Svenska Intensivvårdsregistret SIR

Rekrytering av svenska IVA till internationella multicenterstudier

- Fördelar:
  - Potentiellt stort kontaktnät via våra medlemsavdelningar (78/84)
  - Många uppgifter kan tas direkt ur registret
  - Möjlighet till en spegling av bredden i svensk intensivvård
  - SIR kan stötta studier och vara en sammanhållande kraft

Rekrytering av svenska IVA till internationella multicenterstudier

- Nackdelar:
  - Olika riskscoring-system i olika länder
  - Kvalitén på data är den tillräckligt bra?
  - Är det i medlemmarnas intresse att SIR lägger kraft på detta ?
  - Kan krävas särskilda webformulär, ska SIR bygga dem?
  - Innebär kostnader för SIR om inte finansiering för studien finns för te.x. etisk ansökan

Men framför allt.....

- Vi som land kan bidra med viktig kunskap kring intensivvård
- Vi är bra, har god kvalitet och ska visa det ute i världen!

VIP1 study

- En internationell multicenter studie – ”endorsed by ESICM”
- Epidemiologisk studie
- Hur går det för patientgruppen > 80 år som får intensivvård?
- Vilken intensivvård får de?

VIP1 study

Methods:

We have chosen to use a prospective registration of routinely collected data in this ICU population. The study is mainly European based, but will also allow for ICUs outside Europe to participate.

20 consecutive ICU admission in patients ≥ 80 years of age will be collected OR all patients ≥ 80 years in a three months' period (whatever comes first).

VIP1 study

Aims of the study:

- The primary aim is to document the incidence and short-term outcome of the elderly ICU patient (≥ 80 years) using a multicentre, multi national approach
- The secondary aim is to investigate the properties of a simple frailty index in this cohort, and in particular if this is an instrument that can be used in resource and outcome prediction in this group
- To create hypothesis for further studies, in particular on various outcome prediction

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VIP1 study

Research protocol: VIP 1 study

- Name and e-mail of the local investigator

From each patient (see appendix 1 and 2):

- ICU-ID (not patient ID)
- Age
- Gender
- Reason for ICU admission (groups)
- Frailty index (1-9)
- SOFA score on admittance
- Non invasive ventilation
- Intubation and ventilation
- Vasoactive drugs
- Renal replacement therapy
- ICU length of stay
- Withholding therapy
- Withdrawal of therapy
- Outcome (vital status) ICU discharge
- Outcome 30 days

Lärdomar hitintills…

- Ändringsanmälan för varje deltagande IVA krävs
- Många läns- och länsdels-IVA vill delta
- Proportionellt stort antal IVA anmälda
- Hoppas på många fler efter SIS-internatet!

Frailty index/scale – något för framtiden i SIR?

Frailty index explanation

Clinical Frailty Scale

1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2 Well – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.

3 Managing Well – People whose medical problems are well controlled, but are not regularly active beyond routine walking.

4 Vulnerable – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being "slowed up", and/or being tired during the day.

5 Mildly Frail – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6 Moderately Frail – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (swing, standby) with dressing.

7 Severely Frail – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9 Terminally Ill – Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

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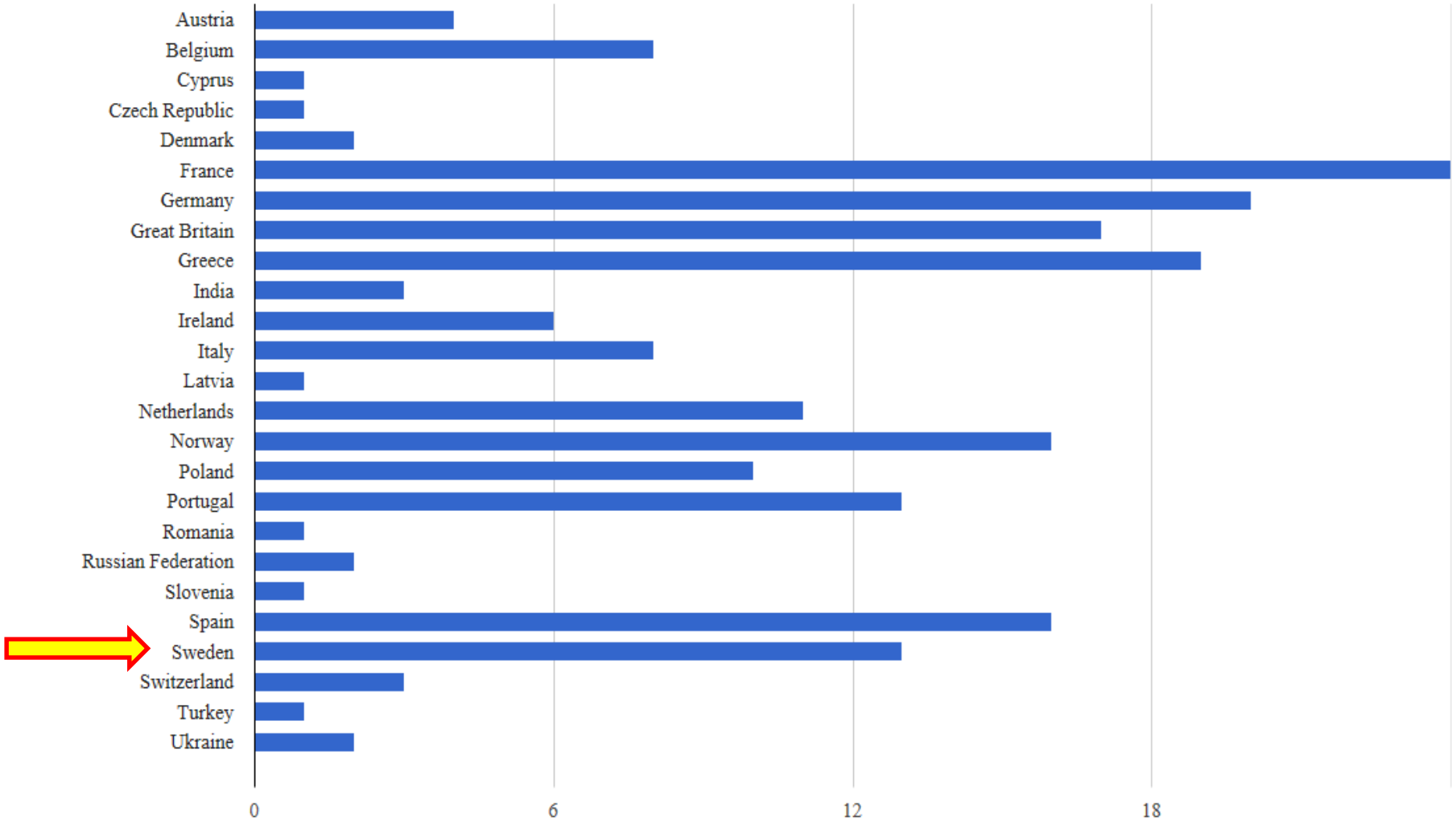
Deltagande IVA i nuläget…

Number of participating ICUs per country (updated 13-11-2016 23:42)



Deltagande IVA i nuläget…

- Umeå, Sundsvall, Hudiksvall, Gävle
- Karolinska Huddinge, Linköping THIVA + IVA, Karlstad, Torsby, Mora, Ryhov, Eksjö
- Kalmar, Kristianstad, Lund , Malmö, Västervik
- Troligen Sahlgrenska plus ???

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Hoppas din IVA också vill delta!