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Posttraumatic stress disorder in general intensive care unit survivors: a systematic review

Dimitry S. Davydov M.D. ... O. Joseph Bienvenu M.D., Ph.D.

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Abstract

Objective

Our objective was to summarize and critically review data on the prevalence of posttraumatic stress disorder (PTSD) in general intensive care unit (ICU) survivors, risk factors for post-ICU PTSD and the impact of post-ICU PTSD on health-related quality of life (HRQOL).

Methods

We conducted a systematic literature review using Medline, EMBASE, Cochrane Library, CINAHL, PsycINFO and a hand-search of 13 journals.

Results

Fifteen studies were eligible. The median point prevalence of questionnaire-ascertained "clinically significant" PTSD symptoms was 22% ($n=1104$), and the median point prevalence of clinician-diagnosed PTSD was 19% ($n=93$). Consistent predictors of post-ICU PTSD included prior psychopathology, greater ICU benzodiazepine administration and post-ICU memories of in-ICU frightening and/or psychotic experiences. Female sex and younger age were less consistent predictors, and severity of critical illness was consistently *not* a predictor. Post-ICU PTSD was associated with substantially lower HRQOL.

Conclusions

The prevalence of PTSD in ICU survivors is high and negatively impacts survivors' HRQOL. Future studies should comprehensively address how patient-specific factors (e.g., pre-ICU psychopathology), ICU management factors (e.g., administration of sedatives) and ICU clinical factors (e.g., in-ICU delirium) relate to one another and to post-ICU PTSD. Clinicians caring for the growing population of ICU survivors should be aware of PTSD risk factors and monitor patients' needs for early intervention.



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Keywords

Stress disorder, posttraumatic; Critical care; Intensive care unit; Risk factors; Outcome assessment (health care)

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