 percent had one or more psychiatric diagnoses in the five years before their critical illness (versus 5.4 percent for other hospital patients and 2.4 percent for the general population);
- Among the 9,921 critical illness survivors with no earlier psychiatric history, the risk of new psychiatric diagnosis was significantly higher at 0.5 percent (against 0.2 percent for other hospital patients and for the general population) in the first months;
- Many more critically ill patients were given new psychoactive medication prescriptions in the first three months after leaving the hospital, at 12.7 percent (versus 5.0 percent for other hospital patients and 0.7 percent for the general population).

Although the absolute risk was low, at less than one percent, this is still 20-fold higher than among the general population, the authors noted. "Given the strong association between psychiatric diagnoses, such as depression, and poor outcomes after acute medical events, such as myocardial infarction and surgery, our data suggest that prompt evaluation and management of psychiatric symptoms may be an important focus for future interventions in this high-risk group."

Derek C. Angus, MD, calls for more awareness among physicians and general practitioners caring for patients after critical illness of the increased risk of psychiatric illness so they can help patients seek appropriate care as early as possible.

Same Risk Observed Among Children

A separate study, by a team from the University of Washington School of Medicine in Seattle, also explored the risk of psychiatric illness after critical illness among children.

Findings show the most common psychiatric disorders in this group were major post-traumatic stress disorder (10-28 percent) and major depression (7-10 percent).

Key factors that raised the risk were previous psychiatric or developmental problems and having parents with psychiatric symptoms.

"Psychiatric morbidity appears to be a substantial problem for pediatric critical illness survivors," said the team, headed by Dimitry S. Davydow, MD. He calls for more understanding of this risk, so the most vulnerable children can be given proper attention and care.

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