
Quality of life after discharge from an ICU



Quality of life (QoL) after critical illness is becoming increasingly important as survival improves. A systematic review, conducted by University of Oxford researchers, reveals that patients surviving critical illness had worse health-related QoL when compared with population norms.

"Quality of life incompletely recovered after hospital discharge. This was consistent for populations with heterogeneous critical illnesses, septic populations and populations ventilated for more than five days," according to the review published online in the journal *Anaesthesia*.

For survivors, the effects of critical illness persist long after hospital discharge. However, health-related QoL data after hospital discharge are not routinely collected on a scale comparable to the national audit programmes. Comparison of these studies is difficult as different measurement tools and assessment times are used.

For patients and the healthcare workers advising them, data on QoL after critical illness informs discussions about treatment choices and expectations. Also, academics and policymakers need reliable data on QoL to determine the economic burden of the treatment and long-term survival following critical illness.

The Oxford researchers performed this systematic review to validate various measures of QoL and to provide a synthesis of data on changes in quality of life after hospital discharge. The review team searched PubMed, CENTRAL, CINAHL, the Web of Science and Open Grey for studies of health-related QoL after discharge from an ICU, published in any language from January 2000 to January 2018. The researchers categorised studied populations as: general; restricted to level-3 care or critical care beyond five days; and septic patients. They included quality of life measured at any time after hospital discharge.

Overall, the researchers identified 11,927 records from which they included 48 studies for analysis. Thirty-one studies used the Medical Outcomes Study 36-Item Short Form Health Survey (SF-36) and 19 used the EuroQoL-5D (EQ-5D); eight used both and nine used alternative validated measures. Follow-up rates ranged from 26–100%.

The review team found that QoL after critical care was worse than for age- and sex-matched populations. QoL improved for one year after hospital discharge. The aspects of life that improved most were physical function, physical role, vitality and social function. However, the researchers noted that these domains were also the least likely to recover to population norms as they were more profoundly affected by critical illness.

"The estimated quality of life before admission to hospital was always worse than normal for a similar population, except for one study of septic patients. Quality of life remained worse than the reference population in most studies until follow-up was complete, except for the domains of emotional role and mental health, which sometimes fully recovered six or more months after discharge," the review team said.

As this review found that the greatest health improvements occur in the first year after discharge from hospital, with little further improvement for all sub-groups and in all health domains, the researchers say that interventions to improve health after critical illness might be most effective in the first year after hospital discharge.

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