



PTSD Phenomena After Critical Illness



Experiencing critical illness and intensive care can be extremely stressful. Roughly 1 in 5 critical illness survivors have clinically significant post-traumatic stress disorder (PTSD) symptoms in the year after intensive care, according to an article in press in the journal *Critical Care Clinics*.

With advances in critical care medicine, more patients are surviving critical illnesses, sometimes making miraculous recoveries. However, many survivors cannot be considered “well” at the time they leave the intensive care unit (ICU) or acute care hospital. The reason: many survivors have reduced physical functioning, cognitive impairments, and other psychiatric morbidity, and these problems may be long-lasting.

The article, written by Oscar Joseph Bienvenu, MD, PhD and Ted-Avi Gerstenblith, MD (both from the Department of Psychiatry and Behavioral Sciences, Johns Hopkins University School of Medicine in Baltimore), focuses on one aspect of psychiatric morbidity in critical illness survivors, PTSD phenomena.

Critically ill patients who need intensive care face potentially severe physical and psychic stressors, including critical illnesses themselves, associated physiologic disturbances, necessary treatments, and difficulty processing what is occurring.

Are PTSD Phenomena Really A Problem After Critical Illness?

In the mid-to-late 2000s, several sceptical groups of clinical researchers simultaneously reviewed what was known about PTSD and PTSD symptoms after critical illness. These groups concluded that PTSD phenomena were in fact a real potential problem after critical illness, as with other life-threatening events like intense military combat and rape. “Our clinical experiences with critical illness survivors only added to this conviction,” the authors wrote.

Recently, Parker and colleagues conducted a systematic review and meta-analysis of PTSD phenomena in critical illness survivors, given the increasing number of relevant studies (36 unique cohorts, 4,260 patients). Their key findings include: the prevalence of clinically significant PTSD symptoms was at least 20% in the year after a critical illness; risk markers for post-critical illness PTSD included precritical illness psychiatric morbidity (e.g., common mental illnesses like anxiety and depressive conditions), in-ICU benzodiazepine administration, and early memories of frightening experiences in the ICU; and PTSD symptoms were associated with substantial decrements in quality of life.

What are ICU Diaries?

ICU diaries differ from most personal diaries in that they are written in the second person, typically by medical staff and/or family members. Also, unlike medical charts, ICU diaries are written in patient-friendly language. ICU diaries originated in Europe, where many ICUs have follow-up clinics run by ICU clinicians. ICU diaries can help patients to understand how ill they actually were (e.g., why they might be so weak), what care they received (many patients recall being alone and helpless), and why they may have scars from lines and tubes.

"Patient-friendly documenting of events during the period of critical illness and intensive care seems to help patients and their family members to later process what occurred and be less distressed," the authors say.

Previous studies reported mixed results on the effectiveness of ICU diaries in preventing or lessening long-term PTSD symptoms in critical illness survivors. Still, ICU diaries are a low-risk, low-tech, and relatively inexpensive intervention compared with most ICU interventions, and they seem to provide a great tool for patients to recover psychologically that can supplement other psychiatric care, according to Drs. Bienvenu and Gerstenblith.

Source: [Critical Care Clinics](#)

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