

A bibliometric network analysis of post-intensive care syndrome.

Michihiro Kyungsook*

Division of Pulmonary and Critical Care Medicine, University of Michigan, 2800 Plymouth Rd, NCRC-14 G100-01, Ann Arbor, MI 48109, USA

Abstract

The last decades, the number of cases admitted to an ferocious care unit(ICU) and the capacities in ferocious care drug have been growing continuously. Although the average age and inflexibility of illness have been adding , mortality rates are steadily declining, which has been attributed to advances in technology and a growing substantiation base. As a result, observe a growing cohort of cases surviving their critical illness. originally, exploration in ferocious care concentrated on interventions to ameliorate ICU- centered and short- term outgrowth measures, similar as ICU or sanitarium mortality.

Keywords: Post-Intensive Care Syndrome, Bibliometric Network Analysis.

Introduction

In the 1980s and 1990s, only a many studies explored mortality, quality of life, and functional issues beyond ICU discharge. In this renaissance, still, the ferocious care exploration community conceded that bare survival of critical illness comes suddenly of landing the poor functional outgrowth of numerous ICU cases after leaving the sanitarium, which constitutes a heavy burden to both cases and caregivers [1].

The 2002 Brussels Roundtable linked the need for exploration on the determinants of long- term good and on interventions that ameliorate long- term, case- centered issues. Eight times latterly, at a Society of Critical Care Medicine conference, a title was developed to conceptualize and organize functional impairments after ICU discharge [2].

Due to the frequently- lapping nature of functionalpost-ICU impairments, the use of the single termpost-intensive care pattern(snaps) was recommended. snaps comprises new or worsening ICU treatment- associated impairments of cognitive functions, internal health(anxiety, depression, andpost-traumatic stress complaint(PTSD)), and physical functions. also, it was honored that not only cases are generally affected by snaps but also their caregivers, which was described as snaps-F. analogous to the termpost-cardiac arrest pattern, agreement on a common snaps language should raise mindfulness for the frequence of functional impairments after ICU care. The demand for exploration and mindfulness for snaps was reiterated at a Society of Critical Care Medicine stakeholder conference in 2012 [3].

Since its preface, the snaps frame has come well- established and is now the most generally used language to describepost-ICU impairments. Marking a decade of snaps exploration,

we observe a surging number of publications which pertain to different aspects of the conception, published by colorful exploration groups. Network analysis of bibliometric data of publications on snaps can help understand the current and once snaps exploration docket and community. As the most apparent form of collaboratiN,co-authorship networks may grease understanding of ongoing and once exploration collaborations on an individual, institutional, and country position [4].

Bibliometric analysis may also reveal the most influential papers, journals, and authors, and identify knowledge gaps in the field. Since the preface of the snaps language, exploration affair in the field has increased exponentially from 11 papers in 2012 to 95 papers in 2020. While the marquee term snaps was introduced in 2012, experimenters in critical care had formerly demanded for exploration on the frequent functional impairments after critical illness in the early 2000s. The stark increase in snaps exploration affair in recent times, particularly after 2017, reveals that the exploration community has indeed acted upon these demands, albeit with a detention of further than ten times. utmost publications appear from the US — 203 of 373 papers in our sample were written by authors combined with US institutions — followed by England, Australia, the Netherlands, and Germany.

The relative exploration affair of these countries has increased from 2012 – 2014 to 2018 – 2021, as indicated by above-normal relative exploration conditioning. These five countries are also in the center of theco-authorship-based collaboration network. On an institutional position, we linked a separate cluster around Indiana- grounded institutions, and a lately formed cluster of collaboration among institutions from Australia and England. The predominant part of a many high-

*Correspondence to: Michihiro Kyungsook, Division of Pulmonary and Critical Care Medicine, University of Michigan, 2800 Plymouth Rd, NCRC-14 G100-01, Ann Arbor, MI 48109, USA, E-mail: kyungsook@mich.umich.edu

Received: 20-Mar-2023, Manuscript No. AAICCN-23-96496; Editor assigned: 21-Mar-2023, PreQC No. AAICCN-23-96496 (PQ); Reviewed: 04-Apr-2023, QC No. AAICCN-23-96496; Revised: 06-Apr-2023, Manuscript No. AAICCN-23-96496(R); Published: 13-Apr-2023, DOI:10.35841/aaiccn-6.2.140

income countries implies that the knowledge on snaps and the circles of post-ICU care stem primarily from largely advanced health care systems in the US and Europe. As there are large global disagreements in the association of critical care, available resources, quality of acute as well as post-ICU care, and patient characteristics analysis uncovers the need for further different snaps exploration outside of Europe and the US.

Studies in Asia, Africa, and South America could help validate being findings on the epidemiology of snaps, threat factors, and effective treatment options. In this environment, it's a positive development that authors combined with institutions from a more different set of countries, similar as China, Pakistan, and Turkey have entered the snaps exploration stage in recent times. The beginners generally unite with established institutions and authors from the US and Europe. piecemeal from the main cluster, institutions from the US state of Indiana have formed a separate cooperative network, primarily linked to the main cluster via collaborations of the Indiana University School of Medicine. When we anatomized collaborations between individual authors, we also observed a separate, Indiana- grounded.

Conclusion

Recent collaborations have formed around the Oregon Health and Science University and Yale School of Medicine in the

US, as well as the University of Nottingham, Nottingham University Hospitals NHS Trust, the University of Queensland, Caboolture Hospital, Prince Charles Hospital, the University of New South Wales, Queensland University of Technology, and Redcliffe Hospital in Australia and the United Kingdom. A separate, lately formed cooperative network of authors from Oregon.

References

1. Vittori A, Cascella M, Leonardi M, et al. Vosviewer-based bibliometric network analysis for evaluating research on juvenile primary fibromyalgia syndrome (JPFS). *Children*. 2022;9(5):637.
2. Furstenuau LB, Rabaioli B, Sott MK, et al. A bibliometric network analysis of coronavirus during the first eight months of COVID-19 in 2020. *Int J Env Rese and Pub Health*. 2021;18(3):952.
3. Alvarez-Peregrina C, Martinez-Perez C, Villa-Collar C, et al. A bibliometric and citation network analysis of myopia genetics. *Genes*. 2021;12(3):447.
4. Aazami H, DehghanBanadaki H, Ejtahed HS, et al. The landscape of microbiota research in Iran; a bibliometric and network analysis. *J Diabetes & Metabolic Disorders*. 2020;19:163-77.