

#SICEM22: HFNO Alone Versus HFNO Alternated With NIV (FLORALI-IM Study)



Non-invasive ventilation (NIV) is recommended for immunocompromised patients with acute respiratory failure in the ICU. However, it can have harmful effects. High-flow nasal oxygen (HFNO) alone could be an alternative strategy to reduce mortality.

The HFNO Alone or Associated With NIV for Immunocompromised Patients Admitted to ICU for Acute Respiratory Failure (FLORALI-IM) study was conducted in 29 ICUs in France and Italy (28 in France and one in Italy). The study included adult immunocompromised patients with acute respiratory failure. Patients were randomly assigned to HFNO alone or NIV alternating with HFNO.

Patients in the HFNO alone group were treated by HFNO with a gas flow rate of 60 L/min or the highest tolerated, while in the NIV group, patients were treated with a first session of NIV for at least four hours followed by sessions for a minimal duration of 12 hours a day. NIV sessions were interspaced with HFNO.



The primary outcome of the study was mortality at 28 days. Secondary outcomes included mortality in the ICU and in the hospital at day 90 and at day 180, intubation at day 28, length of stay in the hospital and the ICU, number of ventilator-free days at day 28, number of oxygenation technique-free days at day 28 and the efficacy and tolerance of oxygenation techniques.

Study findings show that the mortality rate at day 28 was 36% in the HFNO alone group compared to 35% in the NIV group. Secondary outcomes were not very different between the two groups, except for significantly decreased discomfort after initiation of HFNO than with NIV.

Overall, these findings suggest that in critically ill immunocompromised patients with acute respiratory failure, mortality rates did not differ between HFNO alone and NIV alternating with HFNO.

Source: SICEM 2022; [Lancet](#)
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Published on : Wed, 23 Mar 2022