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## ICU Volume 10 - Issue 3 - Autumn 2010 - Editorial

### Problem Bugs



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Despite considerable marked efforts over the years, infections among critically ill patients have continued to be an almost insurmountable hurdle for clinicians to cross. The Extended Prevalence of Infection in Intensive Care (EPIC II) study confirmed this prevalence of infection, with 51% of the 13,796 adult patients classified as infected, and 70% undergoing anti-biotic therapy.

The results also showed a relationship between the number of days spent in the ICU before the study day and the rate of infection: The infection rate increased from 32% for patients with an ICU stay of no more than a day to more than 70% for patients with a stay of more than seven days before the day of the study.

As EPIC II gathered data on patients from 1,265 ICUs in 75 countries, including those in Central and South America, Asia, and Africa, we can ascertain that this issue of PROBLEM BUGS affecting critically ill patients is indeed a global one.

In this issue of ICU Management, Prof. Grundmann (The Netherlands) attempts to unravel the spread of nosocomial infections through healthcare networks while Prof. Topeli (Turkey), writes about Ventilator-Associated Pneumonia caused by high risk microorganisms. From the Mayo Clinic in Arizona, (US), Prof. Orenstein sends us an article aimed at reminding clinicians of the best practices to protect patients from clostridium difficile infection. In our final article in the Cover Story, Prof. Vogelaers and his colleagues from Ghent University (Belgium) question the cost effectiveness of establishing infectious diseases specialist consultation in the ICU.

Matrix features include part one of two-part overview on conventional and non conventional interfaces for non invasive respiratory support, and an interesting look at monitoring delirium in the ICU. If you have ever faced a media barrage or had to respond to a journalist's delving questions on a difficult or highly publicised case, our Management feature on facing the press will assist in some basic media training.

In our Country Focus on the United Kingdom, we highlight the roll-out of the national PACS programme and discuss the importance of clinical research in improving patients' quality of care. Finally, in the Viewpoints section of the journal, Prof. Julian Bion discusses the cultural shift in healthcare in the UK, the evolution of the field of intensive care and what he sees as the greatest threat to patients in part one of a very timely interview with Managing Editor Sherry Scharff.

Infections in ICUs are common and patients are more likely to get them the longer they stay there. Use of infection control measures that prevent cross-contamination from other patients or the ICU environment itself is of primary importance, and should be continued, but as noted in the EPIC II report (JAMA), these measures will not completely eliminate the risk of infection or antibiotic resistance. Limiting the use of antibiotics in patients with evidence of infection rather than colonisation, and discontinuing antibiotic use when their benefits have been obtained as well as utilising biomarkers in decision-making and in response to the increasing number of antibiotic-resistant pathogens, new drugs are urgently needed.

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