ICU
MANAGEMENT & PRACTICE

ICU-Related Loss of Quality of Life After COVID-19

COVID-19 has had a significant impact on the number of hospital admissions, including many patients presenting acute respiratory failure. Approximately 15% of hospitalised COVID-19 patients require ICU admission.

It is well established that the physical and psychological impact of an ICU stay on patients can be quite significant and prolonged. Many ICU survivors report functional disability that can persist years after discharge. This is especially true for patients with acute respiratory distress syndrome (ARDS). ICU stay is associated with physical, cognitive, psychological and social consequences and also has an impact on the patient's quality of life post-discharge.

Long-term consequences of COVID-19 have also been identified and named Long COVID. However, there is very little information on the long-term sequelae of older patients who have survived a COVID-19-related ICU stay.

A new study compared old patients hospitalised in ICU for respiratory distress due to COVID-19 with old patients hospitalised for a non-COVID-19-related reason in terms of autonomy and quality of life. The study was based on two prospective multi-centric studies - the Senior-COVID-Rea cohort and the FRAGIREA cohort. Patients from both cohorts were evaluated on day 180 after admission. A total of 93 COVID-19 patients and 185 control-ICU patients were included in the analysis.

Findings showed that COVID-19 patients were less likely to have a loss of usual activities, a loss of mobility, and a loss of ADL score. On day 180, 56% of COVID-19 patients presented signs of dyspnoea, 40% were still on analgesics, 18% used anxiolytics, and 13% used an antidepressant. The impact of the ICU stay on the long-term outcome was not worse in the case of admission for COVID-19-related reasons compared to any other medical reason. COVID-19 patients were more likely to maintain usual activities or to have no mobility problem. Patients with COVID-19 experienced pain, and this long-COVID-19-related pain included non-specific discomforts such as sore throat, body ache, headache and myalgia. Almost half of the COVID-19 ICU admitted patients had chronic pain, and half of them required opioids.

Overall, these findings show that COVID-19 related ICU stay was not associated with a lower quality of life or lower autonomy compared to a non-COVID-19 related ICU stay.

Source: Critical Care
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