

Post-intensive care syndrome: Multidimensional impairments in physical, psychological cognitive and social status arising from critical illness.

Claire Taylor*

Faculty of Health, School of Nursing and Allied Health, Liverpool John Moores University, United Kingdom

Abstract

Current medical advances and technical improvements in intensive care medicine have improved the care of critically ill patients in Intensive Care Units (ICUs) and enhanced their chances of survival. PICS stands for "new or worsening impairments in physical, cognitive, or mental health status occurring after critical illness and extending beyond acute care hospitalisation," according to a phrase coined over ten years ago. PICS affect a large majority of critically sick individuals over an extended length of time, with physical issues being the most common. PICS's actual prevalence is unknown, but numerous risk factors have been clearly reported. Survivors of Coronavirus Disease 2019 (COVID-19) appear to be at an increased risk of acquiring PICS.

Keywords: Intensive care units, Post-intensive care syndrome, COVID-19.

Introduction

The Intensive Care Unit (ICU) is a specialised hospital unit that treats and monitors people who are critically ill and require both life-saving procedures and close nursing supervision. ICU patient survival rates have grown considerably in recent years as a result of medical, scientific, and technological improvements. This ability to improve survival has led to the global expansion of ICU services to provide critical support such as that required following lifesaving and intensive surgical procedures; serious injuries, burns, poisoning, and overdoses; and worsening cardiovascular and renal disorders; respiratory disorders, and other diseases. At the same time, since the average age of hospital inpatients has climbed, factors such as an ageing population have exacerbated this strain on the global provision of ICU care. Indeed, as people live longer, there is a larger likelihood of requiring ICU care. This is owing to the greater complexity of the disease trajectory/post-operative recovery in the elderly, who are more prone to have diminished physiological function that can be significantly harmed by sickness, therapy, or surgery. Furthermore, while the increased use of active interventions for older people, such as oncological cancer treatment, has a good impact on their functionality and quality of life, it also makes them more prone to the need for ICU treatment. As a result, more than half of all ICU patients are now 65 years or older, with the 85-year and older age group experiencing the highest growth. Given their longevity and potential survival from various illnesses and disorders, older adults are increasingly presenting with unique multi-comorbidity. As a result, older ICU patients are substantially more likely than younger patients to have lower cognitive and functional results. ICU survival thus improves people's quality of life while also

posing obstacles, particularly for the growing number of elderly patients. Recovery from ICU may include coping with a variety of newly acquired or worsening impairments. The term post-intensive care syndrome (PICS) is used increasingly to describe this transition period [1-4].

The long-term consequences of ICU survival have come into the spotlight for healthcare providers. COVID 19 has dramatically increased the numbers of people who have survived an ICU stay. PICS are a complex concept experienced by ICU survivors involving persistent new onset or worsening multidimensional impairments. This concept analysis offers a greater understanding of PICS by identifying attributes, antecedents and consequences. This syndrome comprises six defining attributes: new or worsening multidimensional impairments; physical dysfunction; psychological disorder; cognitive impairment; failed social reconstruction [5].

Families of ICU survivors may also be affected as a result of the stress experienced during their loved one's critical illness. PICS family is the name given to this distinct entity (PICS-F). For the treatment of PICS, a multidisciplinary strategy comprising healthcare professionals, doctors, and scientists from various fields is required. For the critical care community, improving outcomes is both difficult and necessary. The study of the physical, cognitive, and mental consequences, as well as a review of the relevant literature, could lead to the prevention and timely management of PICS, as well as an increase in the quality of life for ICU survivors [6].

Conclusion

This concept analysis sheds new light on PICS, revealing it to be a more holistic and all-encompassing syndrome than

Correspondence to: Claire Taylor, Faculty of Health, School of Nursing and Allied Health, Liverpool John Moores University, United Kingdom, E-mail: c.taylor@ljamu.ac.uk

Received: 16-Mar-2022, Manuscript No. AAICCN-22-108; Editor assigned: 18-Mar-2022, PreQC No. AAICCN-22-108(PQ); Reviewed: 01-Apr-2022, QC No. AAICCN-22-108; Revised: 05-Apr-2022, Manuscript No. AAICCN-22-108(R); Published: 12-Apr-2022, DOI:10.35841/aaiccn-5.2.108

previously assumed, with physical, psychological, cognitive, and social impairments that persist long after the critical illness has passed (and discharge from ICU). The current analysis provides a theoretical foundation to influence future understanding and research in this sector, given the rising usage of ICU, its current high profile globally, the long-term repercussions of PICS, and the possible numerous impairments. This paper provides nurses and other healthcare professionals with information that will aid in the early detection of PICS in the ICU, as well as the development of rigorous evaluation tools and the creation of suitable needs-led therapies.

References

1. Chung CR, Yoo HJ, Park J, et al. Cognitive impairment and psychological distress at discharge from intensive care unit. *Psychiatry Investig*. 2017;14(3):376.
2. Danielis M, Palese A, Terzoni S, et al. What nursing sensitive outcomes have been studied to-date among patients cared for in intensive care units? Findings from a scoping review. *Int J Nurs Stud*. 2020;102:103491.
3. Esses SA, Small S, Rodemann A, et al. Post-intensive care syndrome: Educational interventions for parents of hospitalized children. *Am J Crit Care*. 2019;28(1):19-27.
4. Hanifa AL, Glaemose AO, Laursen BS. Picking up the pieces: Qualitative evaluation of follow-up consultations post intensive care admission. *Crit Care Nurs Q*. 2018;48:85-91.
5. Jackson JC, Pandharipande PP, Girard TD, et al. Depression, post-traumatic stress disorder, and functional disability in survivors of critical illness in the BRAIN-ICU study: a longitudinal cohort study. *Lancet Respir Med*. 2014;2(5):369-79.
6. Kerckhoffs MC, Kosasi FF, Soliman IW, et al. Determinants of self-reported unacceptable outcome of intensive care treatment 1 year after discharge. *Intensive Care Med*. 2019;45(6):806-14.